

# 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) <b>2015 APP 8</b>	2 Total pages filed: <b>APP 8 12</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Alejandro</b> NICKNAME: <b>AI</b> LAST: <b>Patino</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received  <b>April 8, 2015</b> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6516 Brook Ridge Cr, El Paso TX 79912</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(915)</b> PHONE NUMBER: <b>5876711</b> EXTENSION:		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>David</b> NICKNAME:      LAST: <b>Brown</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>4317 Mobile Dr, El Paso TX 79903</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(915)</b> PHONE NUMBER: <b>491-0531</b> EXTENSION:		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>02 / 19 / 2015      03 / 30 / 2015</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05 / 09 / 2015</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>N/A</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>El Paso Independent School District Trustee District 6</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Alejandro Patino*

2015 APR

8 15 AM '15

ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

*N/A*

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2400.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 416.07

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1983.93

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1500.00

18 AFFIDAVIT



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

*Alejandro Patino*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Alejandro Patino*, this the *8th* day of *April*, 20 *15*, to certify which, witness my hand and seal of office.

*Elizabeth Carrasco*  
Signature of officer administering oath

Elizabeth Carrasco  
Printed name of officer administering oath

*Operations Manager*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

2015 APR 8 AM 8 09

1 Total pages Schedule A: 2

<b>2 FILER NAME</b> <i>Alejandro Patiño</i>		<b>3 ACCOUNT # (Ethics Commission Filers)</b>	
<b>4 Date</b> <i>03/21/15</i>	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Gutierrez</i>	<b>7 Amount of contribution (\$)</b> <i>200.00</i>	<b>8 In-kind contribution description (if applicable)</b>
<b>6 Contributor address; City; State; Zip Code</b> <i>11543 Jacquelin Ann Ct. El Paso, TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
<b>9 Principal occupation / Job title (See Instructions)</b> <i>N/A</i>		<b>10 Employer (See Instructions)</b> <i>N/A</i>	
<b>Date</b> <i>03/21/15</i>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Kirby</i>	<b>Amount of contribution (\$)</b> <i>100.00</i>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> <i>3408 Zircon Dr. El Paso, TX 79904</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b> <i>N/A</i>		<b>Employer (See Instructions)</b> <i>N/A</i>	
<b>Date</b> <i>03/21/15</i>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michelle Cromer</i>	<b>Amount of contribution (\$)</b> <i>100.00</i>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> <i>3005 N. Florence St. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b> <i>N/A</i>		<b>Employer (See Instructions)</b> <i>N/A</i>	
<b>Date</b> <i>03/21/15</i>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perla Maldonado</i>	<b>Amount of contribution (\$)</b> <i>100.00</i>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> <i>861 Orwell Way El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <i>03/21/15</i>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Salinas</i>	<b>Amount of contribution (\$)</b> <i>100.00</i>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> <i>16016 Darley Horizon City, TX 79928</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b> <i>N/A</i>		<b>Employer (See Instructions)</b> <i>N/A</i>	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form **2015 APR 8** ~~017009~~ Total pages Schedule A: **2**

<b>2</b> FILER NAME <i>Alejandro Patiño</i>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <i>03/27/15</i>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Perla Maldonado</i>	<b>7</b> Amount of contribution (\$) <i>1500.00</i>	<b>8</b> In-kind contribution description (if applicable) <i>Consultant</i>
<b>6</b> Contributor address; City; State; Zip Code <i>861 Orwell Way El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
<b>9</b> Principal occupation / Job title (See Instructions) <i>N/A</i>		<b>10</b> Employer (See Instructions) <i>N/A</i>	
<b>Date</b> <i>03/18/15</i>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger Grogan Blair &amp; Sampson LLP</i>	<b>Amount of contribution (\$)</b> <i>300.00</i>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b> <i>P.O. Box 17428 Austin, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<del>_____</del>			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<del>_____</del>			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<del>_____</del>			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address; City; State; Zip Code</b>		(If travel outside of Texas, complete Schedule T)	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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

# PLEDGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

2015 APR 8 AM 8:10

Total pages Schedule B: /

2 FILER NAME

Alejandro Patiño

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

2015 APR 8 AM 8 10

Total pages Schedule E: 1

2 FILER NAME

Alejandro Patiño

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

02/27/2015

7 Name of lender

Alejandro Patiño

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

9 Loan Amount (\$)

1500.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

6516 Brook Ridge Cr.  
EL PASO, TX 79912

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

N/A

13 Employer (See Instructions)

N/A

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8 10

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1</b>	2 FILER NAME <b>Alejandro Patiño</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>03/11/15</b>	5 Payee name <b>Westside Democrats</b>
---------------------------	---

6 Amount (\$) <b>25.00</b>	7 Payee address; City; State; Zip Code <b>405 Valpano Dr. El Paso, TX 79912</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contribution/Donation</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Candidate forum</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/21/15</b>	Payee name <b>The Bagel Shop</b>
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Amount (\$) <b>58.91</b>	Payee address; City; State; Zip Code <b>985A N. Resler Rd. El Paso, TX 79912</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Fundraiser</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8 10

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>Alejandro Patiño</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>02/20/15</i>	<b>5</b> Payee name <i>Vantage Point Visual Studios, Inc.</i>
----------------------------------	--

<b>6</b> Amount (\$) <i>146.14</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>1109 Arizona Ave. El Paso, TX 79902</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign photo</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <i>03/22/15</i>	Payee name <i>Sams Club</i>
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Amount (\$) <i>186.02</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>7970 N Mesa St El Paso, TX 79932</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Paper/Printer ink</i> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES

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

The Instruction Guide explains how to complete this form.

