# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

		4 4000IN	
The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT#DD (Ethic/Commission inters)	Amotaboagesglied:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  Mr. Alejandro  NICKNAME LAST  Al Patiño	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY;  6516 Brook Ridge Cr, El Pa  AREA CODE PHONE NUMBER  (915) 5876711	STATE; ZIP CODE  TX 79912  EXTENSION	April 8 30 15  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mr. David  NICKNAME LAST  Brown	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY; STATE;	ZIP CODE 79903
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (9/5) 491-053/	EXTENSION	
9 REPORT TYPE	July 15 Sth day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  02 / 19 / 2015  THROUGH	Month Day	Year /2015
11 ELECTION	ELECTION DATE Month Day Year Primary  55/09/2015	Runoff	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (IF KNOWN)  ET PASO Indep  District Trus	endent School tee District lo
	GOTOPAG	SE 2	

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	lejandro	Patino 2015 APR 815 APR	CONNT ( Gthics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POINT OF A CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S SEAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY REC	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME   COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ లి.రిచి
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00		\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 416.07
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 1983.93
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 1500.00
18 AFFIDAVIT		modern Statistic	
	ELIZABETH CARRASC MY COMMISSION EXPIR September 5, 2015	O I	
		Signature of Candidate of	or Officeholder
AFFIX NOTARY STAM	D/SEALABOVE	<u>.</u>	
		me, by the said Alexandro Patino	this the
H day	of April	, 20, to certify which, witness my ha	nd and seal of office.
Signature of officer admi	inistering oath	Printed name of officer administering oath	Unifer Manager the of officer administering dath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The	Instruction Guide explains how to complete this	179 APR 8 AI	1 Sotal pages Sch	edule A: 2
2 FILER NAME	Alejandro Patiño		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
03/21/15	Richard Gutierrez		contribution (\$)	description (if applicable)
- / / / /	6 Contributor address; City; State; Zip Code		200.00	; ;
	11543 Vacquelin Ann C	<i>+.</i>		
	El Paso, TX 79936		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#;	)	Amount of	In-kind contribution
	Vohn Kirbu		contribution (\$)	description (if applicable)
03/21/15	Contributor address; City; State; Zip Code		100.00	
	EI Paso, TX 79904			
	<u> </u>		(If travel outside	। of Texas, complete Schedule ⊺)
Principal occup  ✓ /A	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 oul-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	Michelle Cromer		contribution (\$)	description (if applicable)
03/21/15	Contributor address; City; State; Zip Code			
4-7 17,0	3005 N. Florence St		100,00	
	El Paso, TX 79902			i I
	<u>,                                      </u>			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	Perla Maldonado		contribution (\$)	description (if applicable)
03/21/15	Contributor address; City; State; Zip Code			
7,.	861 Orwell Way		100.00	· 
	El Paso, TX 79912			
Delevie et a a				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Luis Salinas	:	contribution (\$)	description (if applicable)
03/21/15	Contributor address; City; State; Zip Code		/00,00	
	16016 Darley Horizon City, TX 7992	යි		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
N/A		~/A		

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

The	Instruction Guide explains how to complete this	12015 APR 8	M Totakpagas Sch	edule A:
2 FILER NAME	Alejandro Patiño		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/27/15	6 Contributor address; City; State; Zip Code 86/ Orwel/ Way		1500.00	Consultant
	EI Paso, TX 79912		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Linebarger Goggan Blair 4	Sampson LLP	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/18/15	Contributor address; City; State; Zip Code		300,00	
	Austin, TX 78760		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor cut-of-state PAC (tD#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,		] 
			(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor cut-of-state PAC (ID#;		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule ⊺)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(16 bround outside	d Tours assembled the state of
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Sebedule T)
	ATTACH ADDITIONAL CODIES O	# TIUC COLEDIN ==	A O Marketon	

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

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete thi	PR 8	Total pages Sche	dule B:
2 FILER NAME Alejandro Patino		3 ACCOUNT # (Eti	nics Commission Filers)
TOTAL OF UNITEMIZED PLEDGES:	\$ \$ \$	⇔ ⇔	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
40 Delevier Language Alley (Constructions)	11 Employer (See I	<del></del>	f Texas, complete Schedule T)
10 Principal occupation / Nob title (See Instructions)	11 Employer (See I	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		
Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Gode	•	 	
		L	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of pledgor ☐ out-of-state PAC(ID#:	$\longrightarrow$	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
		(If travel outside of	FTexas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	l	
Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		Toras, compressionistale ()
ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see inst		<del></del>	requirements.

