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 Citing fiscing Files) 13 2 Total pages filed: (Ethics Citing fiscing Files) 13 39
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI OFFICE USE ONLY Date Received NICKNAME LAST SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE + DS Camino Real ave. E1 Pado, TX 79922 AREA CODE PHONE NUMBER EXTENSION (915) 247-2065 MS / MRS / MR FRST MI Date Imaged
TREASURER NAME	MVS. Delbbi 114/2015 20 NICKNAME LAST SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; ZIP CODE 780 N. WASLEY DV. E Pado TX 79912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 585-222
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 Imit Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year O5/01/15 THROUGH 07/15/15
11 ELECTION	ELECTION DATE Day Year Primary Runoff General Special Special
12 OFFICE	OFFICEHELD (If any) EPISD Board of Trustees District 7
	GO TO PAGE 2

FORM C/OH

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

2015 JUL 13 AM 7 39ER SHEET PG 2 14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers) 16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE **POLITICAL** CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE NAME COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. **TOTAL POLITICAL CONTRIBUTIONS** \$1,550.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD OUTSTANDING 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Sode. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Dori Fenenbock

, 20 15 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

1	CAL CONTRIBUTIONS			SCHEDULE A
OIMER	THAN PLEDGES OR LOAN	18 2015_JUL	13 AM 7	39
The	Instruction Guide explains how to complete this		1 Total pages Sch	
2 FILER NAME	Don Fenenbock		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code]
	See at	acheel	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAG(ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
the man the stay of the	Contributor address; City; State; Zip Code		 	
Principal occup	ation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
lf co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instruc			requirements.

Date		First Name of Contributor	Contributor Address	City / State	Amount of Contribution	<u>In-Kind</u> Description	Principal Occupation / Job Title	Employer
5/8/2015		Stuart and Dannah	745 Los Miradores	El Paso, TX 79912	\$500.00		Business owner	Meyers Group, LLC
2/20/15			1505 Rim Road	El Paso, TX 79902	\$250.00		Business owner	Isha Rogers Sculpture Gallery
4/24/2015			1021 Los Jardines Circle	El Paso, TX 79912	\$250.00		Advertising	Sanders Wingo
5/5/2015	Gopin	Michael	10516 Montwood Drive	El Paso, TX 79935-2703	\$1,000.00		Attorney	Law Office of Michael Gopin
4/27/15			201 E. Main Suite 350	El Paso, TX 79901	\$250.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Verde Realty
4/23/2015			658 Copperfield Lane	El Pașo, TX 79912	-\$100.00		correction for duplication on earl	er report
4/21/2015			P.O. Box 2246	El Paso, TX 78768-2246	-\$450.00		correction for duplication on earli	er report
	· · · · · · · · · · · · · · · · · · ·		4825 Olmos	El Paso, TX 79922	-\$50.00		correction for error on earlier rep	
11/19/15			6408 Via de Albur	El Paso, TX 79912	-\$50.00		correction for error on earlier rep	ort
11/19/15	Lama	Pat	6408 Via de Albur	E! Paso, TX 79912	-\$50.00		correction for error on earlier rep	

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				····	\$1,550.00	······································		
					\$1,00.001		<u> </u>	

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PLEDGED CONTRIBUTIONS			SCHEDULE B
The instruction Guide explains how to complete this	form. 201	1 Total pages Sche	edule B:
2 FILER NAME	The st de		hics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES: ⇔	\$ \$ \$	⇔ ⇔	*
5 Date 6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (If applicable)
10 Principal occupation / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
	/		
Date Full name of pledgorout-of-state PAC (ID#:	/	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		/If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See II		1 lexas, complete schedule 1)
	/ /	136 4360, 137	
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 occupation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Principal decupation / Job title (See mail deticina)	Employer (See ii	istructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)
Pledgor address; Otty; State; Zip Code			
	,	·	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
		/// /// /// /// /// /// /// //////////	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In		Hexas, complete Schedule 17
ATTACH ADDITIONAL COPIES O			requirements.