2015 APR 8 (4) AM 8 10

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form

2015 APR 8 AM 8 10

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

The Instruction Guide explains how to complete this form

2015 APR 8 AM 8 10

Total pages Schedule K:

2 FILER NAME

*Alejandro Patiño*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

*N/A*

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE T

The Instruction Guide explains how to complete this form. Total pages Schedule T: 1

2015 APR 8 AM 8:10

<b>2</b> FILER NAME <i>Alejandro Patiño</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---

<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N/A</i>
--

<b>5</b> Contribution / Expenditure reported on:
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E

<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling
	<b>8</b> Departure city or name of departure location
	<b>9</b> Destination city or name of destination location

<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)
-----------------------------------	---

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

Contribution / Expenditure reported on:
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

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

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

Contribution / Expenditure reported on:
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER 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:

2015 APR 7 AM 9 26

2015 MAR 30 AM 8 48

2015 MAR 30 AM 8 48  
 11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
 MR. ALONSO ✓  
 NICKNAME LAST SUFFIX  
 Al Velarde

OFFICE USE ONLY

Date Received April 7, 2015  
 Date Hand-delivered or Postmarked  
 Receipt # Amount  
 Date Processed  
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 8501 Edgemoor El Paso TX 79925

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (915) 781-1491

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 MR. JAIME  
 NICKNAME LAST SUFFIX  
 Barcelean

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 4116 Lait El Paso TX 79925

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (915) 920-4820

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year  
 02 24 2015    4 09 2015

11 ELECTION

ELECTION DATE: Month Day Year    ELECTION TYPE  
 05 09 2015     Primary     Runoff     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

EPI SD Trustee Dist. 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Alfonso (AI) Velarde

2015 APR 7 AM 9 26

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ 250<sup>00</sup>

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

\$ 10,425.<sup>00</sup>

EXPENDITURE  
TOTALS

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

\$ 137.<sup>11</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 382.<sup>17</sup>

CONTRIBUTION  
BALANCE

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

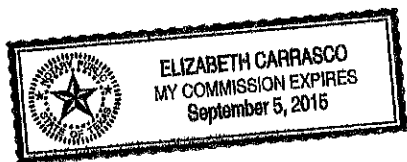
\$

OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 18, Election Code.

*Alfonso Velarde*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfonso (AI) Velarde, this the 7th day of April, 20 15, to certify which, witness my hand and seal of office.

*Elizabeth Carrasco*  
Signature of officer administering oath

Elizabeth Carrasco  
Printed name of officer administering oath

Operations Manager  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

2015 APR 7 AM 9 20

Total pages Schedule A: 7

2 FILER NAME <b>Alfonso (Al) Velarde</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2/25/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carlos MARTINEZ</b>	7 Amount of contribution (\$) <b>\$50<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6500 NAVAJO EL PASO TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>2/25/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Rachel Martinez</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6500 Navajo El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/25/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jaime Barcelean</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9116 Lait El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/9/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leary Sapp</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4204 Park Hill, El Paso TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/9/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Al Velarde</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8501 Edgemere El Paso, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 7 AM 2015 APR 26 1 Total pages Schedule A:

2 FILER NAME *Alfonso (AJ) Velarde* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *3/9/15* 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Laura Velarde* 7 Amount of contribution (\$) *\$100<sup>00</sup>* 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code *8501 Edgemere, El Paso, TX 79925*

(If travel outside of Texas, complete Schedule T)

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

Date *3/13/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Hector & Debbie Gutierrez* Amount of contribution (\$) *\$250<sup>00</sup>* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code *1035 Calle Flor, El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

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

Date *3/17/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *EDMUNDO & EVA ARCHULETA* Amount of contribution (\$) *\$150<sup>00</sup>* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code *829 Dulce Tierra, El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

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

Date *3/17/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *DAN OLINAS* Amount of contribution (\$) *\$250<sup>00</sup>* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code *240 THUNDERBIRD, EL PASO, TX 79912*

(If travel outside of Texas, complete Schedule T)

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

Date *3/17/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Gilbert Moreno* Amount of contribution (\$) *\$200<sup>00</sup>* In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code *509 Willow Glen, El Paso, TX 79922*

(If travel outside of Texas, complete Schedule T)

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 27	
2 FILER NAME <i>Alfonso (A1) Velarde</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/17/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Christopher Lopez &amp; Mary Anne Talbot</i>	7 Amount of contribution (\$) <i>\$100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7129 San Marino, El Paso, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eduardo Rodriguez</i>	Amount of contribution (\$) <i>\$475.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4110 Rio Bravo #110 El Paso TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Edward &amp; Margarita Escudero</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>34 Goodwin, El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kathy &amp; Ray Palacios</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>637 Willow Glen, El Paso, TX 79922</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Castro</i>	Amount of contribution (\$) <i>\$1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3332 Wedgewood, El Paso, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2015 APR 7 AM		9 27	
2 FILER NAME <i>Alfonso (AI) Velarde</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/17/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIA TERAN</i>	7 Amount of contribution (\$) <i>\$ 1000<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>939 Hawkins, El Paso, TX 79915</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Woody &amp; Gail Hunt</i>	Amount of contribution (\$) <i>\$ 1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 12220, El Paso, TX 79914</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Emilia Taylor</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9030 Eldorado, El Paso, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. R. Taylor</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8501 McFall, El Paso, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/17/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Morris Taylor</i>	Amount of contribution (\$) <i>\$ 100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>9013 El Dorado, El Paso, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		2015 APR 7 AM 9 27	
1 Total pages Schedule A:		3 ACCOUNT # (Ethics Commission Filers)	
2 FILER NAME <b>Alfonso (A1) Velarde</b>			
4 Date <b>3/18/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Stanley P Jobe</b>	7 Amount of contribution (\$) <b>\$ 750<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1150 Southview, El Paso TX 79928</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/18/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Amy O'Rourke</b>	Amount of contribution (\$) <b>\$ 100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1209 Rosford, El Paso TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/17/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAN OLIVAS</b>	Amount of contribution (\$) <b>\$ 213.94</b>	In-kind contribution description (if applicable) <b>Food/Bev for FUNDRAISER</b>
Contributor address; City; State; Zip Code <b>240 THUNDERBIRD, EL PASO, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/17/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHRISTINA FRANCIS Ybarra</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>8704 TURKENTINE, EL PASO, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/25/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Blanca Enriquez</b>	Amount of contribution (\$) <b>\$ 50<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1391 Whirlaway, El Paso, TX 79936</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form **2015 APR 7 AM 9 27** **1** Total pages Schedule A:

**2** FILER NAME *Alfonso (AI) Velazquez* **3** ACCOUNT # (Ethics Commission Filers)

**4** Date *3/25/15* **5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Ruben Chavez*  
**6** Contributor address; City; State; Zip Code *1912 Paseo Real Cir. El Paso, TX 79936*  
**7** Amount of contribution (\$) *\$100.00* **8** In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