P.O. Box 12070

LOANS			SCHE	EDULE <b>E</b>
The	Instruction Guide explains how to comp	letennie ropin. 8 AM 8	110 Total pages Schedule	E: /
2 FILER NAME	Alejandro Patiño		3 ACCOUNT # (Ethics (	Commission Filers)
тота	L OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	<b>\$</b>	
5 Date of loan 02/27/2015	7 Name of lender  Alejandro Patin	out-of-state PAC (ID#:	9 Loan An	nount (\$) の, aa
6 Is lender a financial Institution?	6516 Brook Ridge C	Zip Code /*.	10 Interes	<u> </u>
Y (N)	El Paso, TX Tág12		11 Maturity	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	15 Check if personal funds were	deposited into political	account
none none				
16 GUARANTOR INFORMATION	17 Name of guarantor  18 Guarantor address; City;		19 Amount	Guaranteed (\$)
20 Principal Occupat	lon (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [	out-of-state PAC (ID#:	Loan An	nount (\$)
Is lender a financial Institution?	Lender address; City; State;		Interest	rate
Y N			Maturity	date
Principal occupati	ion / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Check if personal funds were	deposited into political	account
none none				
GUARANTOR INFORMATION	Name of guarantor		Amount	Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE		

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGURES  Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor raising Expense strict Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Alejandro Patiño	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/11/15	Alejandro Patino 5 Payee name Westside Democrats	
6 Amount (\$)	7 Payee address; City; State; Zip Code +05 Va/pano Dr. E/ Paso, TX 799/2	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Contribution / Donation	(b) Description (If travel outside of Texas, complete Schedule T)  Candidate forum  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought Office held
Date 03/21/15	Payee name The Bagel Shop	
Amount (\$) 58.91	Payee address; City; State; Zip Code 985A N. Resler Rd. El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T)  Fundraiser  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held
Qate	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If traver sutside of Yexas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

P.O. Box 12070

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to a	Intract Labor Loan Repayment/Reimbursement  Ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee ental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Alejandro Patiño	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/25/15	5 Payee name Vantage Point Visual St.	udios, Inc.
6 Amount (\$)  146.14  Reimbursement from political contributions	7 Payee address; City; State; Zip Code 1109 Arizona Ave. El Paso, TX 79902	
intended		Las Described
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising expense	Campaign photo  Check If Austin, TX, officeholder living expense
		Crieck if Ausuit, 1A, office notice inving expense
Date 03/22/15	Sams Club	
Amount (\$)	Payee address; City; State; Zip Code 7970 N/ Mesa St	
Reimbursement from political contributions intended	El Paso, TX 79932	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense	Paper/Printer ink
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	

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

P.O. Box 12070

#### SCHEDULE H

		,
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  **Total pages Schedule H:	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundre Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor aising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
/	Alexandro Patino	V ACCOUNT IF (Ellinos Contanticación i ficia)
4 Date	5 Business name  N/A	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF		
EXPENDITURE		
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
ON THE STREET, AS A		SCHEDULE AS NEEDED
	AT INCLUDENT OF ITIES	

## **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains her	ဖွဲ့ tဇူနုစ္စကားမြင္ေတြ၊ s top rm ၂
1 Total pages Schedule I:		3 ACCOUNT # (Ethics Commission Filers
Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payes 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

P.O. Box 12070

•	The Instruction Guide explains how to complete this Month PR 8 11 Total pages	Schedule K:
FILER NA	ME Alejandro Patiño 3 ACCOUNTS	# (Ethics Commission Filers)
Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received	
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	. L
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	

P.O. Box 12070

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS
The Instruction Guide explains how to complete the formation R R R Representation
2 FILER NAME Alejandro Patino 3 ACCOUNT # (Ethics Commission Filers)
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 shows the state of the Marking Leading
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