LOANS		× <u>1</u>	SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME		**************************************	3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	⇒ ⇔ ⇔ ⇔ ;	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interestrate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Coll none	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State: Zip Code	
20 Principal Occupat	ion (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; State;	Zip Code	Interest rate
Y N		•	Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEE uction gulde for additional repo	

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/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/f The Instruction Guide explains how to	contract Labor alsing to person to the contract Labor alsing to person to the contract Loan Repayment/Reimbursement To person to person to the contract Loan Repayment/Reimbursement Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete this form.
1 Total pages Schedule F:	2 FILER NAME DOVI Tenenbe	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code Set a Hack	ed
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, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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) Check if Austin, TX, officeholder Ilving expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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) 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	
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) Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Date Pavee Name 5/29/2025 Coral Charter 5/7/2015 Forma Group 5/20/2015 Janet Wechter 5/21/2015 Ken Sutherland 5/29/2015 Michael Charter 5/27/2015 Oscar Ugarte 5/11/2015 Scorpion Sales 2/3/2015 PDX 1/15/2015 Alamo Auto Supplies	Amount 250.00 4,249.17 1,500.00 500.00 250.00 250.00 530.00 300.00 450.00	Pavee Address 505 Satellite drive 301 East San Antonio, Sutie B201 804 Don Quixote Court 424 Granada Ave 505 Satellite drive 424 Granada Ave 1501 Wyoming Avenue 100 Porfirio Diaz 5923 Gateway West	City / State El Paso, TX 79912 El Paso, TX 79901 El Paso, TX 79922 El Paso, TX 79912 El Paso, TX 79912 El Paso, TX 79912 El Paso, TX 79902 El Paso, TX 79922 El Paso, TX 79925	Purpose of Expenditure Contract Labor Printing Expense Event Expense Contract Labor Contract Labor Gontract Labor Printing Expense Printing Expense Printing Expense
1/15/2015 Alamo Auto Supplies TOTAL EXPENSES	450.00 8 779 17	5923 Gateway West	El Paso, TX 79925	Printing Expense

P.O. Box 12070

SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorlals Expense Salarie Legal Services Solicite Food/Beverage Expense Travel	GORIES FOR BOX 8(a) s/Wages/Contract Labor (
Event Expense Fees	Printing Expense Office	Out Of District Candidate/Officeholder/Political Committee Overhead/Rental Expense OTHER (enter a category not listed above) as how to complete this form.
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	o Code
political contributions intended	(a) Colorow (francisco de librada Milanda (francisco de librada (f	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sch	dule) (b) Description (If travel outside of Texas, complete Schedule T) Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip) Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sen	edule) Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; Øity; State; Zip	o Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip	Code .
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) 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

TO A BUSIN	ESS OF C/OH		OOMEDOLE !!
		2015 111 13	AM 7 40
	EXPENDITURE CATEGO		-
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	/Fundraising Expense 7 District (Of District	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 h	ow to complete this form	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Co	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this scheduli		if travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	nde	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If	travel outside of Texas, complete Schedule T)
	/	Check if Aus	tln, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF	Category (See categories listed at the top of this schedule	Description (If	f travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co.	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule		f travel outside of Texas, complete Schedule T)
	0		stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

	ITICAL EXPENDITURES OM POLITICAL CONTRIBU	SCHEDULE I
	The Instruction Guide explains ho	
1 Total pages Schedule I	: 2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name	/
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

	ST EARNED, OTHER CREDITS/GAINS OS, AND PURCHASE OF INVESTMENT		SCHEDULE K
The	Instruction Guide explains how to complete this form.	1 Total pages Scheo	
2 FILER NAME	Dori Fenerboule	13 00 7 3 Account # (Ein	ics commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
5/29/15	Wells Forgo 6 Address of person from whom amount is received; City; State; Zip Code P. D. BIX 6995 Dwflond, DR 97228-6995		\$ Ø.66
	7 Purpose for which amount is received INTURSTSAUNGS ACCOUNT		
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		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070

	NTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T			
The Instri	action Guide explains how to complete this form.			
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expend	liture reported on:			
Sci	nedule A Schedule B Schedule C Schedule D Schedule F Schedule G			
Sci	nedule H Schedule N COH-UC COH-T PAC-C PAC-E			
6 Dates of travel	7 Name of person(s) traveling			
	8 Departure city or name of departure location			
	9 Destination city or name of destination location			
10 Means of transportat	ion 11 Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	ure reported on:			
Sch	nedule A Schedule B Schedule C Schedule D Schedule F Schedule G			
Schedule H Schedule N COH-UC COH/T PAC-C PAC-E				
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendi	ure reported on:			
Sch	nedule A Schedule B Schedule C Schedule D Schedule F Schedule G			
Sch	nedule H Schedule N COH-UC COH-T PAC-C PAC-E			
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 7间5 1 2 角形 7 40
1	C/OH1	
3	SIGN	ATURE
		expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a is a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions
		e any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
_		
4		R WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	ik 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.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		CEHOLDER plete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		TEACHANNE WAR	
The C/OH instruction (Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	Ms / MRs / MR FIRST	MI	OFFICE USE ONLY
NAME	MZ. Alfonso NICKNAME LAST Al Volarde	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C SSO/ Edgemere EIPA	OTY; STATE; ZIP CODE	JUL16'15 946
Change of Address			40
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9,5) 78,1-14-9,1	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. JAIME NICKNAME LAST		Date Propessed//5
	Barceleau		Date Imaged 7 / (@ / 15
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 9116 Lait El Paso.		ZIP CODE
district			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 920-4820	EXTENSION	
9 REPORT TYPE	July 15 Sth day before elect		15th day after campalign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year	Month THROUGH	Dey Year / 30 / 1 5
I ELECTION	ELECTION DATE Month Day Year Primary D5 / 09 / 15 General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (If any) EPISD TEXSTER DIST &	13 OFFICE SOUGHT (If known)	
	GO ТО I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sonso (A	1) Valarale	15 Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	6 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL COMMITTE					
	COMMITTEE TYPE	COMMITTÉE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADÜRESS				
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	ZED D			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 550					
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITURES (15 STUD OR 1788) 1 M 🔿					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5794.08			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	*418.13			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ D			
18 AFFIDAVIT						
	ELIZABETH CARPASCO MY COMMISSION EXPIRE	true and correct and includes all inf under Title 15, Election Apple.	perjury, that the accompanying report is is in a first the accompanying report is in a first that the accompanying report is			
	September 5, 2015	13100	/			
	Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	IP/SEALABOVE					
Sworn to and subsc	ribed before me, l	oy the said Alfonso (AI) Volarde	, this the			
day of July						
Elysia C	Elyuar Cauasa Ringbeth Curases Operations Manager					
Signature of officer administering oath Printed name of officer administering oath ¹ Title of officer administering oath						

(TDD 1-800-735-2989)

L	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	fonso (A1) Velarde		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#_ TIZE PAC ASSOCIATION OF 6 Contributor address; City; State; Zip Code	Rooltou	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/8/15	6 Contributor address; City; State; Zip Code PD BOX 2246 Austral	TV 787188	450°	₹
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 5-15-15	Full name of contributor out-of-state PAC (ID#: Floot-vel Pallaces Contributor address; City: State; Zip Code 3500 N. Wesa Ste A-2		Amount of contribution (\$)	In-kind contribution description (if applicable)
		·		of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	·
Date ·	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Gringinal person	A Lab Alda (O)			of Texas, complete Schedule T)
- Tirreipai occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
Principal occup	ation / Job title (See Instructions)	Employer (See in		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.				