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

Date *3/25/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Joe Rosales Jiz*  
 Contributor address; City; State; Zip Code *8528 Minnedala, El Paso, TX 79925*  
 Amount of contribution (\$) *\$200.00* In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

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

Date *3/25/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *Dee & Adair Margo*  
 Contributor address; City; State; Zip Code *201 E. Main, Ste 1603*  
 Amount of contribution (\$) *\$750.00* In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

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

Date *3/25/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *FRANK X. Spencer*  
 Contributor address; City; State; Zip Code *1130 Montana, El Paso TX 79902*  
 Amount of contribution (\$) *\$200.00* In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

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

Date *3/25/15* Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) *E.C. Houghton*  
 Contributor address; City; State; Zip Code *414 Executive Center, El Paso TX 79902*  
 Amount of contribution (\$) *\$500.00* In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		2015 APR 7 AM 9 27	
2 FILER NAME <i>Alfonso (A) Velarde</i>		1 Total pages Schedule A: 3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3/25/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dan Olivas</i>	7 Amount of contribution (\$) <del>\$110</del> <i>00</i>	8 In-kind contribution description (if applicable) <i>\$110 00</i> <i>Food &amp; Bev for FUNDRAISER</i>
6 Contributor address; City; State; Zip Code <i>240 THUNDERBIRD, EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/29/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rochester Dasher</i>	Amount of contribution (\$) <i>\$50 00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1313 HONEYSUCKLE DR. EL PASO TX 79825</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>Alfonso (AI) Velarde</b>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	--

4 Date <b>3/23/15</b>	5 Payee name <b>Square Space Inc.</b>
--------------------------	--

6 Amount (\$) <b>60<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>ON-LINE</b>
---	--

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

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

Date <b>3/21/15</b>	Payee name <b>TODD BURGER</b>
------------------------	----------------------------------

Amount (\$) <b>124.44</b>	Payee address; City; State; Zip Code <b>6600 Montana El PASO, TX 79925</b>
------------------------------	---

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

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

Date <b>3/25/15</b>	Payee name <b>AMIGOS Restaurant</b>
------------------------	--

Amount (\$) <b>\$97.25</b>	Payee address; City; State; Zip Code <b>2000 Montana El PASO, TX 79903</b>
-------------------------------	---

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

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

Date <b>3/27/15</b>	Payee name <b>PIZZA HUT</b>
------------------------	--------------------------------

Amount (\$) <b>60<sup>01</sup></b>	Payee address; City; State; Zip Code <b>6800 Montana El PASO TX 79925</b>
---------------------------------------	--

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>2</i>	<b>2</b> FILER NAME <i>Alfonso V. Velarde (AI)</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>3/20/15</i>	<b>5</b> Payee name <i>Walgreens</i>	
<b>6</b> Amount (\$) <i>\$40<sup>47</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>1109 HAWKINS EL PASO, TX 79925</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>OTHER - OFFICE SUPPLIES</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

**1 ACCOUNT #**  
(Ethics Commission Filers)

**2 Total pages filed:**

2015 APR 9 AM 10:51

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST	SUFFIX				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	465 Camino Real El Paso TX 79922						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount		
	(915)	247-2065					
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	April 9, 2015 MOR		
<b>7 CAMPAIGN TREASURER ADDRESS (residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	780 N. Resler Dr. El Paso, TX 79912						
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed			
	(915)	585-2222					
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
	01 / 01 / 2015				03 / 30 / 2015		
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
05 / 09 / 2015							
<b>12 OFFICE</b>	OFFICE HELD (if any)			OFFICE SOUGHT (if known)			
				EPISD Board of Trustees District 7			

**GO TO PAGE 2**



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

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

14 C/OH NAME Doris Fenenbock 2015 APR 15 ACCOUNT # (Ethics Commission Filers) 9 AM 10 51

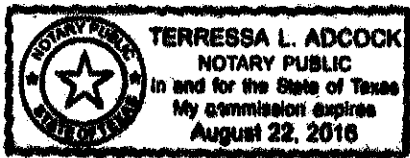
16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>Scott Hulse, P.C. PAC</u>
		COMMITTEE ADDRESS
		<u>201. E. Main Drive, El Paso, TX 79901</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>David Hassler</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>201 E. Main Drive, El Paso, TX 79901</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,765.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,282.08</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>19,204.93</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

Doris Fenenbock

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Doris Fenenbock, this the 6th day of April, 20 15, to certify which, witness my hand and seal of office.