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
2015 HPR 7	Guide explains how to complete this form.  1 ACCOUNT (Ethics Commission of Commission	7 Total pages fileding
3 CANDIDATE / OFFICEHOLDER NAME	ME. ALGONSO V	OFFICE USE ONLY  Date Received  CO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  change of address		April 7, 3015  Date Hand-delivered or Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (9/5) 78/-149/	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MZ. JAIME	II Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; S  9116 Laif E/ PLS3 TX	TATE; ZIP CODE 79925
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 920-4820	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 Sth day before election Exceeded \$1 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month $O2$ $O4$ $O65$ THROUGH $O4$	Day Year 09: 2015
11 ELECTION	Month Day Year  5.5 09 2015  ELECTION TYPE Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGH	DD Trustee Dist. 2
	GO TO PAGE 2	

Texas Ethics Commission	n P.O. Box	12070	Austin, Texas	78711-2070	(512) 463-	5800	(TDD 1-800-735-2989)
CANDIDAT SUPPORT			DER RE	PORT			FORM C/OH
14 C/OH NAME	Ifonso (A	1) Vei	1015 APR a.co/e	7 AM 9	26 15	ACCOUNT #	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. <i>THESE EX</i>	PENDITURES MAY H	AVE BEEN MADE W	THOUT THE CANDIDA	TE'S OR OFFICE	MMITTEES TO SUPPORT THE REDDER'S KNOWLEDGE OR E OF SUCH EXPENDITURES,
	COMMITTEE TYPE	COMMITTEE NAM	AE .				and and an analysis of the second sec
	GENERAL					C	<b>3</b>
	SPECIFIC	COMMITTEE ADD	RESS	100	• 4.00	(	<b>5</b>
		COMMITTEE CAN	IPAIGN TREASURE	R NAME			
additional pages							ļ
		COMMITTEE CAN	IPAIGN TREASUR	ER ADDRESS			
17 CONTRIBUTION TOTALS			TRIBUTIONS OF GUARANTEES C		(OTHER THAN LESS ITEMIZED	\$.2	50 00
			ONTRIBUTION B, LOANS, OR G		F LOANS)	\$ 10	,425,00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPE	NDITURES OF \$	100 OR LESS,	UNLESS ITEMIZE	ED \$ /3	37.11
	4. TOTAL	POLITICAL EX	(PENDITURES			\$ 32	Q.17

TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE

18 AFFIDAVIT

CONTRIBUTION

**OUTSTANDING** 

LOAN TOTALS

BALANCE



AFFIX NOTARY STAMP / SEAL ABOVE

5.

6.

OF REPORTING PERIOD

LAST DAY OF THE REPORTING PERIOD

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 13, Flection Code

\$

\$

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said 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

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The	Instruction Guide explains how to complete this	ARR 7 AM	19 Total pages Sch	edule A:
2 FILER NAME	Ifonso (Al) Velarde		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorcut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/25/15	Carlos MARTINEZ  6 Contributor address; City; State; Zip Code  6500 NAVAJO EL 1950 TX	79925	5000	<del> </del> 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Rachel Martinez		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/15	Contributor address; City; State; Zip Code		050	   
			<u> </u>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
2/25/15	Full name of contributor   out-of-state PAC (ID#:  Talme Dalce leav  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
0/0/5/1)	9116 Lait El Paso, TX	79925	150 00	[ ]
		F	<u> </u>	of Texas, complete Schedule T)
Principal occup	pation / 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)
3/9/15	Contributor address; City; State; Zip Code 4204 Park Hill, El Mas	OTX 79902	1500	· ·
				of Texas, complete Schedule T)
Principal occu	pation / 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)
3/9/15	Contributor address; City; State; Zin Code  850/ Edge Were E/100, 7	TX 79925	\$10000	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

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2 FILER NAME Alfonso (AL) Velarde		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/9/15 6 Contributor address; City; State; Zlp Code 850/ Edgemere, El Pos	TV 70075	100 00	
8501 Edgennere, El Tos	0,17 17100	(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)
Date Full name of contributor out-of-state PAC (IDH:  Hector 3 Debloie Sufferre  3/13/15 Contributor address: City; State; Zip Code  1035 Calle Flor, El Ma	7x 79913	250	
1035 Carefield, 21800	30, 111 / 1114		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See		or reseas, complete conceder 17
Date Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/15 EDMUNDO & EVA ARCHO Contributor address: City: State: Zip Code 829 Dulce TIERRA, Ell	£ 21-001	\$150 00	]
829 Wice 118KA, E/1	AD, 18 7996		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
Date Full name of contributor cut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/15 Contributor address; City; State; Zip Code	8	4 25000	<u> </u>
240 THUNDERBIRD, EL PASO,	,1x.79912	/If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	t	
Date Full name of contributor out-of-state PAC (10#	:	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/17/16 Contributor address; City; State; Zip Cod		\$ 20000	] [
509 Willow Hen, El Pasc	7, TX 79922	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
	1		

