The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST NICKNAME LAST	newbock	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	405 Camino Rea E17080,TX 79	927	JUN22 '16 3
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST NICKNAME MS/MRS/MR LAST	247-2065 MI	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 780 N. Res Co		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 585 - 22	extension PDD	
9 REPORT TYPE	January 15 30th day before electrical July 15 8th day before electrical States and the states are states as a second seco		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	31/16
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any) EMSA TMStu District #7	13 OFFICE SOUGHT (if known)
	go то	PAGE 2	

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND. DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THURES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		JUN22 '16 3
	SPECIFIC	COMMITTEE ADDRESS	
•		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	·
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3565.66
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 3565.66 BAY \$ 9,380.43
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	* * * * * * * * * * * * * * * * * * *
8 AFFIDAVIT			
	ELIZABETH CARF My Notary ID # 10 Expires September	RASCO under Fitte 15, Election Code.	perjury, that the accompanying report is ormation required to be reported by me
		Signature of Can	didate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		27 1
Sworn to and subsci	1.7	to certify which, witness my hand and seal of office.	, this the
Lynn	Canasa	Rugboth Carrasoo	Notan
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 F	ILER NAME	20 Filer ID (Ethics Co	mmission Filers)
=			JUN22 16 3:
	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 3565.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FI	JNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL RETURNED TO FILER	ITIONS	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) JUH22 '16 3:17PM Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) 7 Payee address; ar, El Daso, TX 79922 3565.610 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Frent Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense EPISD 7MSter Dist 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction C	Guide explains how to compl	ete this form.	1 Filer ID (Ethics C	commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		Mt	OFFICE	USE ONLY
NAME	Mr.	Alfonso	•	√.	Date Received	
	NICKNAME	LAST		SUFFIX		
	Vela	arde				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	SUITE #; C	CITY; STATE;	ZIP CODE		
MAILING ADDRESS	8501 Edgemere	EI	Paso TX	79925		
Change of Address					alialia	. A CI
5 CANDIDATE/ OFFICEHOLDER		NUMBER	EXTENSI	ON	Date Hand-delivered	or Dale Postmarked
PHONE	(915) 253-	2178			Date Hand delivered	or bate I oblineshed
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	Mr. Ja	ime LAST		SUFFIX	Date Processed	
		arceleau		SOFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX	PLEASE); APT / SL	JITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	9116 Lait, El Pas	so, Texas 7	9925			
(Residence or Business)						
8 CAMPAIGN	AREA CODE PHONE	NUMBER	EXTENSI	DΝ		
TREASURER PHONE	(915) 92	0-4280		•		
A DEPORT TYPE				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
9 REPORT TYPE	January 15	30th day before ele	ection Run	off	15th day afte treasurer ap (Officeholder	
	July 15	8th day before elec	ction Exce	eded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month Day	Year	400.00.	Month	Day Year	
COVERED	01 / 16 /	16	THROUGH	07/	15 /16	
11 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Year	Primary	Runoff	Other Description		
	/ /	General	Special	*		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE S	OUGHT (if known)		
	EPISD Trustee Di	strict 2				
		GO ТО	PAGE 2	**************************************	erreken komune die der der der der der der der der der de	
L						

		· · · · · · · · · · · · · · · · · · ·			
14 C/OH NAME	Alfonso V. Ve		15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITT SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	NA			
	LIGENEINE	COMMITTEE ADDRESS			
	SPECIFIC	354447.122.125			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		COMMITTEE CAMPAIGN TREATMENT APPRECA	,		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ ₀		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	\$ 3494.30		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0		
18 AFFIDAVIT					
	ELIZABETH CARRASI My Notery ID # 104354	true and correct and includes all info under Title 15, Eleption Code	perjury, that the accompanying report is crmation required to be reported by me		
E STATE OF THE STA	Expires September 5, 2		didate or Officeholder		
AFFIX NOTARY STAM			, ata		
Sworn to and subso	ribed before me, i	by the said Alfonso V. Valara	this the		
day of July		to certify which, witness my hand and seal of office.			
glyanth	Canaso	o Elizabeth Camaseo	Motary		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

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



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

7	he Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
FILER NAI	Alfonso V. Velarde	3	Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC	(ID#:) 7	Amount of contribution (\$)
	6 Contributor address; City; State;	Zip Code	
Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruction	s)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; Gity; State;	Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction:	s>
Date	Full name of contributor	(ID#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instruction	s)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruction	s)
			100000000000000000000000000000000000000