Terressa L. Adcock  
Signature of officer administering oath

Terressa L. Adcock Notary Public  
Printed name of officer administering oath

Title of officer administering oath

EXP 8-22-2016

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

2015 APR 9 AM 10 51 2

1 Total pages Schedule A:

2 FILER NAME

Dori Feneback

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

See attached

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Date	Last Name of Contributor	First Name of Contributor	Contributor Address	City / State	Amount of Contribution	In-Kind Description	Principal Occupation / Job Title	Employer
2/3/2015	Dipp	Mike	P.O. Box 55	El Paso, TX 79940-0055	\$250.00		Business Owner	Plaza Properties
2/3/2015	Dipp	Mike	P.O. Box 55	El Paso, TX 79940-0055	\$300.00	printing	Business Owner	Plaza Properties
1/15/2015	Krasne	Dick	800 River Oaks Drive	El Paso, TX 79912	\$450.00	yard signs	Business Owner	Alamo Auto Parts
1/9/2015	Leon	Stephen	321 Sundown Place	El Paso, TX 79912	\$40.00		Clergy	B'Nai Zion
1/26/2015	Leverton	William Reed	208 Country Club Rd.	El Paso, TX 79932-2211	\$100.00		Attorney	W. Reed Leverton, P.C.
1/9/2015	Verlander	Mike	5835 Onix Dr., Suite 300	El Paso, TX 79912	\$500.00		Business Owner	El Apple
2/5/15	Rodriguez	Eduardo	4110 Rio Bravo Dr., Suite 103	El Paso, TX 79912	\$125.00		attorney / consultant	Strategic Communication
2/5/15	Archuleta	Edmund	829 Dulce Tierra Dr.	El Paso, TX 79912	\$150.00		retired	n/a
2/5/15	Schwartz	Emma	P.O. Box 13386	El Paso, TX 79913	\$250.00		President	Medical Center of the Americas
2/5/15	Olivas	Dan	240 Thunderbird Ste D	El Paso, TX 79912	\$100.00		President	Speaking for Your Destiny
2/5/15	Berg	Elliot	P.O. Box 96	El Paso, TX 79941	\$250.00		Business Owner	EP Shalom Management
2/5/15	Castro	Richard	3332 Wedgewood	El Paso, TX 79925	\$500.00		Business Owner	Castro Enterprises
2/5/15	Hunt	Joshua	1101 E. Baltimore Dr.	El Paso, TX 79902	\$250.00		Exec Vice President	Hunt Companies
2/3/15	Hunt	Woody	P.O. Box 12220	El Paso, TX 79913	\$500.00		President	Hunt Companies
2/5/15	Scott Hulsa, P.C.	PAC	201 E. Main Drive	El Paso, TX 79901	\$500.00			
2/5/15	Frank	Adam	801 River Oaks Dr.	El Paso, TX 79912	\$250.00		President	River Oaks Properties
2/9/15	Rogers	J.W.	1600 Decle Lane	El Paso, TX 79912	\$250.00		President	St. Regis Airport Properties
2/10/15	Schwartz	Scott	P.O. Box 12010	El Paso, TX 79913-0010	\$500.00		President	The Mesa Group
2/5/15	Melendez	Susan	6832 Imperial Ridge Drive	El Paso, TX 79912	\$250.00		Senior Vice President	Borderplex Alliance
2/5/15	Escudero	Edward	34 Goodwin Drive	El Paso, TX 79902	\$250.00		President	Sierra Finance
2/26/15	Furman	Tony and Robin	1121 Thunderbird Drive	El Paso, TX 79912	\$200.00		President	Interstate Capital
2/27/15	Foster	Paul	123 W. Mills Avenue, Suite 600	El Paso, TX 79901-1339	\$500.00		President	Western Refining
2/26/15	Cardenas	Jose	6105 Camino Alegre	El Paso, TX 79912	\$100.00		President	Moreno Cardenas Inc
2/28/15	Herrera	Mel and Elena	6304 Camino Alegre	El Paso, TX 79912	\$500.00		Engineer	ECM International
2/27/15	Robison	Kirk	4445 N. Mesa	El Paso, TX 79902	\$250.00		Business owner	Pizza Properties
3/9/15	Meyers	Stuart and Dannah	2600 S. Douglas Rd., Suite 1000	Coral Gables, FL 33134	\$500.00		Business Owner	Cornerstone
3/19/15	Wilbourn	Robert	616 Somerset Dr.	El Paso, TX 79912	\$50.00		retired	n/a
3/25/15	Vinkoff	Shain and Julie	5160 Sterling Place	El Paso, TX 79932-2211	\$100.00		retired	n/a
2/27/15	Brown	Irving	4834 Villa Encanto	El Paso, TX 79922	\$250.00		Real Estate	self
2/20/15	Hjalmsquist	Susan	848 Forrest Willow	El Paso, TX 79922	\$250.00		CPA	self
1/16/15	Carvajal	Bill	4400 Lazy Willow	El Paso, TX 79922	\$50.00		Partner	Mount Franklin Insurance Agency
3/24/15	Margo	Dee and Adair	201 E. Main Drive	El Paso, TX 79901	\$500.00		Self-employed	n/a
3/27/15	Schwartz	Stuart and Shari	1025 Shingling Hills	El Paso, TX 79912	\$200.00		attorney	Scott Hulsa
2/12/15	Evans	JE and Steffanie	1236 Franklin Perch Pl	El Paso, TX 79912	\$100.00		Engineer	HNTB
3/12/15	Jobe	Stanley	1150 Southview Drive	El Paso, TX 79228	\$750.00		President	Jobe Materials
3/2/15	Pine	Clyde and Sharon	4567 Globe Willow Drive	El Paso, TX 79922	\$100.00		retired	n/a
1/15/15	Rosenbaum	Noel	405 Valplano Dr.	El Paso, TX 79912	\$100.00		retired	n/a
2/3/15	Francis	Frederick	630 N. Mesa St.	El Paso, TX 799901	\$500.00		Chairman	WestStar Bank
					\$10,765.00			

2015 APR 9 AM 10:51

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

2015 APR 9 AM 10:51

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2      2 FILER NAME Dori Fenenbock      3 ACCOUNT # (Ethics Commission Filers)

4 Date 1-9-15      5 Payee name Forma Group

6 Amount (\$) \$3,000.00      7 Payee address; City; State; Zip Code  
301 E. San Antonio, Suite B201, El Paso, TX 79901

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)  
Consulting Expense      political consulting  
 Check if Austin, TX, officeholder living expense

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

Date 2-9-15      Payee name Wells Fargo

Amount (\$) \$6.00      Payee address; City; State; Zip Code  
P.O. Box 6995, Portland, OR 97228-6995

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

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

Date 2-10-15      Payee name Harland Clarke / Wells Fargo

Amount (\$) \$31.99      Payee address; City; State; Zip Code  
P.O. Box 6995, Portland, OR 97228-6995

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

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

Date 2/20/15      Payee name Alamo Auto Supply

Amount (\$) \$1,137.49      Payee address; City; State; Zip Code  
5923 Jackway West, El Paso, TX 79925

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

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

The Instruction Guide explains how to complete this form.