(512) 463-5800

## **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: AM The Instruction Guide explains how to complete this Total. 7 2 FILER NAME Altonso (Al) Velarde 4 Date 5 Full name of contributor out-of-state PAC(IDI): Christopher Lopez 3 Mary ANNE Talbot 3/17/15 6 Contributor address; City; State; Zip Gode 7129 San Marino, El 1950, 78 79912 3 ACCOUNT # (Ethics Commission Filers) 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC(ID#:\_ Eduardo Zeol 1902 Contributor address; City: State; Zip Code In-kind contribution Amount of description (if applicable) contribution (\$) 4110 Ro Bravo 4110 A Paso TX 79912 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Edward 3 Margarita Escudero Contributor address; City, State; Zip Code contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#\_ Lathy 3 Pay Paya C105 Contributor address; City; State; Zip Code In-kind contribution Amount of description (if applicable) contribution (\$) 637 Willow Hen, Elfo, TX 79922 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description (if applicable) Richard Costro Contributor address; City: State; Zip Code 3332 Wedge wood, Ellow, TX 79925 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

(512) 463-5800

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The	Instruction Guide explains how to complete this		1 Total pages Sch	
2 FILER NAME Alfon	so (A1) Velarde	APR 7 AM-	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/17/15	MARIA TELAN 6 Contributor address; City; State; Zip Code 939 Howkins, El Maso, TX	79915	\$ 1000 00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	<del>'</del>	of Texas, complete Schedule T)
• • • • • • • • • • • • • • • • • • •	,		<u></u>	
Date	Full name of contributor   out-of-state PAC (ID#:_  Woody 3 Gal / HUNT  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/15	Contributor address; City; State; Zip Gode	79914	1000 00	
	1.0.100 1000, 0 1000, 11	71 / / /	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	1	
Date	Full name of contributor   out-of-state PAC (ID#_ EM, I/a Tay/or	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/15	Contributor address; City: State: Zip Code 9030 Eldorooo, El Paso,	TX 79925	\$10000	] [
		Frankrije (Soo	<u> </u>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	njanucuona)	
Date	Full name of contributor   oul-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/15	Contributor address; City; State; Zip Gode 850/ McFall, El Paso, TX	79925	\$ 100 00	<b> </b> 
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor   out-of-state PAC (ID#_  Morris Taylor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/16	Contributor address; City; State: Zip Code Q013 El Dorado, El Roo,	7X 79905	5/0000	 
Dutant 1	New / Joh Wills /Oce Instructions	Employer /See	<del></del>	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	manuonons)	
			AGNEEDED	

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#### (TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 P.O. Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) Alfonso (Al) Velarde 5 Full name of contributor out-of-state PAC(IDH: Stanley P. Jobe 6 Contributor address; City; State; Zip Code 1150 South View, El Risa TX 79928 8 In-kind contribution 7 Amount of description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date description (if applicable) contribution (\$) City; State; Zip Code El MSO, 7X 79902 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of contributor description (if applicable) contribution (\$) DAN Olivas Contributor address; City; State; Zip Code 240 Thun DERBIRD, El PASO, TV 79912 Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Intistial A FRANCIS YEAR'S Contributor address; City; State; Zip Code description (if applicable) contribution (\$) 8704 TURKENTINE, ELPASO, TX 79925 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution description (if applicable) contribution (\$)

Principal occupation / Job title (See Instructions)

Blanca Extriguez Contributor address: City; State; Zip Code 1391 Whirlaway, El 1850, TX 79936