PLEDG	SED CONTRIBUTIONS		SCHEDULE B			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:		
2 FILER NAME	fonso (Al) Valarde		3 Filer ID (Ethics C	commission Filers)		
	UNITEMIZED PLEDGES		\$			
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$. 9 In-kind contribution description		
	7 Pledgor address; City; State; Z					
			Check if travel outs	ide of Texas, complete Schedule T		
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Z			:		
			Check if travel outs	, ide of Texas, complete Schedule T		
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of pledgor		Amount of Pledge \$. In-kind contribution description		
	Pledgor address; City; State; Z	p Code		· ·		
			Check if travel outs	ide of Texas, complete Schedule T		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of pledgor oxt-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State; Z	ip Code		•		
			Check If travel outsi	de of Texas, complete Schedule T		
Principal occup	 pation / Job title (See Instructions)	Employer (See		de or rozas, compate de leura r		
			derlander .			
,						
	ATTACH ADDITIONAL CODICS OF THE COLUMN TAG MEDIC					
lf d	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total-pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) \$ 2698.57 8 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 5-8-15 Forma GROUP City; State; Zip Code \$ 1751.81 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Consulting Expense Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee name 5.9-15 Amount (\$) Payee address; City; State; Zip Code \$678.60 Category (See categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas, complete Schedule T Event Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Allonso (Al) Volarde	3 Filer ID (Ethics Commission Filers)		
4 Date 5-9-15	5 Payee name Whotalars er			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$ 86.25	EI PASO			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Figure 1300, Expense	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5/9/15	Subway			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 84.93	EMSO			
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Bow. Exp	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
5-15-15	Sean Salcido			
Amount (\$)	Payee address: City; State; Zip Code			
\$210.00	EIHSO			
	Category (See categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Photography & Digita	Check if travet outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Officebolder/Political Competito

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Rekmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Satarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5-15-15 6 Amount (\$) State: Zip Code -8501 Edgenere. El-Pasp, TK 79925 J240.00 (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE __ Check if Austin, TX, officeholder living expense Wages/ Contract EXPENDITURE Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Walnut 5-9-15 Amount (\$) City; State; Zip Code Payee address; Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** road/Beverage OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 6-29-15 Amount (\$) City; State; Zip Code Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INC	SURRED OBLIGATIONS	SCHEDULE F2		
	EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travet in District Travet Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:	2 FILERNAME AHONSO (AI) Valarde	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	AIZED UNPAID INCURRED OBLIGATIONS	\$		
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City; State; Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE		on f travel outside of Texas, complete Schedule T f Austin, TX, officeholder living expense		
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF Expenditure	/	on f travel outside of Toxas, complete Schedule T f Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

FROM	POLITICAL CONTRIBUTIONS	SCHEDOLE 1 3				
T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER NAME	ms (A) Velarde	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom investment is purchased	,				
	6 Address of person from whom investment is purchased; City	r; State; Zip Code				
	7 Description of investment	A				
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purphased					
	Address of person from whom investment is purchased; City	State; Zip Code				
	Description of investment					
		•				
	Amount of investment (\$)					
· · · · · · · · · · · · · · · · · · ·						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