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

4 Date <b>3/26/15</b>	5 Payee name <b>Forma Group</b>
--------------------------	------------------------------------

6 Amount (\$) <b>\$1,000.00</b>	7 Payee address; City; State; Zip Code <b>301 E. San Antonio, Suite 13201, El Paso, TX 79901</b>
------------------------------------	---

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

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

Date <b>3-09-15</b>	Payee name <b>Wells Fargo</b>
------------------------	----------------------------------

Amount (\$) <b>\$12.95</b>	Payee address; City; State; Zip Code <b>P.O. Box 6995, Portland, OR 97228-6995</b>
-------------------------------	---

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

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

Date <b>3-23-15</b>	Payee name <b>Terressa Adecock</b>
------------------------	---------------------------------------

Amount (\$) <b>\$21.55</b>	Payee address; City; State; Zip Code
-------------------------------	--------------------------------------

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

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

Date <b>3-27-15</b>	Payee name <b>Alamo Auto Supply</b>
------------------------	--

Amount (\$) <b>\$1,072.10</b>	Payee address; City; State; Zip Code <b>5923 Gateway West, El Paso, TX 79925</b>
----------------------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

4 Date      5 Payee name

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

Reimbursement from political contributions intended

8 **PURPOSE OF EXPENDITURE**      (a) Category (See categories listed at the top of this schedule)      (b) Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

Date      Payee name

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

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE**      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

Date      Payee name

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

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE**      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

Date      Payee name

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

Reimbursement from political contributions intended

**PURPOSE OF EXPENDITURE**      Category (See categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

2015 APR 9 AM 10 52

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I	2 FILERNAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

2015 APR 9 AM 10 521  
Total pages Schedule K:

2 FILER NAME

Dori Fencubock

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-30-15

5 Name of person from whom amount is received

Wells Fargo

6 Address of person from whom amount is received; City; State; Zip Code

P.O. Box 6995  
Portland, OR 97228-6995

8 Amount (\$)

\$ .23

7 Purpose for which amount is received

savings account

Date

2-27-15

Name of person from whom amount is received

Wells Fargo

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 6995  
Portland, OR 97228-6995

Amount (\$)

\$ .24

Purpose for which amount is received

savings account

Date

3-31-15

Name of person from whom amount is received

Wells Fargo

Address of person from whom amount is received; City; State; Zip Code

P.O. Box 6995  
Portland, OR 97228-6995

Amount (\$)

\$ .29

Purpose for which amount is received

savings account

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.

2015 APR 9 9 AM 10 52

1 Total pages Schedule T:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

# CANDIDATE / OFFICEHOLDER 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)

2015 APR 9 PM 4 27Z

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI

Michael

NICKNAME LAST SUFFIX

Mike Izquierdo

**OFFICE USE ONLY**

Date Received

April 9, 2015 MOR

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

500 Regency EL Paso Tx 79912

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 820-2827

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI

Michael

NICKNAME LAST SUFFIX

Mike Izquierdo

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

500 Regency EL Paso Tx 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 820 2827

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year      THROUGH      Month Day Year  
 3 25 15      3 30 15

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

EPISD Trustee Dist #7

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Michael Izquierdo*

2015 APR 9 PM 4 27

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

\$ 0

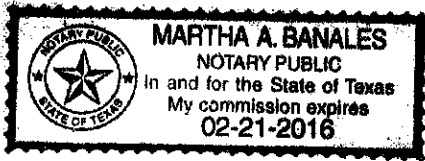
OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

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



*M Izquierdo*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MIKE IZQUIERDO, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

*Martha A. Banales*

Signature of officer administering oath

MARTHA A. BANALES

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

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

1 ACCOUNT #  
(Ethics Commission Number) 2015 APR

2 Total pages filed:  
9 PM 4 44

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mrs. Maria M  
FIRST MI  
NICKNAME LAST SUFFIX  
Sanchez - Serrano

**OFFICE USE ONLY**

Date Received

April 9, 2015 MOR  
Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
9201 Moye El Paso TX 79925

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 731-4122

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mrs. Amy  
FIRST MI  
NICKNAME LAST SUFFIX  
Sanchez

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
1554 Bengal, El Paso, TX 79936

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 637-2967

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

EPLSD Board of Trustees District 2

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

2015 APR

15 ACCOUNT # (Ethics Commission Filers)

9 PM 4 44

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

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

\$ 150.00

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

\$ 0.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

CONTRIBUTION BALANCE

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

\$ 150.00

OUTSTANDING LOAN TOTALS

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

\$ 0.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maria H. Sanchez Serrano, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Dyana Perez  
Printed name of officer administering oath

Paralegal  
Title of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
2015 APR 9 PM 4 44

2 FILER NAME  
Maria Nayela Sanchez Serrano

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3/25/15

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

6 Contributor address; City; State; Zip Code  
11148 Leo Collins Dr.  
El Paso TX 79936

7 Amount of contribution (\$)  
50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
Medical doctor, D.O.

10 Employer (See Instructions)  
Well Med

Date  
4/1/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Stephanie L. De Santiago

Contributor address; City; State; Zip Code  
12616 Sun Terrace Av.  
El Paso TX 79938

Amount of contribution (\$)  
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Pharmasist, Pharm. D.

Employer (See Instructions)  
UMC Medical

Date  
3/31/15

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)  
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Educator, school principal

Employer (See Instructions)  
SEISD

Date  
4/3/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
L & F Distributors

Contributor address; City; State; Zip Code  
6949 Market Street  
El Paso TX 79925

Amount of contribution (\$)  
500

In-kind contribution description (if applicable)

Flyers  
8 1/2 ball, made in white copy paper

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

2015 APR 9 PM 4 44

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

\$

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

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

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

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

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

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

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

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

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

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

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2015 APR 9 PM 4 44

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	--

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

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

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

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

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

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

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

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

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

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

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

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

2015 APR 9 PM 4 45

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2015 APR 9 PM 4 45

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



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

**SCHEDULE T**

The Instruction Guide explains how to complete this form.

2015 APR 9 PM 4 45

Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

2015 APR 9 PM 4 45

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

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

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

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

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

#### B. ASSETS

Check only one:

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

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

### 5 OFFICEHOLDER

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

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

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

# CANDIDATE / OFFICEHOLDER 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 File #)

2015 APR 22

2 Total pages filed:

APR 11 08

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANDRES  
MURO

**OFFICE USE ONLY**

Date Received

April 16, 2015 ee

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4/20/15

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7109 ORIZABA EL PASO, TX  
79912

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 227-6416

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ANDRES  
MURO

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7109 ORIZABA EL PASO, TX 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 227-6416

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

2-27-15

4-8-15

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

5-9-15

12 OFFICE

OFFICE HELD (if any)

~~EPISD Board of~~

13 OFFICE SOUGHT (if known)

EPISD Board of  
Trustees District 7

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

**ANDRES MUÑOZ**

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

N/A

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

N/A

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

\$ 0

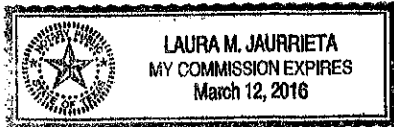
OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

