4:34PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST SOSANVAN NICKNAME LAST	MI 	OFFICE USE ONLY Date Received
OANDIDATE /	Susie Byrd	OTATE	JUL15 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX; APT/SUITE#, CITY;	STATE; ZIP CODE	2)15)3 4C Date Hand-delivered or Postmarked
change of address	H' Yaso, lexas	19930	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	916) 204 -9813	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST	MI	Date Imaged
	Svove Byrd		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT /SUITE#;	CITY; STATE;	ZIP CODE
	El Jaso, les	cas 1993	
8 CAMPAIGN TREASURER PHONE	PHONE NUMBER 9813	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 Sth day before election	Exceeded \$500 limit	(officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Pay Year THROUGH	Month Day 15/	\(\frac{\text{Year}}{20(3)}\)
11 ELECTION	Month Day Year S/11/2013		General Special
12 OFFICE	OFFICEHELD (FANY) FOR SChool Board Trustee-Elect	13 OFFICE SOLUCITY (IF KNOWN) EPISV SC	nool Board,
	GO TO PAG	E2	

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

SUPPORT	& IOIAL	S		<u> </u>	OVER SHEET PG Z
14 C/OH NAME	Susié	Byrd		15 ACC	OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTE HOLDER. THESE EXPENDITURES MAY HA ES AND OFFICEHOLDERS ARE REQUIRED TO	VE BEEN MADE WITHOUT THE CA	NDIDATE'S O	R OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME TEXAS State	e Teacher	5 A	SINTAC
	SPECIFIC	0011117777 1 1000000			in [X 7870]
additional pages	·	COMMITTEE CAMPAIGN TREASURER A M W +	NAME		
		316 W. O	· 2	, US	cin, [X 7870]
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF S, LOANS, OR GUARANTEES O			\$ \(\)
·		POLITICAL CONTRIBUTION THAN PLEDGES, LOANS, OR GU		(\$ 2,951,75
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$	100 OR LESS, UNLESS ITE	MIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES			\$2,138,95
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAIN DRTING PERIOD	NTAINED AS OF THE LAST	DAY	\$1,364,28
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUT Y OF THE REPORTING PERIOD	STANDING LOANS AS OF	THE	\$
	ELIZABETH CARRASCO IY COMMISSION EXPIRE: September 5, 2015	is true me und		all informat	that the accompanying report ion required to be reported by Officeholder
Sworn to and sub	scribed before	, 20 <u>13</u> , to ce	ertify which, witness		this the
Signature of officer adm	inistering oath	Printed name of officer ad	ministering oath	OTAM Title	e of officer administering oath

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(TDD 1-800-735-2989)

4:34PM

OTTL	THAIR ELDOLO ON LOAD				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A: JULI5 13	
2 FILER NAME	Surie Byrd		3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID# 6 Contributor address; City; State; Zip Code	750. V 7993	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	()	17700	-	of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	oylee LLC	
Date 5/16/13	Full name of contributor out-of-state PAC (ID#_ Contributor address; dity; State; Zip Code	Paso, X	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See II		f Texas, complete Schedule T)	
Date 5/13/13	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 3 () () + (15tin. X		In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
• .			1		
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		f 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)	
Dringing! age	nation / Joh title (See Instructions)	Employer /Sec Ir		f Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See Ir	เอส นิบิสิบิกร์)		
	\\				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE 15 11 4:34PM

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

1 663		THER (enter a category not listed above)
	The Instruction Guide explains how to complete this form	
1 Total pages Schedule F:	2 FILER NAME VALUE OUT	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6 0 13	5 Partie pame Port Printing	
6 Amount (\$)	7 Payee address City; State; Zip Code	250, X 79906
1,000.10	/ LEUSATISHER DWG ITI	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Description (If the schedule)	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office fiolder name Office sought ² DH	Office held
5/9/13	Payername Coffee	
Amolint (\$)	Payee address; City; State; Zip Code	OTX 79936
01.11	12049 1 Endow Gave, L1 100	1000
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If the top of this schedule)	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought	Office held
	Power name 1	
5 9 13	Payername Lay Services Inc	- 1
Amount (\$)	Payee address; City; State; Zip Code	T
266.30	821 North Kaynor, El fas	o, X 1990
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If to August Street Stree	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought	Office held
Date	Payer name	THE PROPERTY OF THE PARTY OF TH
5 31 13	Mark Campos (El Yaso)	runapar force Uttic
Amount (\$)	Payee address; City; State; Zip Code	EDT
568,00	747 E. San Antonio Suit	æ 103, tt 17999/
PURPOSE	Category (See categories listed at the top of this schedule) Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Vonations Vains ?	or tallen Officer Wi
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

CANDIDATE	/	OFFICE	HOLDER
CAMPAIGN	FI	NANCE	REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Kobert	Mi Mi SUFFIX	OFFICE USE ONLY Date Received	
	Bob Geske			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3500 O'Keefe El F	STATE; ZIPCODE ASO, TX 79902	7115113 PA JULI Date Hand-delivered or Postmarked Receipt # Amount	5 13 12:11pp
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 588 - 2432	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Anita NICKNAME Gacharna	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 629 Bristol E	CITY: STATE; I Paso, TX	79912	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581-3497	EXTENSION		
9 REPORT TYPE	July 15 Sth day before election	Runoff Exceeded \$500	treaturer appointment (officeholderonly) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 20/3	
11 ELECTION	Month Day Year ELECTION TYPE Month Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (Ifany) TRUSTEE EPISD DISTRICT I	13 OFFICE SOUGHT (IFKNOWN) TRUSTEE DISTRIC	į	
	GO TO PAG	E2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	pbert	Geske	15 AC	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR HOLDER. <i>THESE EXPENDITURES MAY HAVE BE</i> ES AND OFFICEHOLDERS ARE REQUIRED TO REPO	EN MADE WITHOUT THE CANDIDATE	S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAMI	E	
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS .	
17 CONTRIBUTION TOTALS	1. TOTAL I	OLITICAL CONTRIBUTIONS OF \$50 G S, LOANS, OR GUARANTEES OF LO.	OR LESS (OTHER THAN ANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	INTEES OF LOANS)	\$4726.11
EXPENDITURE TOTALS				
	4. TOTAL	POLITICAL EXPENDITURES		\$ 75.00
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAIN RTING PERIOD	NED AS OF THE LAST DAY	\$ -0-
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTAN Y OF THE REPORTING PERIOD	IDING LOANS AS OF THE	\$ -0-
18 AFFIDAVIT	·			y, that the accompanying report nation required to be reported by
No.	NAOMI C. VEN otary Public, State My Commission I March 19, 20	xpires //	itle 15, Election Code.	uh_
			Signature of Candidate	or Officeholder
AFFIX NOTARY STAM		ne by the said Rob	ert Geske	<u> </u>
day	of July	12	which, witness my ha	, ans are
Maonii C Signature of officer admin	Ventus nistering oath	Maomi C. V. Printed name of officer adminis	Esters C stering oath T	Istary Public title of office administering oath
				- 1

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sci	nedule A:
2 FILER NAME	Robert Geske		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 6/4/26/3 9 Principal occu	5 Full name of contributor out-of-state PAC (ID#:_ 7. 5. 7. A. P. A.C. 6 Contributor address; City; State; Zip Code 316 W. 12th St. Australian Australian Australian (See Instructions)		(If travel outside	8 In-kind contribution description (if applicable) Printing to Postage for Post cards of Texas, complete Schedule T)
Date 7/3/2013	Full name of contributor out-of-state PAC (ID#:	n, TX 1	i	In-kind contribution description (if applicable) Roboca 1/5 To district YES/
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See II		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 title (See Instructions)	Employer (See In		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 title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instr			requirements.

Consultating Expense Event Expense Event Expense Event Expense Event Expense Foodseleverage Expense Polling Expense Travel Out of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME	Loan Repayment/Reimbursement Transportation Equipment & Related Expense				
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Date Payee address Payee address City; State; Zip Code	aul Society Sel Paso, TX 19902 (b) Description (If travel outside of Texas, complete Schedule T) Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office sought Office held Office sought Office held		The instruction Guide explains how to	complete this form.	
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expenditure to benefit C/OH			ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DE:	SIGNATION OF FINAL REPORT	
		The Instruction Guide explains how to complete •• Complete only if "Report Type" on page 1 is marked	this form. "Final Report" ••
1	C/OH	NAME Robert Geske	2 ACCOUNT # (Ethics Commission Filers)
3	SIGN	ATURE	
	report a	t expect any further political contributions or political expenditures in connection with mas a final report terminates my campaign treasurer appointment. I also understand that e any campaign expenditures without a campaign treasurer appointment on file. Sign	ny candidacy. I understand that designating a it may not accept any campaign contributions actually accept any campaign contributions of Candidate / Officeholder
1		R WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••	
	A. ,	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.
		I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earnuse. I also understand that I must file an annual report of unexpended contribution contributions or unexpended interest or income earned on political contributions for report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code	ned on political contributions to personal as and that I may not retain unexpended onger than six years after filing this final ons and unexpended interest or income
	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income from I may not convert assets purchased with political contributions or interest or other incon use. I also understand that I must dispose of assets purchased with political contribution of Election Code, § 254.204.	ne from political contributions to personal
			Signature of Candidate
		Plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officeholder who do I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an

CANDIDA CAMPAIG	TE / OFFICEHOLDER N FINANCE REPORT	R FAMENDED	FORM C/OH COVER SHEET PG 1	
	Guide explains how to complete this for	1 ACCOUNT#	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/HR FIRST JAMES NICKNAME LAST LAMON		OFFICEUSE ON LY Date Received	J IL10 13 10:30A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #: 10456 ORP#EUS OR EL PASO, TX AREA CODE PHONE NUMBER (915) 4174-1149	CITY; STATE; ZIP CODE	7/10/3 PA Date Hand-delivered or Postmarked Receipt # Amours Date Processed	
6 CAMPAIGN TREASURER NAME	MB/MRB/MR FIRST MRS. DEBORN NICHMANE LAST CUILTY	H K suffix	Date i maged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 10424 GAIUS EL PASO, TX		ZIPCODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 490—469	EXTENSION		
9 REPORT TYPE	January 15 30th day before electrical July 15 Sth day before electrical PAMENDEL	etion Exceeded \$500	15th day after campaign treasurer appointment (officenoider only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Honen Day Year THRO	Month Day	Year 13	
11 ELECTION	Morath ELECTION DATE Year ELECTION TYPE 5/11/2013		General Special	
12 OFFICE	OFFICEHELD (if any)	13 OFFICE SOUGHT (IFKNOWN) TRUSSTE DISTRI		·
	GO TO	PAGE2		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER 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. TREPAC-TEXAS ASSOCIATINO OF COMMITTEE TYPE GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages ITTEE CAMPAIGN TREASURER ADDRESS OBOX 2246, AUSTIN TX 78768 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3 **TOTALS** TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** 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 Code. NORMA RUIZ **NOTARY PUBLIC** State of Texas Comm. Exp. 04/02/2016 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE and subscribed before me, by the said _ f, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Signature of officer administering eath