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

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## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	Instruction Guide explains how to complete this	OPEMAPR 7	1 Total pages Sch	edule A:
2 FILER NAME	Alfonso (Al) Velarde		3 ACCOUNT # (E	thics Commission Filers)
3/25/15	5 Full name of contributor out-of-state PAC(IDIE)  RUDEN CHAVEC  6 Contributor address; City; State; Zip Code  1912 18500 Real Cir. Ellip	50,TX 79936	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	uu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.eu.e.u
Date 3/25/5	Full name of contributor out-of-state PAC (ID#:_  Joe Rosales Jiz  Contributor address; City: State; Zip Code  8528 Min. Neola, El Paso	, TX 79925	Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date 3/25/	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
70			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
3/25/5	Full name of contributor   out-of-state PAC (ID#_ FRANK X SPENCE Contributor address; City; State; Zip Code 1130 Montana, El Ro Ti	75902	Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date 3/	Full name of contributor out-of-state PAC (ID#:_  F. C. Hough foul  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	414 Executive Center, El	A50 7X 7840x	(If travel outside	of Texas, complete Schedule T)
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	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED	

P.O. Box 12070 Austin, Texas 78711-2070

## **POLITICAL CONTRIBUTIONS**

## SCHEDULE A

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The	Instruction Guide explains how to complete this	2015 APR 7	1 Total pages Sch らの こつつ	edule A:
		CUID FIFT	3 ACCOUNT# (E	thics Commission Filers)
2 FILER NAME ALA	nso (AI) Velarde		3 MOODINI (E	miss commission visco,
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
125/15	Day Olivas 6 Contributor address; City; State; Zip Code 240 THUNDERBIRD, EL PASO,	TX 79912	(If travel outside	For Bey Sor FOND PASER of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 3/29/15	Full name of contributor out-of-state PAC(ID#:  FUCHESTEY D25 HEY  Contributor address: City: State; Zip Code  13/3 HONEYSUCKLE DR. 1	-1 R -T2 00	Amount of contribution (\$)  \$50 00	in-kind contribution description (if applicable)
410	1313 HONEYSUCKLE UR	C11450 1X 7482	(if travel outside r	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See i	<u> </u>	y roxus, complete contestale 17
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		-	 
			(If travel outside	I of Texas, complete Schedule T)
Principal occu	pation / 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	i of Texas, complete Schedule T)
Principal occu	pation / 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; Clty; State; Zip Code		At travel and delicate	of Tours complete Schoolule T
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
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1 7,	7,000,100	(112010 (012) 400 0000 (100 100-2009)
POLITICAL	EXPENDITURES	SCHEDULE F
	EXPENDITURE CATEGORIE	S FOR BOX 8/a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Commodition of the Commodition o
<u> </u>	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule F:	2 FILER NAME Alfonso (Al) Velarde	3 ACCOUNT # (Ethics Commission Filers)
3/23/15	5 Payee name  Square Space /vc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Website Hosting	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date 21/3	Payee name Tolo Bulger	
Amount (\$) 124 44	Payee address; City; State: Zip Code 6600 Montana El Paso, TX	79925
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / BEV. EXPENSE.	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Check if Austin, TX, officeholder living expense  Office sought  Office held
3/25/15	Payee name AMIGOS ROSTOUVOINT	
Amount (\$) \$9725	Payee address; City; State; Zip Code  2000 Mantona El Paso, 7X	7993
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Food Bev Expense	Description (If travel outside of Texas, complete Schedule T)  Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
3/47/15	Payeeyname PIZZA HUT	
Amount (\$) 60	Payee address; City; State; Zip Code -	^ ^
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	FOR 1000 EXPENSE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLI	TICAL	<b>EXPEND</b>	ITURES
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## SCHEDULE F