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



*Andres Muñoz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANDRES MUÑOZ, this the 8<sup>th</sup> day of April, 2015, 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 CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

2015 APR 22 AM 11:00  
Total pages filed: 2

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Mr.  
NICKNAME

Trent  
LAST

K  
SUFFIX

Hatch

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1532 Cherokee Ridge  
El Paso, TX 79912

change of address

4/22/15 EC

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 274-2990

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs.  
NICKNAME

Margrita  
LAST

SUFFIX

Margie Yetter

4/22/15 EC

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6812 Marble Canyon, El Paso, TX 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 581-1622  
915 479-0910

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1 1 2015 THROUGH 4 8 2015

11 ELECTION

Month

ELECTION DATE

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

5 9 15

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Board of Trustee #6

GO TO PAGE 2

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

**FORM C/OH**

2015 APR 22 COVER SHEET PG 2

14 C/OH NAME <i>Trent Kay Hatch</i>	15 ACCOUNT # (Ethics Commission Filers)
--	---

16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0. <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,800. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 724. <sup>86</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 724. <sup>86</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5076. <sup>00</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000. <sup>00</sup>

18 AFFIDAVIT

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

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trent K. Hatch, this the 9th day of April, 2015, to certify which, witness my hand and seal of office.

*[Signature]* Diana Holguin Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

2015 APR 22 AM 11 08

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

*Trent Hatch*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*3/31/15*

5 Full name of contributor

*Jeff & Sandy Cole*

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

*847 Pulce Tierra El Paso, TX 79912*

7 Amount of contribution (\$)

*150.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Engineer*

10 Employer (See Instructions)

*Hunt corp*

Date

*3/31/15*

Full name of contributor

*Carl Russell*

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*847 Pulce Tierra El Paso, TX 79912*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Entrepreneur - owner*

Employer (See Instructions)

*Self employed*

Date

*3/31/15*

Full name of contributor

*Karl Murphy*

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*29 Green Cove El Paso, TX 79932*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*President - bank*

Employer (See Instructions)

*FLC*

Date

*3/31/15*

Full name of contributor

*Robert Whetten*

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*6556 Los Rios El Paso, TX 79912*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Entrepreneur - owner*

Employer (See Instructions)

*Self employed*

Date

*3/31/15*

Full name of contributor

*Juana Lozano / Susette Lozano*

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

*5607 Westside Dr El Paso, TX 79902*

Amount of contribution (\$)

*400.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Dr.*

Employer (See Instructions)

*Self employed*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

2015 APR 22 AM 11 08

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Treat Hatch

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/31/15

5 Full name of contributor

Bill Boushka

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

4765 Vista Monte El Paso, TX 79922

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Radiology - owner

10 Employer (See Instructions)

Self employed

Date

3/31/15

Full name of contributor

Doc Mary & Mary Trust

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

El Paso, TX 799

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/15

Full name of contributor

Elen Feind

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6313 Franklin Desert El Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Entrepreneur - engineering

Employer (See Instructions)

owner

Date

3/31/15

Full name of contributor

Margie Yetter Bruce Yetter

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

6812 Marble Canyon El Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney - stay at home mom

Employer (See Instructions)

-

Date

3/31/15

Full name of contributor

Chandra Edwards Estinghaus

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

8804 S. Desert Blvd Anthony TX 79821

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

owner/CEO

Employer (See Instructions)

Vet & wild

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

2015 APR 22 AM 11 08

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

*Trent Hatal*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*3/31/15*

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

*Tom Hicks*

7 Amount of contribution (\$)

*200.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1104 Eagle Ridge El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*Manager*

10 Employer (See Instructions)

*AT&T*

Date

*3/31/15*

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

*Lade & Jan Penney*

Amount of contribution (\$)

*500.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*676 Natalicio Ln El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Owner*

Employer (See Instructions)

*Entrepreneur*

Date

*3/31/15*

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

*Carl Daniel*

Amount of contribution (\$)

*500*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*305 Leon St El Paso, TX 79901*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Owner*

*Architecture*

Employer (See Instructions)

*Entrepreneur*

Date

*3/31/15*

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

*Leticia Sanchez*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Stay at home mother*

Employer (See Instructions)

Date

*3/31/15*

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

*Staley Jobe*

Amount of contribution (\$)

*750.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1150 Southview El Paso, TX 79928  
OT.*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*owner*

Employer (See Instructions)

*Jobe Concrete*

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

2015 APR 22 AM 11 09

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

*Trist Hotel*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*3/31/15*

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

*Garnett Hotel*

7 Amount of contribution (\$)

*100.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6500 15th St El Paso, TX*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*owner*

10 Employer (See Instructions)

*Entrepreneur*

Date

*3/31/15*

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

*Carroll Hotel*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6576 15th St El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**LOANS****SCHEDULE E**

2015 APR 22 AM 11 09

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Trent Hatcher

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date of loan

1-10-15

7 Name of lender

Trent Hatcher

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

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?

Y  N 

8 Lender address; City; State; Zip Code

1532 Cherokee Ridge  
El Paso, TX 79912

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Sales Mgr - Sales

13 Employer (See Instructions)

FEC

14 Description of Collateral

 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

 not applicable

17 Name of guarantor

Trent Hatcher

19 Amount Guaranteed (\$)

3000.00

18 Guarantor address; City; State; Zip Code

1532 Cherokee Ridge El Paso, TX 79912

20 Principal Occupation (See Instructions)

Sales Mgr.