Title of officer administering oath

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN		v O E D	SCHEDULE A
The	instruction Guide explains how to complete this		1 Total pages Sch	edule A:
2 FILER NAME	ES P. LAMONICA		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#)	7 Amount of	8 In-kind contribution
4/12/13	TREPAC-TEXAS ASSOCIATED CONTRIBUTION OF CONTRIBUTION AND CONTRIBUTION OF CONTR		contribution (\$)	description (if applicable)
	POBOX 2246, AUSTIN 78768-2	246	of travel outside	of Texas, complete Schedule T)
9 Principal occup	nation / Job title (See Instructions) TICAL ACTION COMM.	10 Employer (See I	`	
9/25/13	Full name of contributor ut-of-state PAC(ID#_ STANLEY JOBE Contributor address; City; State; Zip Code 1150 SOUTH VIEW DR.	EL PASO	Amount of contribution (\$)	In-kind contribution deacription (if applicable)
	TX 79928		(if traval nutelida o	of Texas, complete Schedule T)
Principal occup	nation /Job title (See Instructions)	Employer (See li		rickes, complete deficade in
Date # 5/1/2013	Full name of contributor out-of-state PAC(ID#_ BAR JAMES CUILTY Contributor address; City; State; Zip Code 5151 FAIRBANKS OR.	STATE FARA	Amount of contribution (\$)	In-kind contribution description (if applicable)
	EL PASO TX 79924		(if travel outside o	of Texas, complete Schedule T)
Principal occup TNS	nation / Job title (See Instructions) WRANCE AGEANT	Employer (See I	nstructions) EMPLOYE	D.
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) of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See li		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	etion / Job title (See Instructions)	Employer (See In	nstructions)	
lf c	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see instru			requirements.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of D Printing Expense Office Overhead		Candidate/Officeholder/Political Committ	ee
	The Instruction Guide explains how to		HER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME JAMES P. LAMONICA	·	3 ACCOUNT # (Ethics Commission File	ers)
4 Date 4/9/13	5 Payee name NORTHEAST PRINT			
6 Amount (\$)	7 Payee address; City; State; Zip Code	-705		
428,67.	9628-AA DYER ST. 1	EL PASO, 7	× 79924	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	vel outside of Texas, complete Schedule T)	
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71,35	TRANS MOUNTAIN KO	, EL PAS	0 1 X 17127.	
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12.00	Payee address; City; State; Zip Code TRANS MOUNTAIN RU	i, jet pro	SD, T.X 19924	
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expenditure to benefit C/C	Jn			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

The C/OH instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages fi	led: 6 .	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRB/MR FIRST MR. JAMES NICHNAME LAST LAMONIC	Burrix A	OFFIC: Date Received	EUSEONLY J	II 10 13 10:31A)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / POBOX: APT/SUITE#: CITY: 10456 ORPHEUS DR. EL PASO, TX 79924	STATE, ZIP CODE	7 NO (3 Date Hand-delivered	or Postmarked	
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 474-1149	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MES PIRET DEBORAL NICKNAME LAST CUILTY	H H	Date (maged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#: 10424 GAIUS EL PASO TX 7992	CITY: STATE:	ZIPCODE		
8 CAMPAIGN TREASURER PHONE	area code Phone Number (915) 490 –4697	EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 imit	15th day after treasurer appropriate (officenoider only Final report (Af	ointment	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 7/12/20	Year 513		
11 ELECTION	Moran ELECTION DATE Day Year Primary 6/15/2013	Runoff	General	Special	
12 OFFICE	OFFICEHBLO (flany)	13 OFFICESOUGHT ((FKNOWN) TRUSTEE DISTRICT	-5		
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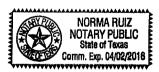
(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME TAMES	LAMONICA	5 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDICONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE COMMITTEE NAME TEXAS STATE TEACHERS	ASSICIATION			
	GENERAL POLITICAL ACTION CO. COMMITTEE ADDRESS	MNTITEE			
	SPECIFIC 316 W. 12Th STREET				
PAGE	AUSTIN TEXAS, 7870 COMMITTEE CAMPAIGNTREASURER NAME	7/.			
additional pages	LEANN KLOESEL				
	COMMITTEE CAMPAIGN TREASURER ADDRESS 316 W. 12th STREET				
	AUSTIN, TEXAS, 78701.				
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0,00.			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00 AMMORT RETURN			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEME	SED \$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 323.80			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 6.00.				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 0,00.			
40 AFFIDALAT					

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said

13, to certify which, w

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

14 C/OH NAME	Lamor	VICA	1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTION THESE EXPENDITU	ONS ACCEPTED OR POLITICAL EXPENDITURES MAD RES MAY HAVE BEEN MADE WITHOUT THE CANDI REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
PAGE2.	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME TREPAC - COMMITTEE ADDRESS P.O. BOX COMMITTEE CAMPAIGN T	TEXAS ASSOCIA 2246, AUST REASURER NAME L DETRICK	TIN 7X 28768-22
47.00\\\T\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		POBOX 2	2246, AUSTIN, TE	EXAS 78768-2244
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUT S, LOANS, OR GUARAI	IONS OF \$50 OR LESS (OTHER THAN NTEES OF LOANS), UNLESS ITEMIZED	s \ \
		POLITICAL CONTRI	BUTIONS IS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		ZED \$	
	4. TOTAL	POLITICAL EXPEND	TURES	\$
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OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS OF TH	E \$
8 AFFIDAVIT			I swear, or affirm, under penalty of pris true and correct and includes all in me under Title 15, Election Code.	erjury, that the accompanying report formation required to be reported by
			Signature of Candid	late or Officeholder
AFFIX NOTARY STAME				
				1
day	of	, 20	, to certify which, witness my	hand and seal of office.
Signature of officer admin	istering oath	Printed name of c	officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JAMES LAMONICA 4 Date 5 Full name of contributor __out-of-state PAC(ID#:______) C/14/13 TEXASSTATE TEACHERS ASSOCIATION 6 Contributor address; City; State; Zip Code 316 W. 127h STREET 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) AUSTIN TEXAS 7870) (If travel of the principal occupation / Job title (See Instructions) 10 Employer (See Instructions) (If travel outside of Te Full name of contributor out-of-state PAC(ID#:______) TEXAS STATE TEACHERS ASSOCIATION PAC Contributor address; City; State; Zip Code 316 W. 121h STREET Amount of In-kind contribution description (if applicable) contribution (\$) \$711.34 AUSTIN, TEXAD 78701. (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution 6/14/13 Contributor address; City; State; Zip Code P.O. BOX 2246, AUSTIN TX contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable)

(If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

Contributor address; City; State; Zip Code

Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID# contribution (\$) description (if applicable) Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

(if travel outside of Texas, complete Schedule T) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense		ges/Contract Labor Loan Repa	ayment/Reimbursement
Accounting/Banking		Fundraising Expense Transporta	ation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Di		ons/Donations Made By
Event Expense	Polling Expense Travel Out (Of District Candid	ate/Officeholder/Political Committee
Fees			nter a category not listed above)
	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F:	2 FILER NAME	, 3 AC	CCOUNT # (Ethics Commission Filers)
<i>I</i> .	JAMES LAMON	ICA	•
4 Date	5 Payee name	- //	
6/17/13	BANK OF AMERI	CA	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le	
4	POBOX 25118 TAMI	PA, FLA 3362	27-5118
\$12.00	, , , , , , , , , , , , , , , , , , , ,	7 204-	2 0// 6
7			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)
OF	Err	ha 11 0	- 41 6
EXPENDITURE	FEF	MONTHLIE	WK FFF
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	ЭН	-	
Date /12/13	FPTS/		
Amount (\$)	Payee address; City; State; Zip Cod		
/	Taylor address, City, State, Zip Cod	OR, EL PAS	- TV
\$311.80	8.653/BOETING	-UK, EL PHS	0, 12 19923
101110			
BUDDOOF	Category /See seteracing listed at the Land State of the	<u> </u>	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outsid	le of Texas, complete Schedule T)
EXPENDITURE	DIENTIE COMPATION	LEVALO / PONI	4TION TO
0	Candidate / Office helder and	Marvo / E	PISO FUND.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
experientate to benefit 6/6			
Date	Payee name		
			1
Amount (\$)	Payee address; City; State; Zip Code	•	
]
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
OF EXPENDITURE			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
D.4			
Date	Payee name		
			•
Amount (\$)	Payee address; City; State; Zip Code		
			1
	•		İ
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Street, 1997)	of Towns and I had been a second as a seco
OF	and a first of the correspondence lighter at the rob of this scuednie)	Description (it travel outside	of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY 15 dir.	Candidate / Officeholder name	0550000	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
	JH		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	UE.	SIGNATION OF FINAL R	EFORI	
		The Instruction Guide Complete only if "Report 1	explains how to complete this form. ype" on page 1 is marked "Final Report"	••
1	C/OH	NAME	2 ACCOUNT	# (Ethics Commission Filers)
	7	AMES LAMONICA		
3		ATURE		
	report a		expenditures in connection with my candidacy. I und pointment. I also understand that I may not accept a asurer appointment on file.	ny campaign contributions
4		NHO IS NOTAN OFFICEHOLDER Plate A & B below o <i>nly</i> if you are not an officehold	ar, ••	
	A.	CAMPAIGN FUNDS		
	Chec	konly one:		
	X	l do not have unexpended contributions or unexpe	nded interest or income earned from political contribu	itions.
		not convert unexpended political contributions or u use. I also understand that I must file an annual r contributions or unexpended interest or income e	erest or income earned from political contributions. In nexpended interest or income earned on political con sport of unexpended contributions and that I may not arned on political contributions longer than six year funexpended political contributions and unexpendent the requirements of Election Code, § 254.204.	tributions to personal of retain unexpended s after filing this final
	8.	ASSETS		
	Check	conly one:		
	X	I do not retain assets purchased with political contr	butions or interest or other income from political con	tributions.
		I may not convert assets purchased with political cor	ns or interest or other income from political contribution tributions or interest or other income from political contributions in accordance to the contribution of the contributions of the contribution	tributions to personal
;		EHOLDER lets this section only if you are an officeholds	• 44	
		l am aware that I remain subject to filing requirements I am also aware that I will be required to file reports	applicable to an officeholder who does not have a camp of unexpended contributions if, after filing the last n other income from political contributions, or assets pur	equired report as an
	·		Signature of Offi	ceholder



BANK OF AMERIC	CA, N.A. (Th	IE "BANK")	Checking/Savings Account Closing Summary
Account Type	MYACCES	SS CHECKING	Account Number
Account Title	JAMES P	LAMONICA	
	DEBORAL	K CUILTY	
			
Account Address	10456 OR	PHEUS DR	
	EL PASO		
	TX	79924-2215	
Pursuant to your in	nstruction, w	e closed the account listed	above. Services connected to this account will be discontinued.
If there are recurring arrangements.	ng payment	s from or deposits to this a	ccount, please contact the originator to cancel or make alternative
Disbursement Met	hod:		

Bank Information		
Date	07/03/2013	
Banking Center Name	TRANS MOUNTAIN	
Associate's Name	Violeta Musseb Gil	
Associate's Phone Number	915-832-4250	



BANK OF AMERICA, N.A. (THE "BANK")

Transaction History

7

JAMES P LAMONICA

MYACCESS CHECKING

DEBORAH K CUILTY

Last Posting Date 07/02/2013

Date/Time Printed 7/3/2013 11:32 AM EST

Since Last Statement Summary

Last Statement Date 06/17/2013

Balance Last Statement (\$)

\$311.80

Deposits/Credits (+)
Withdrawals/Debits (-)

0

\$0.00 Holds (-)

1

\$323.80 Pending Credits (+)

Available Balance (\$)

\$0.00

#Counts include posted items only-Intraday items are not included in the counts

Balance Last Statement, Deposits/Credits, Withdrawals/Debits may not total to Available Balance.

Date	Description Amount included in Available Balance	Туре	Amount	Available Balance
Processing	CASHED CHECK HOLD ON 07/03	Debit	-\$311.80	\$0.00
06/17/2013	Monthly Maintenance Fee	Fee	-\$12.00	\$311.80

No More Activity For This Account

For additional information or service, please contact the Customer Service Center at 1-800-432-1000

* = Item(s) included in Previous Statement(s).