LOANS	SCHEDULE E			
The Instruction Guid	1 Total pages Schedule E:			
2 FILER NAME Alfonso (Al	> Volarch	e	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LO	DANS		\$	
5 Date of loan 7 Name of lend	der out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender add a financial Institution?	ress; City;	State; Zip Code	10 Interest rate	
Y N			11 Maturity date	
12 Principal occupation / Job title (See	Instructions)	13 Employer (See Instructions)		
14 Description of Collateral none		15 Check if personal funds were account (See Instructions)	deposited into political	
16 GUARANTOR INFORMATION 17 Name of guarantor a		State: /7la Code	19 Amount Guaranteed (\$)	
not applicable	ddress; City; S	State; / Zip Code		
20 Principal Occupation (See Instruction	ons)	21 Employer (See Instructions)		
Date of loan Name of lend	der out-of-state	PAC (ID#:)	Loan Amount (\$)	
Is lender Lender add a financial Institution?	ress; City;	State; Zip Code	Interest rate	
YN	/		Maturity date	
Principal occupation / Job title (See	Instructions)	Employer (See Instructions)		
Description of Collateral		Check if personal funds were account (See instructions)	deposited into political	
GUARANTOR Name of gua	rantgi	<u> </u>	Amount Guaranteed (\$)	
Guarantor a				
not applicable				
Principal Occupation (See Instruction	ns)	Employer (See instructions)	. Anna ta	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Total pages Schedule G: 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions Intended (b) Description 8 (a) Category (See categories listed at the top of this schedule) **PURPOSE** ravel outside of Texas, complete Schedule T OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Category (See categories listed at the top of this sched (b) Description **PURPOSE** Check 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/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, complete Schedulo T OF EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct

expenditure to benefit C/OH

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage E Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services		je Expense Iemorials Expense s	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
·	The Instru	ction Guide explains	how to complete this form.		
1 Total pages Schedule H:	2 FILER NAME ALTONSO	, (A1) V.	Sarch	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		A Company of the Comp		
6 Amount (\$)	7 Business address;	City; State; Zip	Code	1	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories	listed at the top of this sche	Check if travel outs	side of Texas, complete Schedule T K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho	older name	Office sought	Office held	
Date	Business name				
Amount (\$)	Business address;	City; State; Zip	Code		
PURPOSE OF EXPENDITURE	Category (See categories I	isted at the top of this sche	Check if travel outs	side of Texas, complete Schedule T K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeho H	lder name	Office sought	Office held	
Date	Business name				
Amount (\$)	Business address;	City; State; Zip	Code		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Description

Office sought

__ Check if travel outside of Texas, complete Schedule T

Check if Austin, TX, officeholder living expense

Category (See categories listed at the top of this schedule)

Candidate / Officeholder name

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

711146 118 SH20AM

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:					
2 FILER NAME	Alfonso (At) Volarde	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Name of person from whom amount is received	2	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State;	Zip Code			
	7 Purpose for which amount is received Check if	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State	; Zip Code			
	Purpose for which amount is received Check if	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; State;	Zip Code			
	Purpose for which amount is received Check if	political contribution i	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom/amount is received; City; State	; Zip Code			
	Purpose for which amount is received Check if	political contribution i	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CON FOR TRAVEL				AL EXPENDI		SCHEDULE T
The Instru	ction Guide	explains	how to complete this	s form.	1 Total pages Schedule l	Ţ.
2 FILER NAME	Hono	500 (AIS Vola	unde	3 Filer ID (Ethics Com	ımission Filers)
4 Name of Contributor /	11		rganization / Pledgor / I	Payee		
5 Contribution / Expendi	iture reported		Sobredule DAN	Schedule C2	Schedule/b	Schedule F1
Schedule A2		iule B Jule G	Schedule B(J)	Schedule C2	_ /	
6 Dates of travel	7 Name of					
	8 Departure	e city or na	ame of departure locati	on	_/	
	9 Destination	on city or r	name of destination loc	ation		
10 Means of transportati	on	11 Purpo	se of travel (including r	name of conference, se	niner, or other event)	
Name of Contributor /	Corporation of	or Labor O	rganization / Pledgor /	Payee /		
Contribution / Expend	_				∏ o_b_d_	Schedule F1
Schedule A2	Sched		Schedule B(J)	Schedule COH-U	☐ Schedule D C ☐ Schedule B-SS	L] Scriedule F1
Schedule F2 Dates of travel		dule G	Schedule H) traveling		C L GONEGUIE B-00	
Dates of Have				ion /		
	Departur	e city or n	ame of departure locati	/		
	Destinati		name of destination lo			
Means of transporta	ition	Purpo	ose of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	on:	_ /		F-1	
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		edule G	Schedule H	Schedule COH-U	C Schedule B-SS	
Dates of travel	Name o	f person(s ,) traveling			
·	Departu	re city or	ame of departure locat	ion		
	Destinat	lon city or	name of destination lo	cation		
Means of transports	ation	Purp	ose of travel (including	name of conference, s	seminar, or other event)	
	A	TTACH A	DDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	