21 Employer (See Instructions)

FEC

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

 not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

2015 APR 22 AM 11 09

SCHEDULE G

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Trent Hatal	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	-----------------------------	--

4 Date 4-6-15	5 Payee name Celestial Printing
------------------	------------------------------------

6 Amount (\$) 58.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2312 Missouri El Paso, TX 79903
--	---

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

Date 3-31-15	Payee name Anson II
-----------------	------------------------

Amount (\$) 591.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 303 Oregon El Paso, TX
---	--

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

Date 3-31-15	Payee name Fed-Ex
-----------------	----------------------

Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mesa, ST El Paso TX 79906
--	---

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

4/29/15  
9 AM 10 2

### OFFICE USE ONLY

Date Received

4/29/15

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR (MR) FIRST MI  
*Timothy D.*  
NICKNAME LAST SUFFIX  
*Martin*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*129 Serrania dr. El Paso TX 79932*

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 241-5448*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR (MRS) FIRST MI  
*Tiffany*  
NICKNAME LAST SUFFIX  
*Etterling*

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*107 Northwood dr. El Paso TX 79912*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(575) 496-6039*

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*3-1-15 THROUGH 4-9-15*

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*School Board trustee  
District 6*

**GOTO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Timothy Marton*

15 ACCOUNT # (Ethics Commission Filers)

2015 APR 29 PM 10:42

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

\$ ~~0~~

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

\$ ~~0~~

EXPENDITURE TOTALS

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

\$ ~~528.00~~

4. TOTAL POLITICAL EXPENDITURES

\$ 528.00

CONTRIBUTION BALANCE

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

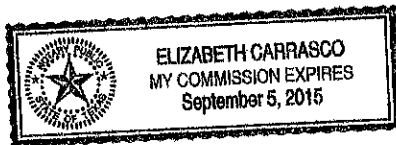
\$

OUTSTANDING LOAN TOTALS

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

\$

18 AFFIDAVIT



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

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Timothy Marton, this the 29<sup>th</sup> day of April, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Elizabeth Carrasco  
Printed name of officer administering oath

Notary/ops Mgr  
Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Thomas D. Martin</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>3-6-15</b>	5 Payee name <b>Lady Printing</b>	
6 Amount (\$) <b>503.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. Box 8429 Seminole, FL, 33775</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Door hangers.</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date <b>3-11-15</b>	Payee name <b>Wesley Democrats</b>	
Amount (\$) <b>25.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>El Paso, TX, 79932</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Donation For Food For Event.</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense

2015 APR 29 AM 10:42

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX  
*Mr. Trent Hatch K*

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**APR 13 2015**  
**Texas Ethics Commission**

5/1/15  
EC

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS  
  
 change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*1532 Cherokee Ridge  
 El Paso, TX 79912*

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 274-2990*

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX  
*Mrs. Margarita Yetter*

Date imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*6812 Marble Canyon, El Paso, TX 79912*

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 581-1622  
 415 479-0910*

2015 MAR 1 9 02 AM CST

9 REPORT TYPE

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

10 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
*1 1 2015 THROUGH 4 8 2015*

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Board of Trustee #6*

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Trent Kay Hatch*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ *0.00*

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

\$ *5,800.00*

EXPENDITURE  
TOTALS

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

\$ *724.86*

4. TOTAL POLITICAL EXPENDITURES

\$ *724.86*

CONTRIBUTION  
BALANCE

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

\$ *5076.00*

OUTSTANDING  
LOAN TOTALS

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

\$ *3000.00*

18 AFFIDAVIT



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

*Trent K. Hatch*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trent K. Hatch, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Diana Holguin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME  
**Trent Hatch**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/31/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeff & Sandy Cole**

7 Amount of contribution (\$)  
**150.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**847 Dulce Tierra El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions)  
**Hunt corp**

Date  
**3/31/15**

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

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**847 Dulce Tierra El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Entrepreneur - owner**

Employer (See Instructions)  
**self employed**

Date  
**3/31/15**

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

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**29 Green Cove El Paso, TX 79932**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**President - Banker**

Employer (See Instructions)  
**FLC**

Date  
**3/31/15**

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

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6556 Los Rios El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Entrepreneur - owner**

Employer (See Instructions)  
**self employed**

Date  
**3/31/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Juana Lozano/Dusette Lozano**

Amount of contribution (\$)  
**400.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5607 Westside Dr El Paso, TX 79932**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Dr.**

Employer (See Instructions)  
**self employed**

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Treat Hatcher

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/31/15

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

Bill Boushka

6 Contributor address; City; State; Zip Code

4765 Jista Monte El Paso, TX 79922

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Radiology - donor

10 Employer (See Instructions)

Self employed

Date

3/31/15

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

Dec Margie & Marge Trust

Contributor address; City; State; Zip Code

El Paso, TX 799

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/15

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

Ellen Feind

Contributor address; City; State; Zip Code

6313 Prager Ln Desert El Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Entrepreneur - engineering

Employer (See Instructions)

Owner

Date

3/31/15

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

Margie Yetter / Bona Yetter

Contributor address; City; State; Zip Code

6812 Marble Canyon El Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney - stay at home mom

Employer (See Instructions)

Date

3/31/15

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

Chandra Edwards Estroff

Contributor address; City; State; Zip Code

8804 S. Desert Blvd Anthony TX 79821

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner / CEO

Employer (See Instructions)

Vet & Wild

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Trent Hatal</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/31/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tom Hicks</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1104 Eagle Ridge El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Manager</b>		10 Employer (See Instructions) <b>OMNS</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lade &amp; Jen Remney</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>626 Natalicio Ln El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Entrepreneur</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carl Doniel</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>305 Leon St El Paso, TX 79901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Owner Architecture</b>		Employer (See Instructions) <b>Entrepreneur</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leticia Sanchez</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>EMP 1</b>
Contributor address; City; State; Zip Code <b>El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Stay at home mother</b>		Employer (See Instructions) <b>---</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Staley Jobe</b>	Amount of contribution (\$) <b>750.00</b>	In-kind contribution description (if applicable) <b>ST</b>
Contributor address; City; State; Zip Code <b>1150 Southview El Paso, TX 79928 TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>Jobe Concrete</b>	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

*Trust Hotel*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*3/31/15*

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

*Garrett Hotel*

7 Amount of contribution (\$)

*100.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6500 15th Del Rey El Paso, TX*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

*owner*

10 Employer (See Instructions)

*Entrepreneur*

Date

*3/31/15*

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

*Carol Hotel*

Amount of contribution (\$)

*100.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6576 15th Del Rey El Paso, TX 79912*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Trent Hatel

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

1-10-15

7 Name of lender

Trent Hatel

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

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1532 Cherokee Ridge  
El Paso, TX 79912

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Sale Mgr - Sales

13 Employer (See Instructions)

FEC

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

Trent Hatel

19 Amount Guaranteed (\$)

3000.00

18 Guarantor address; City; State; Zip Code

1532 Cherokee Ridge El Paso, TX 79912

20 Principal Occupation (See Instructions)

Sale Mgr.