00-14-9036M 11-2010

James Lamonica:
10486 Orpheus Dr.
El Paso, TX 79925
88-9103/3120

Sold 7/10/13

Sold 1/10/13

Proud to Teach

Proud to Teach

Bank of America

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00015 07/03/2013 09:15
Entity NTX CC 0004302 Tlr 00002
Acct Type CHK
Electronic Withdrawal \$311.80
Available Balance 0.00

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT** COVER SHEET PG 1

				_
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MR. OMAR		Date Received	1
	NICKNAME LAST	SUFFIX	71114	3 12:54PM
	VILLA		AGELL	3 12°34FB
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #: CITY;	STATE; ZIP CODE	Dulana ea	
OFFICEHOLDER MAILING	1420 CAMINO ALTO	כ	71112013	1
ADDRESS	EL PASO, TX 7990	7	Date Hand-delivered or Postmarked	į
change of address	EC (1100) 12 1770	-	Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(915) 240.0763		Date Processed	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged	
TREASURER NAME	MR. Luis			
	NICKNAME LAST	SUFFIX		
	TALAVERA			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	1011 W. YANDELL			
(residence or business)	EL PASO, TX 79902			
	,			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 834-9076	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment	
	July 15 Sth day before election	Exceeded \$500 [(officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month Day		
COVERED	5/2/20\$3 THROUGH	G /30/	7013	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	General Special	
	Q/15/2013	/		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		EPISD BOA	RD OF TRUSTOUS	
		DISTRI	CT 1	
	GOTOPAG	E2		

(512) 463-5800

(TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
OMA	R VILLA			
4 Date	5 Full name of contributor out-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	ESTHER HUUNES		Contribution (4)	description (ii applicable)
6.6.13			100.00	
	1018 BLANCHARD		100-	1
	1018 BLANCHARS EL PASO, TX 79902		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	J pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			CONTRIBUTION (W)	
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	<u> </u>	or reads, complete concease 17
				1
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributorout-of-state PAC (ID#:_)	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
•			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
		<u>-</u>	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
If c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			requirements.

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)	
Advertising Expense		salaries/Wages/C		oan Repayment/Reimbursement
Accounting/Banking		olicitation/Fundra		ransportation Equipment & Related Expense
Consulting Expense	9	ravel In District	•	ontributions/Donations Made By
Event Expense		ravel Out Of Dis		Candidate/Officeholder/Political Committee
Fees		Office Overhead/F		THER (enter a category not listed above)
rees	The Instruction Guide ex			
		cpiams now to	complete this form	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
	OMAR VIL	LA		
4 Date	5 Payee name			
10-6-13	PAUPAL			
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
	2211 N. FIEST			
3.20	501 1 11 0			
J , 00	SAM JOSE, CA 95	513(
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	TEES		TRAILS. HE	E FOR CONTRIB.
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/	OH			
Date	Payee name			
6-9.13	NEEDE DEPUT			
	OFFICE DEPUT	- 7:- 0-2-	- III	
Amount (\$)	Payee address; City; .State		- 0	
_	BOI SUNLAND PARK	UR. SPAC	te 13	
24.88				
	EL PASO, TX 790	712		
PURPOSE	Category (See categories listed at the top of t	lhis schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF				
EXPENDITURE	OFFICE OFFICE OFFICE	<i>4</i> 0	SUPPLIE	Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/0	OH			•
*				
Date	Payee name			
10.10.13	COUNTY OF EL	PASO		
Amount (\$)	Payee address; City; State;	, Zip Code		
00	500 E. SAN ANT	ONIO		
5.00	. EL PASO, TX 79.	901		
	. LC (730) 1 x 11	101		
PURPOSE	Category (See categories listed at the top of t	this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
OF	Partition		VOTER	110-
EXPENDITURE	POLLING EXPENS	>E	00.00	UST
0.11.7.15.15.15	Candidate / Officeholder name		Office sought	Office held
Complete ONLY if direct expenditure to benefit C/0				
expenditure to benefit O/C				
Date	Pavee name			
6 · 10 · 13 Amount (\$)	OFFICE DEPOT			
Amount (\$)	Payee address; City; State;			
	801 SUNLAND PARK	< DR. St	PACEB	
32.15	201 301-00-1-1-1	_ ,,,_, _,		
JU.				
	Category (See categories listed at the top of	this schedule)	Description (If	ravel outside of Texas, complete Schedule T)
PURPOSE	Category (See categories listed at the top of t	and deficedity	Doggipuon (III	and a series of rotate and a series of reality
OF EXPENDITURE	ADVITISING EXPEN		C51.0	CAPIES - PUCLIANO DE
		./6	- OLUL	COPIOS - PUSUCIOS Office held
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/	ОН			
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	ATTACH ADDITIONAL COP	TES OF THIS	POULE NO NE	ENED

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

00	0. 10 17 1				
14 C/OH NAME			ACCOUNT # (Ethics Commission Filers)		
01	MAR VI	LLA			
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S)					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 100				
EXPENDITURE TOTALS	URE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	FOTAL POLITICAL EXPENDITURES \$ 1132.37			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 1132.37 \$ 294.72		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
JAVIER P. RUVALCABA Roberty Public, Senie of Teuris My Commission Expires APRIL 13, 2015					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Onau G Villa, this the, this the, the said, to certify which, witness my hand and seal of office.					
l day	7	Javier Runalcab	Notani		
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath		

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	ounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense sulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee						
1 Total pages Schedule F:	2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)						
4 Date 6 10 13							
6 Amount (\$)	7 Payee address; City; State; Zip Code TUINSTRAT 60 - 3732 VI						
11.96	THE METHERIAMOS		travel autide of Tayon complete Schoolule TV				
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	1	travel outside of Texas, complete Schedule T)				
EXPENDITURE	PRINTING EXPENSE	PERSONA	WIZED FONT				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
6.10.13	HOME DEPOT Payee address; City; State; Zip Code						
Amount (\$)	Payee address; City; State; Zip Code						
16.17	16.17 EL CASO, TX 7991Z						
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)				
EXPENDITURE							
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name						
6.11.13	OFFICE DEPOT Payee address; City; State; Zip Code		- Latinia Lati				
Amount (\$)	801. SUNLAND PARK DR.	SPACE B					
150.46	EL PASO, TX 79912						
PURPOSE	Category (See categories listed at the top of this schedule)	•	travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	PRINTING EXPENSE	COLOR C	COPIOS - MAILOR				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
6.12.13	COUNTY OF EL PASO Payee address; City; State; Zip Code						
Amount (\$)							
5,00	500 E. SAN ANTONIO						
_	EL P450, TX 79901	224488					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)				
OF EXPENDITURE	POLLING EXPENSE	VOTER	LIST				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

	EVERYBITIBE CATECODIES	EOD BOY 9/a)	
Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Cor Accounting/Banking Legal Services Solicitation/Fundrais Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Re		ontract Labor Laising Expense Contrict Rental Expense Contrict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form	n.
1 Total pages Schedule F:	2 FILER NAME OMAR VILLA 5 Payee name		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		1
6.12.13			
6 Amount (\$)	7 Payee address; City; State; Zip Code		
δ Amount (φ)	AIRPORT MAIN OFFICE		
330.00	EL PASO, TX 79910		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	l ' ' _ ' '	f travel outside of Texas, complete Schedule T)
EXPENDITURE	ADVORTISING EXPENSE	POSTA	AGE FOR MAILUR
Ocomplete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6 ·12 · 13	OFFICE DEPOT		Land Market Control of the Control o
Amount (\$)	Payee address; City; State; Zip Code		
17.59	IIII GEROMIMO DR.		
	EL PASO, TX 79925		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	ftravel outside of Texas, complete Schedule T)
OF EXPENDITURE PRINTING EXPONSE COLOR COPIES - MAIL			
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/		Onice sought	· ·
Date	Payee name		
@17.13 Amount (\$)	DAVIDS PENMANTS, 13 AM NOTS Payee address; City; State; Zip Code	, Aus G	RAPHIC SIGNES, INC.
, ,	Payee address; City; State; Zip Code		
259.80	9911 CARNEGIE		
	EL PASO, TX 79925		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (#	f travel outside of Texas, complete Schedule T)
OF		YARD	816.00
EXPENDITURE	ADVORTISING EXPONSE	77402	31619
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6.13.13	OFFICE DEPOT		
Amount (\$)	Payee address; City; State; Zip Code		
, ,	III GORONIMO OR.		
1. le Z	EL PASO, TX 79925		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	PRINTING OXPOSS	Color	COPISS - MAILOR
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
1417	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

Texas Ethics Commission

	EXPENDITURE CATEGORIE	, ,	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/		an Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fund	- ·	ansportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District	· · ·	ntributions/Donations Made By
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Political Con		
Fees	• ,		HER (enter a category not listed above)
	The Instruction Guide explains how to	o complete this form.	La roccibiz #/5#: 0
1 Total pages Schedule F:	2 FILER NAME OMAZ VILLA		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	US POSTAL SUC. 7 Payee address; City; State; Zip Code		
5 Amount (\$)	7 Payee address; City; State; Zip Code		
5.94	AIRPORT MAIN OFFICE		
5,19	EL PASO, TX 7991	0	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVORTISING EXPONSE	POSTA	es-Marcoe.
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C			4
Date	Payee name		
6.15-13	SUBWAY		
Amount (\$)	Payee address; City; State; Zip Code		
47.09	2625 N. MOSA		
91.01	EL PASO, TX 79907	-	
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/BOV. EXPONSE	FOOD FOR	2 Voluntsoes
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
	_ ·		
6 · 15 · 13 Amount (\$)	AGBOCT SUP S Payee address; City; State; Zip Code		
, (4)	3100 H. M55A		
25,53	EL P450, TX 79902	_	
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF	/		R VOLUNTSERS
EXPENDITURE	1	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office field
Date	Payee name ·		
Ce 115.13	STALBUCKS		
Amount (\$)	Dover address: City: State: Zip Code		
	2300 N. MESA		
14,02	ELPASO, TX 7990Z		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOUR BON. EXPENSE	Coffee	FOR VOLUNTOURS
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NE	EDED
	A HOHADDINGAL OF IEGO HIG		

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

•	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
PURPOSE OF EXPENDITURE					
DURDOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
Amount (\$)	Payee address; City; State; Zip Code				
Date	Payee name		Part of the state		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office/holder name H	Office sought	Office held		
EXPENDITURE	ACCOUNTING EXPENSE		CIMPLE		
PURPOSE OF	Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T)		
15.00	MC ALLEN , TX 7850		(formula diside of Tours appelled Collection TV		
, E m D	1801 5. ZMD P.O. BOX				
Amount (\$)	Payee address; City; State; Zip Code				
6.58.13					
Date	Payee name				
Complete ONLY if direct expenditure to benefit C/O		se edegin			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
OF	FOOD/Bor. EXPONST.	DOTMB.	FOR FOUR PURCIC		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
152,70	EL PASO, TX 79903				
Amount (\$)	1944 ST, JOHNS				
6.23,13	Pavee address: City: State; Zip Code		AND		
Date	Payee name				
expenditure to benefit C/C	ייט				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	Office held		
EXPENDITURE	FOUR BOY. EXPENSE	7000 FW	2 Voluntoors		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)		
13.66	EL PASO, TX 79907 (a) Category (See categories listed at the top of this schedule)				
1-1-1-	3100 N. MBSA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
4 Date	5 Payee name				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
	The Instruction Guide explains how to complete this form.				
Fees	Printing Expense Office Overhead/I		OTHER (enter a category not listed above)		
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	strict	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra		Loan Repayment/Reimbursement Transportation Equipment & Related Expense		
	EXPENDITURE CATEGORIES		1 December 10 -inches		

12:55PM

	OFFICEHOLDER INANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction Guide	explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE	IRSTMR FIRST MR. OMAR IAST VILLA	MI 	OFFICE USE ONLY Date Received JULI 1
OFFICEHOLDER MAILING ADDRESS change of address CANDIDATE/	ESS / POBOX; APT / SUITE#: CITY; LHZO CAMINO ALTO EL PASO, TX 79907 CODE PHONE NUMBER		Date Hand-delivered or Postmarked Receipt # Amount Date Processed
PHONE (//	IRS/MR FIRST MR. LUIS	MI SUFFIX	Date Imaged
TREASURER ADDRESS	ETADDRESS (NO PO BOX PLEASE): APT/SUITE#: O 11 W. YANO ELL EL PASO, TX 79902	CHY;- SÍAÌE;	Zir dobe
8 CAMPAIGN TREASURER PHONE		EXTENSION	
L	July 15 Sth day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Atlach C/OH - FR)
COVERED 7	1 / Zo13	06/30/	201 3@
THELECTION Month	ELECTION DATE Day Year Primary	Runoff	General Special
12 OFFICE OFFICE	HELD (if any)	13 OFFICE SOUGHT (If known) EPISD BOA DISTRU	RD OF TRUSTORS
	GO TO PAG	E2	

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

		3	Towns 15 C		
14 C/OH NAME	4,072	15	ACCOUNT # (Ethics Commission Filers)		
OMAR	VILLA				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CANDIDATE OF THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE DESIGNE NOTICE OF SHIGH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
	Lavascord	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE CAMPAIGN TREAGULERADINESS			
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL	POLITICAL CONTRIBUTIONS IIIM PLEUGES, LEMMS, OR GREENTERS OF LOANS)	\$ 6		
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS I			ZED \$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ \$15.99		
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 6		
OUTSTANDING LOAN TOTALS	6. TOTAL F LASI DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	#E \$		
Tivkultar be			perjury, that the accompanying report information required to be reported by		
	AVIER P. RUVALCAE Notary Public, State of Tener My Commission Expires APRIL 13, 2015	N	idate or Officeholder		
AFFIX NOTARY STAN		me, by the said Onan & Vi	this the		
11-11 day	July	, <u>so</u> , to certify which, withous m	y hand and seal of office		
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

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

Employer (See Instructions) .