CANDIDATE	1	OF	FICE	HC)LD	ER
CAMPAIGN I	FII	NAN	1CE	RF	PC	RT

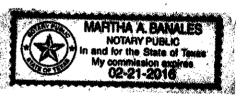
FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages flied:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST Michael	MI	OFFICE USE ONLY
NAME	Mike Izquierdo	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE #: CITY: 500 Ragency El Para	STATE: ZIP CODE	JUL 15 '15 1 Date Hand-delivered of Postmarked
ADDRESS change of address	soo mayoney - mag	18 27912	7/15/2015
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9/5) 820 -2827	EXTENSION	Receipt # Amount Date Processed
CAMPAIGN TREASURER NAME	MS/MRS MR FIRST Michael	MI	Date Imaged / 16/15
	Mike Izquierdo	SUFFIX	
TREASURER ADDRESS (residence or business) CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	12
	(915) 820 - 2827	•	
REPORT TYPE	January 15 30th day before election 3 th day before election 8 th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
DEDIOD.	January 15 30th day before election	Exceeded \$500	treasurer appointment (officeholder only)
PERIOD COVERED	January 15 30th day before election July 15 8th day before election Month Day Year	Exceeded \$500 limit Month Day	treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year
PERIOD COVERED I ELECTION	January 16 July 15 8th day before election Month Day Year THROUGH A 3 0 / 5 Month ELECTION DATE Day Year Primary	Exceeded \$500 limit Month Day	treasurer appointment (officeholder only) Final report (Attach C/OH - FR) Year / 5 General Special

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Mic	hael I	zquierdo	5 ACCOUNT # (Ethlcs Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	JUL 15 '15 1459
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 CONTRIBUTION TOTALS	1, TOTAL	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	b \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3567.14
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$ 80. 25
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4187. 14 **
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	AY \$- 0-
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	#E \$ ~ O ~ .



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MIKE 12QUIERD O day of July , 20 15 , to certify which, witness my hand and seal of office.

MARIAN A. BANACES WITHRY BUBLIC Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(TDD 1-800-735-2989)

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	ithics Commission Filers)
4 Date 5/8/15	5 Full name of contributor out-of-state PAC (ID# Daniel Anchondo 6 Contributor address; City; State; Zip Code 2509 Mantana E4 Pag	w To 79903	ŀ	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
5/8/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
-,0,.0	Contributor address; City; State; Zip Code 1413 Wyoming EL Page 7		200. XX	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		r rexas, complete scredule 1)
Date 5 /2 / 15	Full name of contributor out-of-state PAC (10#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job litle (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Salarles/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form, 2 FILER NAME Michael Izquierds 5 Payee name GOTV - Texas State Teachers 43300 PAC 7 Payee address; City: State: Zip Code 316 W 12 th Street Austin Tr 78701 2 FILER NAME 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) 4 Date 9/2/15 6 Amount (\$) (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Advertising Exposes Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Michael Izquierdo. Payee address: Otty: State: Zip Code 500 Regancy El Pase Tx. 79912 Category (See categories listed at the top of this schedule) Loan Reim bursement Description (If travel outside of Texas, complete Schedule T) **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Sam: Club # 815 Payee address; City; State; Zip Code 7470 N Masa EL Pago TX. 79432 5/8//5 Amount (\$) 102, 02 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Food/Beverage Expense OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Home Depot Payee address; City; State; Zip Code 5/4/15 Amount (\$) 7545 N Masa EL Paso Tx 79932 Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) Polling expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS					
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME M	ichael Izquierdo	3 ACCOUNT # (Ethics Commission Filers)			
4 Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee Teachers Assocution - 12	AC			
5 Contribution / Expend		· · · · · · · · · · · · · · · · · · ·			
· • Sch	edule A Schedule B Schedule C	Schedule D Schedule F Schedule G			
(mm)	edule H Schedule N COH-UC	COH-T PAC-C PAC-E			
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transportat	on 11 Purpose of travel (including name of con	nference, seminar, or other event)			
Name of Contributor / 0	corporation or Labor Organization / Pledgor / Payee				
Contribution / Expendit	re reported on;				
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Schedule H Schedule N COH-UC COH-T PAC-C PAC-E					
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	Destination city or name of destination location				
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Sch	edule H Schedule N COH-UC	COH-T PAC-C PAC-E			
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	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation	Purpose of travel (Including name of confer	rence, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