21 Employer (See Instructions)

FEC

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

<b>4</b> Date 4-6-15	<b>5</b> Payee name Celestial Printing
-------------------------	---

<b>6</b> Amount (\$) 58.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2317 Missouri El Paso, TX 79903
---	--

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

Date 3-31-15	Payee name Anson II
-----------------	------------------------

Amount (\$) 591.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 303 Oregon El Paso, TX
---	--

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

Date 3-31-15	Payee name Fed-Ex
-----------------	----------------------

Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mesa, ST El Paso TX 79906
--	---

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
*Mr.* *Trent* *K*  
 NICKNAME LAST SUFFIX  
*Hatch*

OFFICE USE ONLY

Date Received  
**RECEIVED**  
**APR 13 2015**  
**Texas Ethics Commission**

5/1/15  
EC

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
*1532 Cherokee Ridge*  
*El Paso, TX 79912*

Date Hand-delivered or Postmarked

Receipt # Amount

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 274-2990*

Date Processed

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
*Mrs.* *Margrita*  
 NICKNAME LAST SUFFIX  
*Margie* *Yetter*

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
*6812 Marble Canyon, El Paso, TX 79912*

2015 MAR 1  
9:00 AM  
157

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(915) 581-1622*  
*415 479-0910*

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*1 1 2015* THROUGH *4 8 2015*

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

*Board of Trustee #6*

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Trent Kay Hatch*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ *0.00*

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

\$ *5,800.00*

EXPENDITURE  
TOTALS

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

\$ *724.86*

4. TOTAL POLITICAL EXPENDITURES

\$ *724.86*

CONTRIBUTION  
BALANCE

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

\$ *5076.00*

OUTSTANDING  
LOAN TOTALS

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

\$ *3000.00*

18 AFFIDAVIT



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

*Trent K. Hatch*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trent K. Hatch, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

*Diana Holguin*  
Signature of officer administering oath

Diana Holguin  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME  
**Trent Hatch**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/31/15**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jeff & Sandy Cole**

7 Amount of contribution (\$) **150.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**847 Dulce Tierra El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

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

10 Employer (See Instructions)  
**Hunt corp**

Date  
**3/31/15**

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

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**847 Dulce Tierra El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Entrepreneur - owner**

Employer (See Instructions)  
**self employed**

Date  
**3/31/15**

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

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**29 Green Cove El Paso, TX 79932**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**President - Banker**

Employer (See Instructions)  
**FLC**

Date  
**3/31/15**

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

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6556 Los Rios El Paso, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Entrepreneur - owner**

Employer (See Instructions)  
**self employed**

Date  
**3/31/15**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Juana Lozano/Dusetta Lozano**

Amount of contribution (\$) **400.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5607 Westside Dr El Paso, TX 79932**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**Dr.**

Employer (See Instructions)  
**self employed**

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Treat Hatcher

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/31/15

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

Bill Boushka

6 Contributor address; City; State; Zip Code

4765 Jista Monte Et Paso, TX 79922

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Radiology - donor

10 Employer (See Instructions)

Self employed

Date

3/31/15

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

Dec Margie & Marge Trust

Contributor address; City; State; Zip Code

Et Paso, TX 799

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/15

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

Ellen Feind

Contributor address; City; State; Zip Code

6313 Prager Ln Desert Et Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Entrepreneur - engineering

Employer (See Instructions)

Owner

Date

3/31/15

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

Margie Yetter / Bona Yetter

Contributor address; City; State; Zip Code

6812 Marble Canyon Et Paso, TX 79912

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney - stay at home mom

Employer (See Instructions)

Date

3/31/15

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

Chandra Edwards Estrogians

Contributor address; City; State; Zip Code

8804 S. Desert Blvd Anthony TX 79821

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner / CEO

Employer (See Instructions)

Vet & Wild

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Trent Hatal</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/31/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Tom Hicks</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1104 EagleRidge El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Manager</b>		10 Employer (See Instructions) <b>OMNS</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lade &amp; Jen. Penney</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>626 Natalicio Ln El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Entrepreneur</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carl Doniel</b>	Amount of contribution (\$) <b>500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>305 Leon St El Paso, TX 79901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Owner Architecture</b>		Employer (See Instructions) <b>Entrepreneur</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Leticia Sanchez</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable) <b>EMP 1</b>
Contributor address; City; State; Zip Code <b>El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Stay at home mother</b>		Employer (See Instructions) <b>---</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Staley Jobe</b>	Amount of contribution (\$) <b>750.00</b>	In-kind contribution description (if applicable) <b>ST</b>
Contributor address; City; State; Zip Code <b>1150 Southview El Paso, TX 79928 TX.</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>owner</b>		Employer (See Instructions) <b>Jobe Concrete</b>	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Trust Hotel</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/31/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Garnett Hotel</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>6500 15th Del Rey El Paso, TX</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>owner</b>		10 Employer (See Instructions) <b>Entrepreneur</b>	
Date <b>3/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Carol Hotel</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6576 15th Del Rey El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

MAY 1 11 57 AM '15

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Trent Hatel

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

1-10-15

7 Name of lender

Trent Hatel

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

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

1532 Cherokee Ridge  
El Paso, TX 79912

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Sale Mgr - Sales

13 Employer (See Instructions)

FEC

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

Trent Hatel

19 Amount Guaranteed (\$)

3000.00

18 Guarantor address; City; State; Zip Code

1532 Cherokee Ridge El Paso, TX 79912

20 Principal Occupation (See Instructions)

Sale Mgr.

21 Employer (See Instructions)

FEC

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Trent Hatel	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4-6-15	<b>5</b> Payee name Celestial Printing
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<b>6</b> Amount (\$) 58.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2317 Missouri El Paso, TX 79903
---	--

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

Date 3-31-15	Payee name Anson II
-----------------	------------------------

Amount (\$) 591.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 303 Oregon El Paso, TX
---	--

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

Date 3-31-15	Payee name Fed-Ex
-----------------	----------------------

Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Mesa, ST El Paso TX 79906
--	---

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

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

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

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

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