Principal Occupation (See Instructions)



Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Glft/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I	Contract Labor Loan Repayment/Reimbursement alsing Expense Transportation Equipment & Related Expense Contributions/Donations Made By, Candidate/Officeholder/Political Committee Rental Expense OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F:	2 FILER NAME OMAR VILLA	/3 ACCOUNT # (Ethics Commission Filer
4 Date 7.213	5 Payee name STAMPS. COM	ramata rank 😲
6 Amount (\$) \$15.99	7 Payee address; City; State; Zip Code 1990 E. GRAND AVE. EL SEZUNDO, CA 90245	en en gewenne en
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	A COMMENSATION OF THE STATE OF
	(4)	and the state of t
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H.	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	A Section of the Control of the Cont
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	21.7
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)
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED



Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	DES	SIGNATION OF FINAL REPORT	APA			
		The Instruction Guide explains how to complet Complete only if "Report Type" on page 1 is marke	e this form. ed "Final Report" ••			
1	C/OH N	JAME	2 ACCOUNT # (Ethics Commission Filers)			
•		AR VILLA	Ť			
	SIGNA					
_						
	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. Lalso understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
4	FILER	WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••				
	Å.	CAMPAIGN FUNDS				
	Chec	k only one:				
	X	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 portion of convert unexpended political contributions or unexpended interest or income use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribution report. Further, I understand that I must dispose of unexpended political contributions accordance with the requirements of Election Contributions.	earned on political contributions to personal tions and that I may not retain unexpended is longer than six years after filing this final outions and unexpended interest or income			
	В.	ASSETS				
	Chec	k only one:				
	×	I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.			
		I do retain assets purchased with political contributions or interest or other income f. I may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political contribution Code, § 254.204.	butions in accordance with the requirements			
			Signature of Candidate			
5	OFFIC	CEHOLDER plete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	it, after filing the last required report as an			
			Signature of Officeholder			

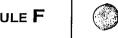
exas Ethics Commi	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how	w to complete this form.	1 Total page	es Schedule E:
			3 ACCOUN	T # (Ethics Commission Filers)
FILER NAME				7
1 TOTA	AL OF UNITEMIZED LOAN	NS: \$ \$ \$ \$	th th	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
3 Is lender a financial	8 Lender address; City;	State; Zip Code	./	10 Interest rate
Institution?			-	11 Maturity date
	tion / Job title (See Instructions)	13 Employer (See In	structions)	
14 Description of Co	ollateral	15 Check if personal f	funds were deposited in	nto political account
GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address;	gity; State; Zip Code		9 Amount Guaranteed (\$)
20 Principal Occupa	ation (See Instructions)	21 Employer (See Ins	structions)	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code		Interestrate
Institution?				Maturity date
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	tructions)	
Description of Co	llatera	Check if personal f	unds were deposited ir	nto political account
none				
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address;	City; State; Zip Code		Amount Guaranteed (\$)
L	etion (See Instructions)	Employer (See Inst	iructions)	

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

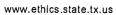
Revised 09/28/2011

POLITICAL EXPENDITURES

SCHEDULE F



	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	undraising Expense Tra rict Co f District	an Repayment/Reimbursement ansportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	OMAR VILLA 5 Payee name	.	<u></u>
_			
フ・フィ3 6 Amount (\$)	STAMPS. COM 7 Payee address; City; State; Zip Code)	
\$15.99	1990 E. GRAND AVE. EL SEZUNDO, CA 9024		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	FEE	POSTAGE	SUC FEE FOR JUNE
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	Г		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 tra	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 trav	rel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED



(512) 463-5800

(TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

A 3 - 4 3 3 - 4 3 3 3 3 3 3 3 3 3 3 3 3 3	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
(OMAR VILLA	
4 Date	5 Payee name	NAS 2 17/4
7.10.13	UNITED WAY OF ELF	ASO COUN 19
6 Amount (\$)	7 Payee address; City; State; Zip Code 100 M. STAHTON #500	
278,73	•	
8 PURPOSE	EL PASO, TX 7990 (a) Category (See instructions for examples of acceptable	(b) Description (See instructions regarding type of Information
OF EXPENDITURE	categories)	CONTRIBUTION OF
	DONATION	REMAINING FUNDS
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
FURFORF OF EXPENDITURE	(a) Colegany (See instructions for examples of acceptable categories)	(h) Description (See instructions regarding type of information required.)
Date	Рау ве пате	
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 (4)	Anyon minimus, City, Clatry 7th Code	
PURPOSE OF EXPENDITURE	(a) Category-(See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information requireo.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

INTER NATIONAL BANK CLOSED ACCOUNT FORM



COPY

ACCO	OUNT INFORMATION
me: Omar Gabriel Villa (Camp	onign funds) PORT:
ie: Omar Gabriel VIII -	Responsibility Code 466
CCOUNT	Amount \$ 0.00
pe of Account 90) EZ Business Checking	OD Protection: Y or N
it Card /ATM card # (If Applicabl	e)
ect Deposit /Draft/Auto transfer St	

Date '	Check Number	Description	Debk	Credit	Balance
	11011100	60445 PURCHASE* STAMPS.COM 888-434-0055 CA	15.99		278.73
07/02/2013		12345678 318200026	10.00		
07/11/2013		6184 PURCHASE* PAYPAL *UNITEDWAYEL 4029357733 CA12345678 3191000	278.73		.00

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS (MR / FIRST MI	OFFICE USE ONLY
OFFICEHOLDER	Russell	Data Caratan
NAME		Date Received
	NICKVAME LAST SUFFIX	
	Wiggs	, MAY
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE	M. 10 202
OFFICEHOLDER	9004 Virgo Lane El Posa TX 79904	Dley 10, 200
MAILING		Date Hand-deilvered or Postmarked
ADDRESS		
change of address		Receipt# Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Date Processed
OFFICEHOLDER PHONE	(915) 75 7-0 798	
6 CAMPAIGN	MS/MRS/MR FIRST MI	Datelmaged
TREASURER	Rodney	
NAME	NICKNAME LAST SUFFIX	
	W1995	:
	00 (47.3	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#: CITY: STATE;	ZIPCODE
TREASURER	3220 Sards Ave El Posc TX	7 99 04
ADDRESS (residence or business)		• •
,,		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER	(915) 755-0286	
PHONE	(1.2)	·
• DEDODE TYPE		4514 4514
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500	Final report (Attach C/GH - FR)
	Suly 15 and day service creation limit	Kanad
10 PERIOD	Month Day Year Month Day	Year
COVERED	12/31/2012 THROUGH 05/11/	2013
44 EL COTION	SUCCESSION DE LE CELECTION TYPE	, , , , , , , , , , , , , , , , , , , ,
11 ELECTION	ELECTION DATE	General Special
,	OS // 2013 Primary Primary Runoff	seriera of evan
4		
12 OFFICE	OFFICEHELD (if any) 13 OFFICESOUGHT (if known)	
and the transfer	Board of Trustees EPISD	
	District 4	•
	0101.00	
		······································
	GO TO PAGE 2	

4:57PM

FORM C/OH COVER SHEET PG 2

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	-cell	W1995	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES IN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	мелі
,	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N \$ €
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$
	4. TO TAL	POLITICAL EXPENDITURES	\$ 490.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 6
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTS TANDING LOANS AS OF LY OF THE REPORTING PERIOD	THE \$ €
18 AFFIDAVIT		is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by
AFFIX NOTARY STAM	IP / SEAL ABOVE	_	/
	scribed before	me, by the said Rucell L. U.	ny hand and seal of office.
Signature of officer admi) inistering oath	Printed name of officer administer MY C	LISA JANE RAY OMMISSION EXPIRES In histering oath August 9, 2016

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A.
1115	: Histiactori Guide explains now to complete this			
FILER NAME			3 ACCOUNT# (E	ithics Commission Filers)
Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			
			(If travel outside	I of Texas, complete Schedule T)
rincipal occu	upation / Job title (See Instructions)	10 Employer (See	1	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
nincipal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code]
				of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			7
	1 /			
	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)

13 4:58PM

PLEDGED CONTRIBUTIONS		SCHEDULE B		
The Instruction Guide explains how to complete this fo	orm. 1 Total pages	Schedule B:		
PILER NAME		ACCOUNT # (Ethics Commission Filers)		
TOTAL OF UNITEMIZED PLEDGES:		\$		
5 Date 6 Full name of pledgor out-of-state PAC (ID#	3 Amount of pledge (\$)	9 In-kind description (if applicable)		
7 Pledgor address; City; State; Zip Code				
		side of Texas, complete Schedule T)		
10 Principal occupation / Job title (See Instructions)	1 Employer (See Instructions)			
Date Full name of pledgor out-of-state PAC(U#:	Amount of pledge (\$)	ln-kind description (if applicable)		
Pledgor address; City; State; In Code	(If travel outs	side of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
, including the second				
Date Full name of pledgor out-of-state PAC(IC#:) Amount of pledge (\$)			
Pledgor address; City; State; Zip Code				
	(If travel outs	I side of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of pledgor ☐ out-of-state PAC(ID#:	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code		1		
/		side of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	·		
Date Full name of pledgor ☐ out-of-state PAC(ID#:	Amount of pledge (\$)	In-kind description (if applicable)		
Pledgor address; City; State; Zip Code				
		side of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	ting requirements.		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wi Legal Services Solicitation/ Food/Beverage Expense Travel In D Polling Expense Travel Out	Vages/Contract Labor n/Fundraising Expense District t Of District crhead/Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political Comm	nittee
	the instruction dutice explains in		F11
1 Total pages Schedule F:	2 FILER MAME USSELL WIGGS	3 ACCOUNT # (Ethics Commission	Filers)
4 Date	5 Payee name		d. 75 4.00LN
3-14-2013 6 Amount (\$)	IRVIN H.S. 7 Payee address; City; State; Zip Co	ode	
\$ 245.00	9465 Roanoke El A		
8 PURPOSE	(a) Category (See categories listed at the top of this schedul	ule) (b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contribution / Donation	1	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
3-14-2013	Chapin H-S. Payee address; City; State; Zip Co 7700 Dyer St. El		
Amount (\$)	Payee address; City; State; Zip Co	ode 70011	
#245,00	7700 Wer St El	1 66 so, 10 17109	
PURPOSE	Category (See categories listed at the top of this schedul	lle) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contribution/Donatio	on	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name	•	
Amount (\$)	Payee address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul		
Complete ONLY If direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of E Printing Expense Office Overhead	#Contract Labor		
	The Instruction Guide explains how t		13 4	:58PM
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimoursement from political contributions intended				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Iftraveloutside of Texas, complete Schedule T)		
OF EXPENDITURE	/]			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended] /			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE				
Date	Payee name			
Amount (\$)	Payee address, City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If traveloutside of Texas, complete Schedule T)		
OF EXPENDITURE				
	L /			
Date /	Payee name .	·		
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftravel outside of Texas, complete Schedule T)		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE C	CATEGORIES F					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ing Expense Tra Con ct ntal Expense OT	an Repayment/Reimbursen insportation Equipment & R ntributions/Donations Made Candidate/Officeholder/Po HER (enter a category not	elated Expense e By litical Committee		
	The Instruction Guide e	explains how to c	omplete this form.				
1 Total pages Schedule H	2 FILER NAME			3 ACCOUNT # (Ethics of	Commission Filers) 개유학1	13	4:58PM
4 Date	5 Business name						
6 Amount (\$)	7 Business address; City; State	e; Zip Code			<u>/</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of	f this schedule)	(b) Description (Iftra	avel outside of Texas, complete S			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Offic	ce held		
Date	Business name	. 1					
Amount (\$)	Business address; City; State						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	of this schedule;	Description (If tr	avel outside of Texas, complete S	Schedule T)		
Complete <u>QNLY</u> if direct expenditure to benefit C/Q	Candidate / Officeholder name H	/	Office sought	Offic	ce held		
Date	Business name						
Amount (\$)	Business address; City; State	e; Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	if this schedule)	Description (Iftr	avel outside of Texas, complete S	Schedule T)		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Offic	ce held		
Date	Business name						
Amount (\$)	Business address; City; State	e; Zip Code					
PURPOSE QF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If tr	avel outside of Texas, complete S	Schedule T)		,
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sought		ce held		
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NE	EDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