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

N/A

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City: State: Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 elde of Texas, Complete Schedule T. Check if travel out **PURPOSE OF** Check if Austin, TX, officeholder living expense EXPENDITURE Gandidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Amount (\$) Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF J Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethios Commission Filers)	2 Total pages filed	:
3 CANDIDATE/ OFFICEHOLDER NAME	MS)MRS/MR FIRST MARIA TSO NICKNAME LAST	MI SZA	OFFICE U	
	CASTANON-1	Villiams		JUL 19 '16 3 4
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP GODE		SA S
Change of Address	9009 EZ DORASODE,	82 PASOTK 74925	alialia	e 0
GANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER $(9/5-)$ 253-36/3	EXTENSION	Date Hand-dolivered or	r Date Postmarked
CAMPAIGN	MS / MRS / MR FIRST	Mil	Receipt #	Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed	A COMMISSION OF THE PROPERTY O
	DUAKTE		Date Imaged	
' CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS				Ì
ADDRESS				
ADDRESS	4615-BONSS 121450	TZ 49903		
ADDRESS (Residence or Business)	4615 BONDS, 132 PASO AREA CODE PHONE NUMBER (915) 562-7122	9, 78, 49903 EXTENSION		
ADDRESS (Residence or Business) B CAMPAIGN TREASURER	AREA GODE PHONE NUMBER	EXTENSION	i5th day after treasurer appr (Officeholder	ointment
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 562-7122	election Runoff	treasurer app (Officeholder	ointment
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE	AREA CODE PHONE NUMBER (915) 562 -7122 January 15 30th day before	election Runoff ection Exceeded \$500 limit	treasurer app (Officeholder	ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA GODE PHONE NUMBER (915) 562 - 7122 January 15 30th day before el Month Day Year ELECTION DATE	election Runoff eation Exceeded \$500 limit Month THROUGH ELECTION TYPE	treasurer appropriate (Officeholder of Final Report (ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA CODE PHONE NUMBER (915) 562 - 7122 January 15 30th day before all Month Day Year	EXTENSION election Runoff ection Exceeded \$500 limit Month THROUGH LECTION TYPE Runoff Other Description	treasurer appropriate (Officeholder of Final Report (ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE	AREA GODE PHONE NUMBER (915) 562 - 7122 January 15 January 15 Sth day before el Month Day Year Frimary Frimary General OFFICE HELD (if any) PASO	election Runoff ection Exceeded \$500 limit Month THROUGH ELECTION TYPE Runoff Other Description Special	treasurer approference (Officeholder of Street Stre	ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA GODE PHONE NUMBER (915) 562 - 7122 January 15 January 15 Sth day before el Month Day Year Frimary Frimary General OFFICE HELD (if any) PASO	election Runoff ection Exceeded \$500 limit Month THROUGH ELECTION TYPE Runoff Other Description Special	treasurer approference (Officeholder of Street Stre	ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA GODE PHONE NUMBER (915) 562 - 7122 January 15 January 15 Sth day before el Month Day Year Frimary Frimary General OFFICE HELD (if any) PASO	election Runoff ection Exceeded \$500 limit Month THROUGH ELECTION TYPE Runoff Other Description Special	treasurer approference (Officeholder of Street Stre	ointment Only)
ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD COVERED	AREA GODE PHONE NUMBER (915) 562 - 7122 January 15 30th day before of the standard phone of the standard pho	election Runoff ection Exceeded \$500 limit Month THROUGH ELECTION TYPE Runoff Other Description Special	treasurer approference (Officeholder of Street Stre	ointment Only)

14 C/OH NAME		4	15 Filer ID (Ethics Commission Filers)
MARIA	ISERA C	ASTANON- NilliAms	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		JUL 19 '16 3:4
	SPECIFIC	COMMITTEE ADDRESS	,
		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 ITEM!	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 2782.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	
18 AFFIDAVIT			
(* NOTAR	OS ALEJANDRO MENDO Y PUBLIC STATE OF TE COMM. EXP. 8/23/2016 OTARY ID 12910203-1	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
AFFIX NOTARY STAM	MP/SEALABOVE	· ·	
Sworn to and subso		by the said Moreon Usual Character Will to certify which, witness my hand and seal of office	
	111	Chaus A MENDOZA	NOTHAY PUBLIC
Cignothyo of officer	administer oath	Printed name of officer administering path	Title of officer administering oath

		1 Table ages Ophoride 44
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAMI		3 Filer ID (Ethics Commission Filers)
MARIC	I ISBIA CHE PANON WILLIAMS	
Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
Principal occ	upation / Job title (See Instructions) 9 Employe	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME MARIA ISBA CASTANON WILLIAMS TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Amount of 9 In-kind contribution 5 Date 6 Full name of contributor Out-of-state PAC (ID#: Contribution \$ description City; State; Zip Code 7 Contributor address: Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Full name of contributor ut-of-state PAC (ID#:_ Date Contribution & description Contributor address; City; State; Zip Gode Check if travel outside of Texas, Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Instruction Guide explains how to complete this I SBI A CARTAWA WILL UNITEMIZED PLEDGES 6 Full name of pledgor	AMS	1 Total pages Sched 3 Filer ID (Ethics C	<u> </u>
UNITEMIZED PLEDGES 6 Full name of pledgor		\$ 8 Amount	ommission Filers)
UNITEMIZED PLEDGES 6 Full name of pledgor		8 Amount	·
UNITEMIZED PLEDGES 6 Full name of pledgor		8 Amount	····
7 Pledgor address; City; State; Z		of Pledge \$. 9 In-kind contribution description
	lip Code		•
		L	ide of Texas. Complete Schedule
oation / Job title (See Instructions)	11 Employer (See	Instructions)	
Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	in-kind contribution description
Pledgor address; City; State; Z	ip Code		
		Check If travel outsi	ide of Texas. Complete Schedule
ation / Job title (See Instructions)	Employer (See	Instructions)	
Full name of pledgor		Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Z	ip Code		•
		Check if travel outsi	ide of Texas. Complete Schedule
pation / Job title (See Instructions)	Employer (See	instructions)	
Full name of pledgor		Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Z	ip Code		
		Check if travel outsi	ide of Texas. Complete Schedule
ation / Job title (See Instructions)	Employer (See	Instructions)	
			A
			May get a second
	ATTACHADDITIONAL COPIES O	Full name of pledgor	Pledgor address; City; State; Zip Code Check if travel outsing travel outsing the pledgor Check if travel outsing travel outsing the pledgor Check if travel outsing