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" on page 1 is marked "Final Report" •• 1 C/OH NAME 2 ACCOUNT # (Ethics Commission Filers) Michael Izquierdo 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder **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 slx years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254,204. Signature of Candidate **OFFICEHOLDER** •• Complete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mo Trent NICKNAME LAST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO 1532 Cheroleec / E/ Paso, Tx. AREA CODE PHONE NUMBER (915) 274. 2990	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MYS. Margar NICKNAME LAST Margie Yether	MI SUFFIX	TANS 115 1155 5AM Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SL 68/7 Marble E) Page Tx		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581 - 1622 915 479 - 0910	EXTENSION	
9 REPORT TYPE	July 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 8 / 15	THROUGH 7	Day Year
11 ELECTION	Month Day Year Primary 5/ 9/15 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (II KNOWN)
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	URES MADE BY POLITICAL COMMITTEES TO HOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE ADDRESS	J8N8 '16 11:56
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			<u> </u>
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100.50
EXPENDITURE 3. TOTAL POLITICAL UNLESS ITEMIZE		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 1,100.50 \$ 10,251.83 \$ 10,251.83
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10, 751.83
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DEPORTING PERIOD	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	#E \$ \$
18 AFFIDAVIT			,
	ELIZABETH CARRASCO fy Notary ID # 10435415		erjury, that the accompanying report is rmation required to be reported by me
	xpires September 5, 2019	Juli Pill	
		Signature of Cand	idate or Officeholder
AFFIX NOTARY STAN	IP/SEALABOVE		
Sworn to and subsc	1 .	by the said Trent K. Hatch	, this the
day of Finual	$\frac{1}{20}$, $\frac{1}{20}$,	to certify which, witness my hand and seal of office.	
Elyante	(buasoo	Rhabeth amasco	Notany
Signature of officer:	administering oath	Printed name of officer administering oath	Title of office administering oath

e explains how to complete this ALCO Contributor out-of-state PAC (ID#: Deathers Codess; City; State; Zip Code Deathers ee Instructions) Contributor out-of-state PAC (ID#: Line Code Line Co	10 Employer (See Awrott. 299/2 Employer (See	7 Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$) (If travel outside of contribution (\$)	**Boundary Schedule T) In-kind contribution description (if applicable) **In-kind contribution description (if applicable) In-kind contribution feasing the schedule To the
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SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	CATEGORIES Salaries/Wages/Co Solicitation/Fundrai Travel In District	ntract Labor sing Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distriction Office Overhead/R		Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
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Total pages Schedule G:	2 FILER NAME frent state			3 ACCOUNT # (Ethlos Commission Filers)	
1 Date	5 Payee name				
428.15	Forma Gaup				
Amount (\$) 2,574.52	7 Payee address; City; Star	te; Zip Code			
Reimbursement from political contributions intended	310 N Mesa	# 40,	,	JAN8 16 11 56	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Carn Sul Ping 54)	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
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Date	Payee name				
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Amount (\$) 2145.4	Payee address; City; Stat				
Reimbursement from political contributions intended	9911 cannes	ie Are	٧		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule ⊤)	
OF EXPENDITURE	Printing & Advertism	g expers	Check if A	ustin, TX, officeholder living expense	
Date4.6-15	Payee name				
4-13-15	Big Media				
Amount (\$) \$ 1,383,4	Payee address; City; Sta	te; Zip Code			
Reimbursement from political contributions intended	5710 Daniplan	Dr.	El Pass	V TX 79932	
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising & printe	ng Experse	✓ ☐ Check if A	ustin, TX, officeholder living expense	
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Reimbursement from political contributions intended	1520 p. R.	esler t	Le		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Austin, Texas 78711-2070