(512) 463-5800

	complete this form.	The Instruction Guide explains how	
	3 ACCOUNT # (Ethics Commission Filers)	FILER NAME	Total pages Schedule I
13 4:5	MBAIG	Payee name	Date
		Payee address; City; State; Zip Code	Amount (\$)
	Description (See instructions regarding type of information required.)	Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE
		Payee name	Date
		Payee address; City; State; Zip Code	Amount (\$)
	Description (See instructions regarding type of information required.)	Category (See instructions for a camples of acceptable categories)	PURPOSE OF EXPENDITURE
	,	Payee name	Date
	·	Payee address; City; State; Zip Code	Amount (\$)
	Description (See instructions regarding type of information required.)	Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE
		Payee name	Date
		Payee address; City; State; Zip Code	Amount (\$)
	Description (See instructions regarding type of information required.)	Category (See instructions for examples of acceptable categories)	PURPOSE OF EXPENDITURE

(512) 463-5800

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K.			
		3 ACCOUNT # (Ft	nics Commission Filers)			
2 FILER NAM	ME	J ACCOUNT IF (E.	mes commission mersy			
4 Date	5 Name of person from whom amount is received	L	8 Amount (\$)			
	6 Address of person from whom amount is received; City; State; Zip Code			NAV16	13	4:589
	7 Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code		·			
	Purpose for which amount is received					
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received		J			
Date	Name of person from whom amount is received		Annount (\$)			
	Agdress of person from whom amount is received; City; State; Zip Code					
	Purpose for which amount is received	Annual Control of the				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

13 4:59PM

	NTRIBUTION OR POLITICAL EXPEND L OUTSIDE OF TEXAS	ITURE SCHEDULE T
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers) MAY10
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	liture reported on:	
	leasered - Louisian	D Schedule F Schedule G
Scr		
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, se	minar, or other event)
Name of Contributor / 6	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on	
Sch	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
	hedule 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, semi	nar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ture reported on:	
	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
	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, semi	nar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Austin, Texas 78711-2070

	•• Complete only if "Report Type" on pag	w to complete this form. ge 1 is marked "Final Report" ••
C/OH	RUSSELL WIGGS	2 ACCOUNT# (Ethics Commission Filers)
SIGI	NATURE	MAYI
repor	ot expect any further political contributions or political expenditures in Las a final report terminates my campaign treasurer appointment. Tak ke any campaign expenditures without a campaign treasurer appointr	so understand that I may not accept any campaign contributions
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ack only one:	
	I do not have unexpended contributions or unexpended interest or	r income earned from political contributions.
	I have unexpended contributions or unexpended interest or income not convert unexpended political contributions or unexpended interest. I also understand that I must file an annual report of unexpecontributions or unexpended interest or income earned on politic report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the requirement.	erest or income earned on political contributions to personal ended contributions and that I may not retain unexpended ical contributions longer than six years after filing this final political contributions and unexpended interest or income
В.	ASSETS	
Che	ack only one:	
	I do not retain assets purchased with political contributions or inte	rest or other income from political contributions.
	I do retain assets purchased with political contributions or interest of I may not convert assets purchased with political contributions or interest. I also understand that I must dispose of assets purchased with of Election Code, § 254.204.	lerest or other income from political contributions to personal
		Signature of Candidate
	ICEHOLDER mplete this section only if you are an officeholder ••	
\boxtimes	I am aware that I remain subject to filing requirements applicable to ar	n officeholder who does not have a campaign treasurer on file. ed contributions if, after filing the last required report as an

CHASE O

JPMorgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265 - 9754

00074968 1 AV 0.36

թարդարդություն արդարի արդարդություն

00074968 DRE 201 143 07813 NNNNNNNNNN T 1 000000000 12 0000 T1128131 P25652

RUSSELL L WIGGS CAMPAIGN ACCOUNT 9477 DYER ST STE B EL PASO TX 79924-6421 February 20, 2013 through March 18, 2013 Account Number:

CUSTOMER SERVICE INFORMATION

	Web site:	Chase.com
	Service Center:	1-800-935-9935
2	Deal and Hard of Hearing:	1-800-242-7383
_	Para Espanol:	1-877-312-4273
	International Calls:	1-713-262-1679



MAY10 13 4:59PM

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_	-	•			~			лп			
-	п		# I	**	GS	_	111	<i>1</i> 11 11			
• 7			, ,		\mathbf{u}	~	<i>,</i> 11	,,,	T1/	71	

Chase Savings

	AMOUNT
Beginning Balance	\$490.00
Fees and Other Withdrawals	- 490.00
Ending Balance	\$0.00
	0.000/

Annual Percentage Yield Earned This Period

0.00%

TRANSACTION DETAIL

	OFFICE	AMOUNT	BALANCE
DATE	DESCRIPTION		\$490.00
	Beginning Balance	100.00	0.00
03/14	03/14 Withdrawal	- 490.00	0.00
	Ending Balance		\$0.00



January 18, 2013 through February, 19, 2013 4.
Account Number:

are (4348 1 AV 0.36

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00074848 DRE 201 143 05113 NNNNNNNNNN T 1 0000000000 12 0000 T1065273 P24910 Deaf and Hard of Hearing:

RUSSELL L WIGGS CAMPAIGN ACCOUNT 9477 DYER ST STE B EL PASO TX 79924-6421

CUSTOMER SERVICE INFORMATION

Web site: Cl:asa.com
Service Center: 1-800-935 9935
Deaf and Hard of Hearing: 1-800-242 /333
Para Espanol: 1-877-312-4273
International Calls: 1-713-262-1679



SAVINGS SUMMARY

Chase Savings

Beginning Balance
Ending Balance

AMOUNT \$490.00

\$490.00

Annual Percentage Yield Earned This Period

0.00%

A monthly Service Fee was **not** charged to your Chase Savings account. You can continue to avoid this fee during any statement period by keeping a minimum daily balance in your account of \$300.00 or more. (Your minimum daily balance was \$490)

MAY10 13 4:59F

Special benefits for Chase checking customers! Take advantage of exclusive offers on many Chase products. To learn more visit chase.com/exclusives or talk to a banker today!

Mr. Transaction Summary

Transaction #190
Account Number Ending In:
Savings Withdrawal

\$490.00

Available Balance Present Balance

\$0.00 \$0.00

MAY10 13 4:59PM

JPMorgan Chase Bank, N.A.
Northgate, Branch 000313
1-800-935-9935
Member FDIC, Equal Housing Lender
Please keep your receipt
03/14/2013 12:35

Business Date 03/14/2013 Session #73

Thank you - Luz E. Cashbox #05

2:10PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST ROC(O) NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	Benedic 40 ADDRESS / PO BOX; APT / SUITE#; CITY; 152 New Omlans, E/ AREA CODE PHONE NUMBER (9/5) 329-8388 MS / MRS / MR FIRST MS SUZAMA NICKNAME / LAST	STATE; ZIP CODE ROSO, TX EXTENSION MI ROSO SUFFIX	JUL23 1 7/23/13
7 CAMPAIGN TREASURER ADDRESS (residence or business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; 730 Welles ley El 1 AREA CODE PHONE NUMBER (9/5) 373 - 2318	CITY; STATE;	zip code 79902
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 5 02 20/3	7 /18 /	20/3
11 ELECTION	Month Day Year Primary 5 / // 20/3	Runoff 13 OFFICE SOUGHT, (if known)	General Special
12 OFFICE	DISTRICT I EPISD BOARD TRUSTER GOTOPAG	District 1 EPISD BOO	nd Trustee

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	14 C/OH NAME ROCIO E BENEDICO 15 ACCOUNT # (Ethics Commission Filers)						
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
	COMMITTEE TYPE COMMITTEE NAME GENERAL						
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS						
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 100.07						
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1626.35				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 1626.35 * \$ 536.09				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	#E \$				
18 AFFIDAVIT							
•		is true and correct and includes all in me under Title 15. Election Code.	erjury, that the accompanying report normation required to be reported by				
	GRETA B. DURAN NOTARY PUBLIC In and for the State of Texas My commission expires						
08-13-2016 Signature of Candidate or Officeholder							
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subs	I.i	. ^	this the				
day	of Thy	, 20 <u>13 </u>	y nand and seal of office.				
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering oath				

Austin, Texas 78711-2070

POLITICAL	CONTRIBUTIO	NS
OTHER TH	AN PLEDGES C	R LOANS

SCHEDULE A

(TDD 1-800-735-2989)

	- Linear - January - Janua			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	E Benedicto		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5/1	5 Full name of contributor out of state PAC (ID#:	Po XeMana	Amount of (\$)	8 In-kind contribution description (if applicable)
102/13	6 Contributor address; City; State; Zip Code 4005 Man Zan Va AVP		100.00	
	Carmichael, CA 943	<i>V 8</i>	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 -
			(If travel outside	!
Principal occur	pation / Job title (See Instructions)	Employer (See I	<u> </u>	
i-micipal occup	Salott / Job title (Gee Handstone)	Employe. (CCC)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		<u> </u>	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	
			//6 dames = 1 = 1 d = 1	ST
Dringing con-	pation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
rnncipal occup	pation / Job title (See Instructions)	Employer (See II	1130 4000113)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission

PLEDO	SED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAME	=	and a section of the	3 ACCOUNT # (Et	hics Commission Filers)
4 TOT	TAL OF UNITEMIZED PLEDGES:	다 다 다	□ □	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See I	<u> </u>	f Texas, complete Schedule T)
10 , ,,,,,,,	,			
Date	Fuil name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		 	
		·	l	f Texas, complete Schedule T)
Principal occ	upation / 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			
			(If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / 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			
Principal occ	upation / Job title (See Instructions)	Employer (See I	<u></u>	f Texas, complete Schedule T)
Fillicipal occi	upation / Job title (See Matidottons)	Employer (eee :		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See II	nstructions)	
If	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instru			requirements.