LOANS		SCHEDULE E
The Instruction Guide explains how to cor	mplete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
MANA TSERA CASTANONINI	LAMS	
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 7 Name of lender out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$)
6 Is lender 8 Lender address; City; a financial Institution?	State; Zip Code	10 Interest rate
Y N		11 Maturity date
12 Principal occupation / Job title (See instructions)	13 Employer (See Instructions)	A CONTRACTOR OF THE CONTRACTOR
1, Morpet Sossipation / 602 may (600 members)		
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
18 Guarantor address; City;	State; Zip Code	
not applicable	oute, zip sous	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan Name of lender out-of-str	ate PAC (ID#;)	Loan Amount (\$)
Is lender Lender address; City;	State; Zip Code	Interest rate
Institution?		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
none GUARANTOR Name of guarantor		Amount Guaranteed (\$)
GUARANTOR Name of guarantor INFORMATION		(4)
Guarantor address; City;	State; Zip Code	•
not applicable		
Principal Occupation (See instructions)	Employer (See instructions)	
ATTACH ADDITIONAL (If lender is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS N	

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MARIATSETA 4 Date City; State; Zip Code 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) MARIA ISBA CASTADON WILLIAMS 1 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held. expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	POLITICAL CONTRIBUTIONS						
Th	ne instruction Guide explains how to complete this form.	1 Total pages Schedule F3:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
MARIA	TSBUT CASTANON WILLIAMS						
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased;	City; State; Zip Code					
	7 Description of investment						
	8 Amount of investment (\$)						
Date	te Name of person from whom investment is purchased						
	Address of person from whom investment is purchased;	City; State; Zip Code					
	Description of investment						
	Amount of investment (\$)						
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: MANIAISERA CASTALDN WILLIAMS 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name 5 Date City; State; Zip Code 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	By ical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)		
1 Total pages Schedule G:	ŀ	ME IA TSTA CART	and Wines	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee nam	e	THE PHILL			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	ress; City; State; Zij	o Code			
8 PURPOSE OF EXPENDITURE	(a) Category (8	ee Categories listed at the top of this sol	Check if travel outside	de of Texas. Complete Schedule T. 'X, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida DH	te / Officeholder name	Office sought	Office held		
Date	Payee name	•				
Amount (\$)	Payee addr	ess; City; State; Zip	Code			
Reimbursement from political contributions intended	w					
PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of this scho	Check if travel outsid	e of Texas. Complete Schedule T. <, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidat H	e / Officeholder name	Office sought	Office held		
Date	Payee name					
Amount (\$)	Payee addre	ss; City; State; Zip	Code			
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (Se	Categories listed at the top of this sched	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate I	/ Officeholder name	Office sought	Office held		
	ATTAC	ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	ED		

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME MARIA ISBZA (VASTAJOO)	3 Filer ID (Ethics Commission Filers
4 Date	5 Payee name	
6 Amount (\$)	7 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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) MARIA ISERA CASTANDAN WILLIAMS 8 4 Date Amount (\$) 5 Name of person from whom amount is received State: Zip Code 6 Address of person from whom amount is received; 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Name of person from whom amount is received Date State; Zip Code Address of person from whom amount is received; Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Zip Code Address of person from whom amount is received; Purpose for which amount is received Check if political contribution returned to flier Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; Zip Code Purpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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The Instr	uction Guid	1 Total pages Schedule T:			
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Schedule A2	Sch	iedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	hedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
6 Dates of travel	7 Name	of person((s) traveling	/	
	8 Departi	are city or r	name of departure local	den /	
	9 Destina	ition city or	r name of destination id	cation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10 Means of transportati	lon	11 Purp	pose of travel (including	name of conference, s	eminar, or other event)
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Contribution / Expend	liture reporte	d on:		Value of the second sec	
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Schedule F2		edule Fa	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	of person(s	s) traveling		
	Departu	re city or r	name of departure locati	lon	**************************************
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Means of transportati	øn	Purpr	ose of travel (including r	name of conference, so	eminar, or other event)
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor / I	Payee	<u></u>
Contribution / Expendi	ture reported	I on:			
Schedule A2	Sche	edule B	Schedule B(J)	Sohedule C2	Schedule D Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name o	of person(s)) traveling	—	
	Departu	re city or n	name of departure location	on	, With the second secon
Destination city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
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