SCHEDULE G

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5 Amount (\$) 24789	7 Payee address; City; S	itate; Zip Code	
ReImbursement from political contributions intended	413.5 Marc	Street, El	
8 PURPOSE OF	(a) Category (See categories listed at the lo	op of this schedule) (b) Descript	tion (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising Expa	mse Chec	k if Austin, TX, officeholder living expense
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Amount (\$) 121, 76	Payee address; City; 5	State; Zip Code	JAN8 16 11 57F
101,170			
Reimbursement from political contributions intended	Mesa St. E	1 Paso, TX	79932
PURPOSE OF	Category (See categories listed at the to	op of this schedule) Descrip	tion (If travel outside of Texas, complete Schedule T)
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Data	Payee name		
Date 4.29.15	Travis Ho	itch	
Amount (\$) 250, CO	Payee address; City;		
Reimbursement from political contributions intended	6580 /sla	Del Rey. El	Pase, TX 79912
PURPOSE OF	Category (See categories listed at the t	op of this schedule) Descrip	tion (II travel outside of Texas, complete Schedulo T)
EXPENDITURE	Advertizing E	Chec	ck if Austin, TX, officeholder living expense
Date 4.10. \$4.15/15	Payee name Colestial W	nnhay	
Amount (\$) 229, 11	Payee address; City;	State; Zlp Code	
Reimbursement from political contributions intended	2317. E N	Irgsouri, ET	Paso, Ty 79903
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	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED
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SCHEDULE G

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES F Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundrais Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Re The Instruction Guide explains how to co	tract Labor Loar fing Expense Tran Cont ct C ntal Expense OTH	n Repayment/Reimbursement sportation Equipment & Related Expense tributions/Donations Made By candidate/Officeholder/Political Committee IER (enter a category not listed above)
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6 Amount (\$) 26-63	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	5044 Doniffen Dr.	El Phe.	7x 79932
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	evel cutside of Texas, complete Schedule T)
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Amount (\$) 46.88	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended	Redd Rd Et Pas	1/2	79932
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedute T)
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Colmbursement from political contributions intended	8401 hatavey west.	El Pasa	1, TX 79925
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EXPENDITURE	Loua Reimbursant	Check if Austi	In, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DES	SIGNATION OF FINAL REPORT	FORM C/OH - FR	
		The Instruction Guide explains how to complete •• Complete only if "Report Type" on page 1 is marke	e this form. d "Final Report" ••	
_	CIOHN	VAME Pert Halak	2 ACCOUNT # (Ethics Commission Filers)	
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	report as	expect any further political contributions or political expenditures in connection with s a final report terminates my campaign treasurer appointment. I also understand the any campaign expenditures without a campaign treasurer appointment on file.	n my candidacy. I understand that designating a nat I may not accept any campaign contributions	
		S	ignature of Candidate / Officeholder	
		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder		
	A.	CAMPAIGN FUNDS	JAN8 '16 11:5	
	Chec	Check only one:		
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	в.	ASSETS		
	Chec	Check only one:		
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.		
		•	2120	
			Signature of Candidate	
-		OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
			1110	
			Signature of Officeholder	