LOANS	· .		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	AL 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; 2		10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral .	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	Lender address; City; State; 2	Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees	Polling Expense Travel Out Of E Printing Expense Office Overhead		Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
,	The Instruction Guide explains how t	•	
1 Total pages Schedule F:	2 FILER NAME ROCTO E BENE	edicto	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/10/13	5 Payee name PONCY MCSS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1487.65	11385 James Walt,	El Paso,	Tx 79936
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	if travel outside of Texas, complete Schedule T)
EXPENDITURE	NoweHising Expense	Campara	an postcalds i posloge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date 5/08//3	Payee name HOOVER SIGNS		
Amount (\$)	Payee address; City; State; Zip Code	1 -	
138.70	3500 N. Mesa El	Paso, T.	× 79903
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Novertising Expense	1 Yara	L 5/9/15
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	/ Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASN	IEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R The Instruction Guide explains how to e	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from	7 Payee address; City; State; Zip Code	
political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

(TDD 1-800-735-2989)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Control Solicitation/Fundraisir Travel In District Travel Out Of District Office Overhead/Ren	ng Expense T C t	oan Repayment/Reimbursement ransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above))
	The Instruction Guide	e explains how to co	mplete this form		
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filer	S)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; St	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule) (b) Description (If	travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	L .	Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code	,		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description (If	travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office held	
	ATTACH ADDITIONAL C	OPIES OF THIS SC	HEDULE AS NE	EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

	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.)

(TDD 1-800-735-2989) P.O. Box 12070 INTEREST EARNED, OTHER CREDITS/GAINS/ SCHEDULE K

The Instruction Guide explains how to complete this form.				
FILER NA	3 ACCOUNT # (Ethics Commission Filer			
Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State; Zip	o Code		
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received	Amount (\$)		
		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			
	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			
	Purpose for which amount is received			

Texas Ethics Commission

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule C Schedule D Schedule B Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N □ сон-ис СОН-Т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

L		
		The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH I	ROCTO B BENEDICTO 2 ACCOUNT # (Ethics Commission Filers)
3	SIGN	ATURE
	report a	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 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 <i>only</i> if you are not an officeholder. ••
l	A.	CAMPAIGN FUNDS
l	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate
5		EHOLDER
	Com	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

(TDD 1-800-735-2989)

	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Suide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS. DIANE NICKNAME LAST	M) N SUFFIX	OFFICE USE ONLY Date Received
	DYE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #; CITY; 9134 MT, SAN BERDU EL	STATE, ZIPCODE PASO TX 79924	August 7, 2013 Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 757-2658	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS. BIANE NICKNAME LAST DYE	MI A SUFFIX	2/7/2013
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#; 9134 MT. SAN BERDU	CITY: STATE:	zifcode < 79924
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 757-2658	EXTENSION.	
REPORT TYPE	July 15 Sih day before election	Runoff Exceeded \$500	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
IO PERIOD COVERED	Month Day Name Year THROUGH	Month Day 7 / 15 /	Yeer 2013
11 ELECTION	Month Day Year ELECTION TYPE Primary	Rurioff 🔲 (General Special
12 OFFICE	OFFICE HELD (Ifany)	13 OFFICE SOUGHT (if known)	
			STRICT #4 BOARD SEAT

GO TO PAGE 2

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

	* TOTAL	- >	COVER SHE	EIPG Z
14 C/OH NAME	DIANE N	1. DYE 15 A	CCOUNT # (Ethics Co	ommission Filers
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY F	'S OR OFFICEHOLDER'S N	NOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	<u>ka stanta ya katima kaya kana ya tajita mbaliki</u>	<u> </u>	
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
ade de la elitada (h. j. j.				nas Jalos Albasa
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	O
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	O
		POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED POLITICAL EXPENDITURES	\$ \$	0
	4. TOTAL			0
TOTALS CONTRIBUTION	4. TOTAL 5. TOTAL P OF REP	POLITICAL EXPENDITURES OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	\$	0
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	4. TOTAL 5. TOTAL P OF REP	POLITICAL EXPENDITURES OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$	0 0
TOTALS CONTRIBUTION BALANCE OUTSTANDING	4. TOTAL 5. TOTAL P OF REP	POLITICAL EXPENDITURES OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ \$	O O Panying report

Sworn to and subscribed before me, by the said Diane M.

2nd day of JULY 20 13 to certify which, without

Signature of officer administering cath

Digne M. Due, this the to certify which, witness my hand and seal of office.

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 1
FILER NAME	DIANE M. DYE		3 ACCOUNT # (E	thics Commission Filers)
Date	5 Full name of contributor out-of-state PAC(IDIR			8 In-kind contribution description (if applicable
	6 Contributor address; City; State; Zip Code			
			de	
Principal occuj	pation Nob title (See Instructions)	10 Employer (See		of Texas, cemplete 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
		Admiration (Agrico)	(If traye) outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·····	
Date	Full name of contributor obtor-state PAC (ID# Contributor address; City; State; Zip Code		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 AC(iD#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
<u> </u>				of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstruktions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	

그는 이 가는 이 어느 그 이 집에 있는 그 그 그는 사람이 되는 그들이 그 그 이 사람이 가는 사람들이 되는 그를 가지 않는 것이다.	as 78711-2070	(512) 463-5800	(TDD 1-800-735-298
PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
DIANE M. DYE		3 ACCOUNT # (Ethi	cs Commission Filers)
TOTAL OF UNITEMIZED PLEDGES: ⇒		=	\$ 0
Date 6 Full name of pledgor cut-of-state PAC (ID#:		8 Amount of g	In-kind description (if applicable)
The Witness and Art of the		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date Full name of pledgor ☐ out-of-slate PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If toevel outside of	Texas; complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of pledgor ☐ out-ol-viate PAC(ID#:	/	Amount of pledge (\$)	in-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See II		Texas, complete Schedule T)
\perp			
Date Full name of pledgor out-of-state PAC(10#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See (nstructions)	이 분이 되었다. 이 그림을 통 발생하다 내가 보는 기가 있다. 보통하다 기가 있다.
Date Full name of pledgor out-of-state PAC(ID#: Pledgo address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See li	nstructions)	

LOANS			512) 463-5800 (TDD 1-800-735-29) SCHEDULE E
The Instru	ction Guide explains how	to complete this form.	1 Total pages Schedule E:
FILER NAME DI	ANE M. DY	le	3 ACCOUNT # (Ethics Commission Filers
TOTAL OF	UNITEMIZED LOANS	(), () 수 수 수 () () 3: () 수 수 수 () ()	s 0
Date of loan 7	Name of lender	Out-of-state PAC (ID#:	9 Loan Amount (\$)
Is lender 8 in a financial Institution?	Lender address; City; S	State; Zip Code	10 Interest rate
YN			11 Maturity date
2 Principal occupation / Jo	bb title (See Instructions)	13 Employer (See instructi	ons)
Description of Collateral		15 Check if personal funds	were deposited into political account
INFORMATION	Name of gbarantor Suarantor address: C	Sity; State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupation (Se	ee Instructions)	21 Employer (See Instruction	ons)
Date of loan I	Name of lender	out-of-state PAC (ID#:	, Loan Amount (\$)
Is lender a financial Institution?	ender address; City; S	State; Zip Cade	Interestrate
Y N		and the second s	Maturity date
Principal occupation / Jo	ob title (See instructions)	Employer (See Instruction	ns).
Description of Collateral		Check if personal funds v	vere deposited into political account
INFORMATION	Name of guarantor	ity; State; Zip Code	Amount Guaranteed (\$)
not applicable	pagament address, C	ity; State: Zip Code	
Principal Occupation (Se	e Instructions)	Employer (See Instruction	(5)
If lender is		L COPIES OF THIS SCHEDULE AS see instruction guide for additional	
w.ethics.state.tx.us			Revised 09/28/20

Projection (No. 1984) Project Art	P.O. Box 12070	Austin, Texas 7871			(TDD 1-800-735-2989
POLITICAL I	EXPENDITURES				SCHEDULE F
	EVOENDITUE	T CATECODIES	FOR BOY 9(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Exponso Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Salaries/Wages/C Solicitation/Fundri Travel In District Travel Out Of Dis Office Overhead/fi ide explains how to	ontract Labor aising Expense strict Rental Expense	Loan Repayment/If Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	Reimbursement uipment & Related Expense ations Made By seholder/Political Committee ategory not listed above)
Total pages Schedule F:	2 FILER NAME DIANE	M. DYE		3 ACCOUNT	f# (Ethics Commission Filers)
Date	5 Payee name				
i Amount (\$)	7 Payee address; City;	State; Zip Code			
OF	(a) Category (See categories listed at the	top of this schedule)	(b) Description	(If travel oalside of Texa	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ne	Office sough		Office held
Date	Payse name				
Amount (\$)	Payee address; City;	State; Zip Code			
PURPOSE OF	Category (See categories listed at the	top of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF	Candidate / Officeholder neg		Description Office sough		as, complète Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder neg				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nag				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder nag	ne			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Candidate / Officeholder nag	ne State; Zip Sode	Office sough		
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OH Date Amount (\$).	Candidate / Officeholder name Payee name Payee address; City; Category (See categories listed at the	State; Zip Gode	Office sough Description	(If travel outside of Texa	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$).	Candidate / Officeholder name Payee name Payee address; City; Category (Se categories listed at the	State; Zip Gode	Office sough	(If travel outside of Texa	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$). PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Payee address; City; Category (Se categories listed at the	State; Zip Gode	Office sough Description	(If travel outside of Texa	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Payee name Payee address; City; Category (Se categories listed at the Candidate / Officeholder name)	State; Zip Gode	Office sough Description	(If travel outside of Texa	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Candidate / Officeholder name Payee name Payee address; City; Category (Se categories listed at the Candidate / Officeholder name)	State; Zip Sode	Office sough Description Office sough	t (If travel outside of Texa	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$). PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Candidate / Officeholder nan Payee address; City; Category (See categories listed at the Candidate / Officeholder nan Payee name Payee address; City;	State; Zip Gode top of this schedule) State; Zip Code top of this schedule)	Office sough Description Office sough	(If travel outside of Texe t	Office held se, complete Schedule T). Office held

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

Revised 09/28/2011

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

2211	Is -0	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule G:	DIANE M. DYE	3 ACCOUNT # (Ettics Commission Friers)
<u></u>	<i>3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	
4 Date	5 Payee name	
		garan kan di kacamatan kan di kacamatan di Kabupatan di Kabupatan di Kabupatan di Kabupatan di Kabupatan di Ka Kabupatan di Kabupatan di Kabupa
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intonded		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the 10g of this chedule)	Description (If ravel outside of Texas, complete Schedule T)
Data	Payee name	
Date	A second	
Amount (\$)	Payee address; City; State; Zip Code	
ReImbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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

Description (If travel outside of Texas, complete Sci

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

...

(TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District 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 3 ACCOUNT # (Ethics Commission Filors) 1 Total pages Schedule I: DIANE M. DYE 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 6 Amount (\$) (a) Category (See categories listed at the top of this schedule) PURPOSE (b) Description (Seginstructions regarding type of information required.) OF EXPENDITURE Pavee name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top ownis sched Description (See instructions regarding type of information required.) PURPOSE OF EXPENDITURE Pavee name Date Amount (\$) Payee address; City: State; Zip Code Category (See ories listed at the top of this schedule) Description (See instructions regarding type of information required.) PURPOSE OF EXPENDITURE Payes name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (See instructions regarding type of info PURPOSE OF EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 09/28/2011

The	Instruction Guide explains how to complete this form.	1 Total pages Schedu	le K: 1
FILER NAME	DIANE M. DYE	3 ACCOUNT # (Ethic	s Commission Filers)
Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
i Sarana a marana	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 Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
	Purpose for which amount is received		

Revised 09/28/2011

	ONTRIB	UTION OR POLITI	exas 78711-2070	(512) 463-5800 (TDD 1-800-735-2986 DITURE SCHEDULE T
The Instri	uction Guid	explains how to complete t	his form.	1 Total pages Schedule T: 1
2 FILER NAME D	IANE	M. DYE		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	/ Corporation	or Labor Organization / Pledgor	/Payee	
5 Contribution / Expend	diture reporte	Jon:		
	hedule A hedule H	Schedule B Sche	dule C Schedule	D Schedule F Schedule G PAC-C PAC-E
6 Dates of travel	7 Name	f person(s) traveling		
	8 Departu	re city or name of departure loca	tion	
	9 Destina	ion city or name of destination lo	cation	
10 Means of transportat	lion	11 Purpose of travel (including	name of conference, se	minar, or other event)
Name of Contributor /	Corporation of	r Labor Organization / Pledgor /	Payee	
Contribution / Expendit	ture reported	on:		
Sch	hedule A	Schedule B Sche	dule of Schedule	D Schedule F Schedule G
☐ Scl	hedule H	Schedule N COH	ус <u></u> сон-т	PAC-C PAC-E
Dates of travel	Name of	erson(s) traveling		
	Departure	city or name of departure locatio	n	
	Destination	city or name of destination loca	tion	
Means of transportation	<u> </u>	Purpose of travel (including na	ime of conference, semi	nar, or other event)
Name of Contributor / (Corporation o	Labor Organization / Pledgor /	Payee	
Contribution / Expendit	ture reported	on:		
☐ Sch	nedule A	Schedule B Sched	lule C Schedule	D Schedule F Schedule G
☐ Sch	nedule M	Schedule N COH-	UC COH-T	PAC-E
Dates of travel	Name of p	erson(s) traveling		
	Departure	city or name of departure location		
	Destination	city or name of destination local	ion	
Means of transportation	1	Purpose of travel (including na	me of conference, semi	nar, or other event)
	A	TACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED

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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

DESIGNATION OF FINAL REPORT	
The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fi	form. nal Report" ••
1 C/OHNAME	2 ACCOUNT # (Ethics Commission Filers)
DIANE M. DYE	
3 SIGNATURE	
I do not expect any further political contributions or political expenditures in connection with my ca report as a final report terminates my campaign treasurer appointment. I also understand that I ma	
or make any campaign expenditures without a campaign treasurer appointment on file.	
Dur	and o
Signatu	re of Candidate Officeholder
4 FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••	
A. CAMPAIGN FUNDS	
Check only one:	
I do not have unexpended contributions or unexpended interest or income earned from po	olitical contributions.
not convert unexpended political contributions or unexpended interest or income earned ouse. I also understand that I must file an annual report of unexpended contributions an contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2 B. ASSETS	d that I may not retain unexpended r than six years after filing this final and unexpended interest or income
Check only one:	
I do not retain assets purchased with political contributions or interest or other income fro	
I do not retain assets purchased with political contributions or interest or other income to	m political contributions.
I do retain assets purchased with political contributions or interest or other income from political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions of Election Code, § 254.204.	om political contributions to personal
an alika da ing kalanggan da kalanggan da ing kalanggan da ing kalanggan da ing kalanggan da ing kalanggan da i	$\nabla u(V)e$
mon	ignoture of Condidate
	ignature of Candidate
5 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 a make a make that I will be required to file reports of unexpended contributions if, after officeholder, I retain political contributions, interest or other income from political contributions contributions or interest or other income from political contributions.	filing the last required report as an
	gnature of Officeholder

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Revised 09/28/2011

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

		1 ACCOUNT #	2 Total pages filed:	1
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	,	
CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	.Mr Joel Joel	$\cdots \cdots F_{\dots \\ extstyle $	Date Received	
	Barrios		AUG14	13 4:2
CANDIDATE /	ADDRESS / PO BOX; APT/SUITE#; CITY;	STATE; ZIP CODE	August 111 2012	
OFFICEHOLDER MAILING ADDRESS	10914 Yogi Berra El Paso,	TX 79934	Aufust 14 2013 Date Hand delivered or Postmarked	
change of address			Receipt # Amount	
CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
PHONE	(915) 603-9452			
CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged	
NAME	MR Wilfred	$\dots \dots R$ \dots suffix		
	Garza			
CAMPAIGN	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER	4625 Round Rock DR.			
ADDRESS (residence or business)	4023 Round Rock DR.	El Paso TX	79924	
CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	V	
TREASURER PHONE	(₉₁₅) 241-8112			
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	Soul day before election		treasurer appointment (officeholderonly)	
	July 15 8th day before election	Exceeded \$500	X Final report (Attach C/OH - FR)	
PERIOD	Month Day Year	Month Day	Year	
COVERED	04 / 02 / 2013	05 / 21 /	2013	
			,	
ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary			
	05 / 11 / 2013 Primary	Runoff	General Special	Λ
	,,			
OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (if known)		
	Board of Trustees District 5	Board of Trustee	es District 5	
		1		
	· · · · · · · · · · · · · · · · · · ·			-

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IUIAL	. 	COVER SHEET PG Z		
14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE FICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR D			
	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Campaign Treasurer			
	SPECIFIC	4625 Round Rock Dr. El Paso, TX 79	924-1012		
	, v	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Wilfred R. Garza			
•		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		4625 Round Rock Dr. El Paso, TX 79	924-1012		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,250.00		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	\$843.70		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 843.70		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$1,250.00		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 00.00		
18 AFFIDAVIT					
	ELIZABETH CARR MY COMMISSION E September 5, 20	is true and correct and includes all in me under Title 15, Election Code. ASCO KPIRES 015	erjury, that the accompanying report information required to be reported by		
		Signature of Carroll	date of Officerolder		
AFFIX NOTARY STAM		ne by the said Oll F. Barrios			
Sworn to and subs	Anne	ne, by the said $00 F. Darroy$,		
Algutt (augood nistering gath	Klizabeth Carrasco &	XLC Assistant Title of officer administering oath		
3.5					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	1 Total pages Schedule A:		
		1 of 2		
2 FILER NAME			3 ACCOUNT # (E	Ethics Commission Filers)
Joel F.	Barrios			
4 Date	5 Full name of contributorout-of-state PAC(ID#: Russell Wiggs)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/27/2013	6 Contributor address; City; State; Zip Code 9477-B Dyer El Paso, TX 79924		\$100.00	
			(15 to	at Taura and a Cabadula Ti
9 Principal coor	pation / Job title (See Instructions)	10 Employer (See I	•.	of Texas, complete Schedule T)
9 Filincipal occu	pation / Job title (See mandetions)	10 Employer (Gee)	man uchons)	
Date	Full name of contributor out-of-state PAC(ID#_ Mounce, Green, Myers, Safi, Paxs	on & Galatzan	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2013	Contributor address; City; State; Zip Code 100 N. Stanton, Suite 1000	on & Garatzan	\$500.00	
	El Paso, TX 79901-1	463	(If travel outside /	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#_ Wilfred R. Garza		Amount of contribution (\$)	In-kind contribution description (if applicable)
03/04/2013	Contributor address; City; State; Zip Code 4625 Round Rock Dr. El Paso, TX	79924-10112	\$250.00	
			(if travel outside	of Tayon complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i iiioipai oooa			,	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
04/30/2013	Contributor address; City; State; Zip Code		\$100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		, Tokas, complete Concaute 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/2013	Alfredo Borrego Contributor address; City; State; Zip Code		\$200.00	
	4020 Trowbridge El Paso, TX 79903		(If traval autoids	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See Ir		or rexas, complete ochedule 1)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

Austin, Texas 78711-2070

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 thi	s form.	1 Total pages Sche	edule B:
2 FILER NAME Joel F. Ba			3 ACCOUNT # (Et	hics Commission Filers)
1	AL OF UNITEMIZED PLEDGES:		<u> </u>	\$
5 Date	6 Full name of pledgor out-of-state PAC(ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		N/A	f Taylor complete Cabadyle T
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	,	f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		N/A	
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC(D#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	N/A	
			· · · · · · · · · · · · · · · · · · ·	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		N/A	
				f Texas, complete Schedule T)
Principal occup	pation / 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		N/A	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

Austin, Texas 78711-2070

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	LOANS		·		SCHEDULE E
	The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Schedule E:
2	FILER NAME			3 ACCOL	JNT # (Ethics Commission Filers)
	JOEL F. BA				
4		L OF UNITEMIZED LOANS:	→	>	\$ N/A
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;			10 Interest rate
	Y N	\			11 Maturity date
12	Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	lateral	15 Check if personal funds were	deposited	l into political account
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; S	State; Zip Code		N/A
20	Principal Occupat	ion (See Instructions)	. 21 Employer (See Instructions)	•	
	Date of loan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$) N/A
	Is lender a financial Institution?	Lender address; City; State; 2			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 d	eposited	into political account
	none			 -	
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; City; S	State; Zip Code		N/A
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
	If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED		uirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fu Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor ndraising Expense ict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)				
1 Total pages Schedule F:	JOEL F. BARRIOS		3 ACCOUNT # (Ethics Commission Filers)				
4 Date	5 Payee name						
03/11/2013	PRINT-IT						
\$129.90	7 Payee address; City; State; Zip Code 3239 N. ZARAGOZA, STE. B. E		79938				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Printing Expense	Political	Signs				
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	t Office held				
Date	Payee name						
03/20/2013	WESTSTAR BANK						
Amount (\$)	Payee address; City; State; Zip Code						
\$78.03	P.O. BOX 99100 EL PASO, TX	79999-9100					
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	CHK Order Harland Clarke	check/star	mp/deposit slips				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	t Office held				
Date	Payee name						
4/14/2013	El Paso Reprographics						
Amount (\$)	Payee address; City; State; Zip Code						
\$560.00	4854 North Mesa, El Paso, Texas 79	912					
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Printing Expense	Campai	ign Signs				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough					
Date	Payee name						
5/08/2013	PERKY PRESS						
Amount (\$)	Payee address; City; State; Zip Code						
\$373.00	11385 JAMES WATTS SUITE	B-16, EL PA	SO, TX 79926				
PURPOSE	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	MAILERS	MAILE	ERS -				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	Office held				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS I	NEEDED				

Austin, Texas 78711-2070

P.O. Box 12070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking ' Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Lo ising Expense Tr Co rict lental Expense O	pan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
	JOEL F. BARRIOS			
4 Date	5 Payee name			
03/15/2012	GO DADDY .COM			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$10.17 Reimbursement from political contributions intended	14455 North Hayden Road Suite 219	Scottsdale	. AZ. 85260	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If t	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	OTHER	Internet Don	nain Name	
Date	Payee name			
5/08/2013	Postal Annex #2021			
Amount (\$)	Payee address; City; State; Zip Code			
\$12.00 Reimbursement from political contributions intended	10710 Gateway North Ste-B5 El Paso, TX 79924			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If to	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Legal Services	N	otary	
Date	Payee name			
03/16/2013	Walmart			
Amount (\$)	Payee address; City; State; Zip Code			
\$34.63 Reimbursement from political contributions intended	4530 Woodrow Bean El Paso,	TX 79924		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing Expenses	Printing p	paper/Ink	
Date	Payee name			
5/08/2013	Joel F. Barrios			
Amount (\$) \$104.07 Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Gas/Printing	Ga	s/Printing	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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(TDD 1-800-735-2989)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	Contract Labor raising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to	
1 Total pages Schedule H:	2 FILER NAME JOEL F. BARRIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
N/A	N/A	
6 Amount (\$)	7 Business address; City; State; Zip Code	•
N/A	N/A	
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	N/A	N/A
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
N/A	N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 Code	
N/A	N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
N/A	N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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(TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

,	The Instruction Guide explains how to co	mplete this form.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule I:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	JOEL F. BARRIOS		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
N/A	N/A		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See ins	tructions regarding type of information required.)
Date	Payee name		•
Amount (\$)	Payee address; City; State; Zip Code		
N/A	N/A		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See ins	tructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
N/A	N/A		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See ins	tructions regarding type of information required.)
Date	Payee name	······································	
Amount (\$)	Payee address; City; State; Zip Code		
N/A	N/A		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See ins	tructions regarding type of information required.)
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDE	D

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INTEREST EARNED, OTHER CREDITS/GAINS/ SCHEDULE K REFUNDS, AND PURCHASE OF INVESTMENTS 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JOEL F.BARRIOS 4 Date 8 Amount 5 Name of person from whom amount is received (\$) N/A 6 Address of person from whom amount is received; City; State; Zip Code N/A 7 Purpose for which amount is received Amount Date Name of person from whom amount is received (\$) Address of person from whom amount is received; City; State; Zip Code N/A N/APurpose for which amount is received Amount Date Name of person from whom amount is received (\$) Address of person from whom amount is received; City; State; Zip Code N/A N/A Purpose for which amount is received Amount Date Name of person from whom amount is received (\$) N/A Address of person from whom amount is received; City; State; Zip Code N/A Purpose for which amount is received ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. ² FILER NAME JOEL F. BARRIOS 3 ACCOUNT # (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC сон-т PAC-C PAC-E 7 Name of person(s) traveling 6 Dates of travel N/A 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule C Schedule D Schedule F Schedule A Schedule B Schedule G PAC-C PAC-E Schedule H Schedule N COH-UC сон-т Name of person(s) traveling Dates of travel N/A Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC СОН-Т Name of person(s) traveling Dates of travel Departure city or name of departure location N/A Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Austin, Texas 78711-2070

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	SIGNATION OF FINAL REPORT	
	The Instruction Guide explains how to co Complete only if "Report Type" on page 1 is	omplete this form. marked "Final Report" ••
1 C/OI	INAME /	2 ACCOUNT # (Ethics Commission Filers)
\mathbb{R}	ARRIOS Joel F.	
3 SIG	NATURE	I
- 0.0		
repor	ot expect any further political contributions or political expenditures in connect t as a final report terminates my campaign treasurer appointment. I also unde ke any campaign expenditures without a campaign treasurer appointment on	rstand that I hay not accept any campaign contributions
		Signature of Candidate / Officeholder
		oliginatore of Garialdate / Gillocholder
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	•
Ch	eck only one:	•
٠ مر	I do not have unexpended contributions or unexpended interest or income	earned from political contributions
	Tub not have unexpended contributions of unexpended interest of income	earned from political contributions.
,	I have unexpended contributions or unexpended interest or income earned not convert unexpended political contributions or unexpended interest or inuse. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Electrical contributions.	ncome earned on political contributions to personal ontributions and that I may not retain unexpended ributions longer than six years after filing this final contributions and unexpended interest or income
в.	ASSETS	
Ch	eck only one:	
u	I do not retain assets purchased with political contributions or interest or o	ther income from political contributions.
	I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	other income from political contributions to personal
		Sig nature of Candidate
	ICEHOLDER mplete this section only if you are an officeholder ••	·
	I am aware that I remain subject to filing requirements applicable to an office of I am also aware that I will be required to file reports of unexpended contributions, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as an
		Signature of Officeholder

DATE PRINTED: 5/17/13

WestStar Bank

ACCOUNT NO.

Joel Francisco Barrios Campaign Account 10914 Yogi Berra El Paso TX 79934

DATE	CHECK#	TUUOMA	BALANCE	TC	
3/04/13 3/15/13 3/18/13 3/18/13		250.00 29.50 29.50 129.90		179 124 58	Deposit Insufficient Reverse Insuf Debit CHK ORDER HA
3/20/13 4/02/13		78.03 600.00		5	PPD Deposit
4/11/13 4/12/13		75.00 100.00		5	Debit Deposit Debit
4/17/13 4/30/13 4/30/13	1001	560.00 300.00 5.00	,	5 360	Deposit Service Charg
4/30/13 5/07/13 5/17/13	1002	5.00 373.00 29.07	29.07 29.07	55	*Balance Fee Debit Memo Debit

THIS TEMPORARY STATEMENT IS NOT A FORMAL STATEMENT OF ACCOUNT THESE ITEMS WILL BE REFLECTED AGAIN ON YOUR REGULARLY SCHEDULED ACCOUNT STATEMENT

HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT HELD IN FILES.

WestStar Bani

BY



500 N. Mesa | P.O. Box 99100 El Paso, Texas 79999-9100

weststarbank.com

connect with us on Facebook

RECEIPT

Drawer: 00083 Trans#: 0038

5/17/13 16:08:45

Checking Withdrawal

\$29.07

Thank You For Banking With Us!

Member FDIC

Your deposit may not be available for immediate withdrawal. Deposits will be credited same business day.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1	I and the second
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SEZA	Date Received
	CASTANON-1	Williams	January 8, 2014,
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE # CITY	STATE: ZIP CODE	Date Hagd-delivered or Postmarked
change of address	9009 EL DOKABODK, EL	PASO TX 79925	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST CARMEN NICKNAME LAST	MI 	Date Imaged
	\$		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #	CITY; STATE;	ZIP CODE JRN 8 14 7:34F)
	4615 BONDS BZ	PASO, TR. 7990	3
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 562 - 7122	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
	July 15 8th day before election	Exceeded \$500 limit	(officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 6/3060	Year //
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff (Seneral Special
	5/14/2011		
12 OFFICE	OFFICEHELD (Hany) GZ PASO TNO EPENDENT SCHOOLDISTKIE BOARD OF TRUSTEZES DISTRICT	13 OFFICE SOUGHT (if known) 5 HINE	6" Alexandria

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

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT # (Ethics Commission Filers)
MARIA T		ASTANON WILLAMS	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	NCE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	JAN 814 7:34
	GENERAL		2000 F
	SPECIFIC	COMMITTEE ADDRESS	
/87		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ O
		. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	SIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST E	9 \$ 2782.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

1	The instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NA			3 ACCOUNT # (E	(thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code	102 A 402 A 404 A 404	(If travel outside	of Texas, complete Schedule T)
9 Principal o	ccupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor oul-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
				of Texas, complete Schedule T)
Principal o	eccupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code	THE PART WHEN THE PART	(If travel outside	of Texas, complete Schedule T)
Principal o	occupation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	OF THE THE THE		
			(If travel outside	of Texas, complete Schedule T)
Principal c	occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address, City, State; Zip Code	Service And Automot ^{ic}		
		T = : :=		of Texas complete Schedule T)
Principal of	occupation / Job title (See Instructions)	Employer (See	instructions)	

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

PLEDGED CONTRIBUTIONS

P.O. Box 12070

SCHEDULE B

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule B
2 FILER NAME	TSERA CASTANON IVIL	Lians	3 ACCOUNT # (Eth	ics Commission Filers)
	AL OF UNITEMIZED PLEDGES: ⇔	p p p		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City, State, Zip Code	ra examo ne s	6	
		11 Employer (See Ir		Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See II	nstructions)	
Date	Full name of pledgor oul-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable) JAN 8 14 7:35
	Pledgor address, City, State, Zip Code		2	
				Texas, complete Schedule T)
Principal occu	apation / Job title (See Instructions)	Employer (See In	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			
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	` `	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City, State; Zip Code	•		
			(If travel outside of	Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State Zip Code	•	1	
			(If travel outside o	f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	·	

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

LOANS

SCHEDULE E

3.1.0	Instruction Guide explains how to	complete this form.	
FILER NAME	01 (12 miles) (1)	Manus	3 ACCOUNT # (Ethics Commission Filers)
	AL OF UNITEMIZED LOANS:		⇒ \$ 8
Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; Sta	ate; Zip Code	10 Interest rate
Y N	NIA		11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions	3)
Description of Co	llateral	15 Check if personal funds we	re deposited into political account JAN 8 14 7:3
none GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION	18 Guarantor address, Cit	y, State Zip Code	
not applicable	18 Guarantor address, Cit	y, State Zip Code 21 Employer (See Instructions)
not applicable			Loan Amount (E)
not applicable Principal Occupa Date of loan Is lender a financial	tion (See Instructions) Name of lender	21 Employer (See Instructions	Loan Amount (S)
not applicable Principal Occupa Date of loan Is lender	tion (See Instructions) Name of lender	21 Employer (See Instructions out-of-state PAC (ID#	Loan Amount (\$)
not applicable Principal Occupa Date of loan Is lender a financial Institution? Y N	tion (See Instructions) Name of lender	21 Employer (See Instructions out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date
not applicable Principal Occupa Date of loan Is lender a financial Institution? Y N	Name of lender Lender address; City; Station / Job title (See Instructions)	21 Employer (See Instructions out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date
not applicable Principal Occupa Date of loan Is lender a financial Institution? Y N Principal occupat	Name of lender Lender address; City; Station / Job title (See Instructions)	21 Employer (See Instructions out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date
not applicable Principal Occupa Date of loan Is lender a financial Institution? Y N Principal occupation of Columnia GUARANTOR	Name of lender Lender address; City; Station / Job title (See Instructions)	21 Employer (See Instructions out-of-state PAC (ID#	Loan Amount (\$) Interest rate Maturity date Description of the content of

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

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POLITICAL EXPENDITURES

SCHEDULE F

JAN 8 14 7:35Pt

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense

P.O. Box 12070

Legal Services

Food/Beverage Expense
Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	MARIA TSELA CASTANON		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 categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)
9 Complete ONLY If direct expenditure to benefit 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 trave	el outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit 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 trave	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	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 trav	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

JAN 8 14 7:35P

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction duide explains now to	complete tina form.
1 Total pages Schedule G	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
/	MARIA ISBA (INSTAURI)	WELLANS
4 Date	5 Payee name N/A	Table 1
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City: State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

EXPENDITURE CATEGORIES FOR BOX 8(a)

JAN 8 14

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense **Consulting Expense** Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District **Printing Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME ISBA CASTANON WILLIAMS MARIA 4 Date 5 Business name 6 Amount (\$) State: Zip Code 7 Business address: (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** (a) Category (See categories listed at the top of this schedule) OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Business address: City: State: Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date City: State: Zip Code Amount (\$) Business address: Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address, Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

JAN 8 14 7:35P

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I	2 FILER NAME MARIA TSEZA UASTRADO 5 Payee name	3 ACCOUNT # (Ethics Commission Filers)
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	Рауее лате	
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; Clty; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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

SCHEDULE K

JAN 8 14 7:35PF

	The instruction Guide explains how to complete this form.	1 Total pages Schedule K:	ages Schedule K:	
FILER NAME 3 ACCOUNT # (E			(thics Commission Filers)	
MARIA	I SERA CHSTANDN WILLIAMS			
Date	5 Name of person from whom amount is received	8	Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Co	ode		
			8	
	7 Purpose for which amount is received			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Co	ode		
	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 Co	ode		
	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 Co	ode		
	Purpose for which amount is received			

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

SCHEDULE T

JAN 8 14 7:35F

Revised 04/19/2013

The	Instruction Guide	1 Total pages Schedule T:							
2 FILER NAME					3 ACCOUNT # (Ethics Con	nmission Filers)			
MARIA	ISRA	CASTANDN	WILLIAM	2					
		or Labor Organization			_ 14				
	,	_							
5 Contribution / Ex	kpenditure reported	on:							
	Schedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G			
	Schedule H	Schedule N	COH-UC	сон-т	PAC-C	PAC-E			
6 Dates of travel	7 Name o	f person(s) traveling		·:					
	8 Departu	8 Departure city or name of departure location							
	9 Destination city or name of destination location								
			(in the diam page of a	anforonce se	eminar, or other event)				
10 Means of trans	portation	11 Purpose of travel	functioning name or c	ornarence, se	minial, or other eventy				
Name of Contribu	utor / Corporation o	r Labor Organization /	Pledgor / Payee						
Contribution / Ex	penditure reported	on:							
	Schedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G			
	Schedule H	Schedule N	COH-UC	COH-T	PAC-C	PAC-E			
Dates of travel	Name of p	erson(s) traveling							
	Departure	city or name of depart	ture location						
	Destination	n city or name of desti	nation Incation						
	Destination	i city of thanks of door.							
Means of transpo	ortation	Purpose of travel (i	ncluding name of cor	nference, sem	linar, or other event)				
Name of Contrib	utor / Corporation o	or Labor Organization	/ Pledgor / Payee						
Contribution / Ex	penditure reported	on:							
Contribution / Ex		Schedule B	Schedule C	Schedule	Schedule F	Schedule G			
	Schedule A				PAC-C	PAC-E			
	Schedule H	Schedule N	COH-UC	COH-T	FAC-C				
Dates of travel	Name of p	person(s) traveling							
	Departure	city or name of depart	ture location						
						<u></u>			
	Destination	n city or name of desti	nation location						
Means of transpo	ortation	Purpose of travel (Including name of co	nference, sem	ninar, or other event)				
·									
		1							

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