	EXPENDITURE				
Advertising Expense Accounting/Banking	Gift/Awards/Memoriels Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra	ontract Labor	Loan Repayment/Rein	nbursement
Consulting Expense	Food/Beverage Expense	Travel In District	namā ∈xbeuse∩ IA	Transportation Epuiph Contributions/Donation	nent & Kelaled Expense
Event Expense	Polling Expense	Travel Out Of Dist	trict	Candidate/Officeho	ilder/Political Committee
Fees	Printing Expense	Office Overhead/F	Rental Expense	OTHER (enter a cate)	pory not listed above)
	The Instruction Guide	explains how to	complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME	100	1	3 ACCOUNT #	Ethics Commission Filers)
<u> </u>	Alfonso V. Velard-	e (A)	ر		
4 Date	5 Payee name	_			
3/20/15	LUDI greens				
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code			
July 4	1109 El BED 4	Y 7992	<u> </u>		
70	HAWKING LITHER,	1 1710	٠		
8 PURPOSE OF	(a) Category (See categories listed at the top of	if this schedule)	(b) Description	(If travel outside of Texas, c	omplete Schedule T)
EXPENDITURE	OTHER - DIFTICE SUPP	15<			
	OTTER OFFICE SOLL		Check if A	ustin, TX, officeholder livi	ng expense
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/C	Л				
Date	Payee name	, i			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
				•	
					,
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Texas, c	omnlete Schadule T)
OF		_	•	(	
EXPENDITURE			Check if A	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct	Candidate / Officeholder name		Office soughi	t	Office held
expenditure to benefit G/C	DH				:
Date	Payee name				
					•
Amount (\$)	Pavee address: City: State	e; Zip Code			
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	•				
	Catagony /Sas calegories listed at the tank	Ethia naturalis	Description		
PURPOSE OF	Category (See categories listed at the top of	tals scheame)	Description (	(If travel outside of Texas, co	emplete Schedule T)
EXPENDITURE			Check If A	ustin, TX, officeholder livir	na expense
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O			J.1100 000g/11	•	Onice neid
Doto	Pa		-		
Date	Payee name				
A					
Amount (\$)	Payee address; City; State	e; Zip Code			
		•			
· · · · · · · · · · · · · · · · · · ·		<del> </del>			
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (	(If travel outside of Texas, co	omplete Schedule T)
OF EVERNOTURE					İ
EXPENDITURE			Check if Au	ustin, TX, officeholder livir	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought		Office held
ехрениция ю велен С/С	<i></i>	···	······································		
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULEAS	ÆEDED	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form. (Ethics Commission Filers)	al pages filed: PR 9 AM 10 51
3 CANDIDATE /	MS/MRS/MR FIRST MI	OFFICE USE ONLY
OFFICEHOLDER NAME	11000	
INVINE	Movemen	celved
	NICKNAME LAST SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE	_1
OFFICEHOLDER MAILING	3 405 Camino Real Ap	il 9, 2015 MOK
ADDRESS	Date 1 to	nd-delivered or Postmarked .
change of address	El Pado TX 79922 Receipt	# Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Aucont
OFFICEHOLDER PHONE		cessed
	MS/MRS/MR FIRST MI Date Ima	
6 CAMPAIGN TREASURER	MI Date Ima	ged
NAME		
	NICKNAME LAST SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP COX	DE .
TREASURER ADDRESS	780 N. Rester Dr.	,
(residence or business)	100 P. RISCER Dr.	
	E1 Paso, TX 79912	
	C 1 400, 1 1 11105	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(915) 585-2222	
9 REPORT TYPE	January 15 30th day before election Runoff 15th	n day after campaign
	trea	surer appointment
·		al report (Attach C/OH - FR)
	limit	, , , , , , , , , , , , , , , , , , , ,
10 PERIOD	Month Day Year Month Day Year	
COVERED	THROUGH	
	01/01/2015 03/30/20	15
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Primary Runoff General	Special
	05/09/2015	
40 ^		
12 OFFICE	OFFICE HELD (If any)	
	EPISD Braro	
	Trustees Dist	011-
	I MUSCLES DIST	IICT I
	GO TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ori Fen	enbock 2015 APR 195 AP	CAUNT (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 OF 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	Scott Hulse, D.C. PAC			
	SPECIFIC	201. E. Main Drive, El Dade	0,7X 79901		
additional pages		Dand Hassler			
		201 E. Main Drive, El Pado,	TX 79901		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,765.00		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,282.08		
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRTING PERIOD	\$ 19,204.93		
OUTSTANDING LOAN TOTALS	6, TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$		
(*(\sigma\sigma)) in a	RRESSA L. ADC NOTARY PUBLIC and for the State of Ay gammission supin	Texase 1			
A STATE OF THE STA	August 22, 2016		or Officeholder		
	cribed before n	ne, by the said Doric Fenenbock	······································		
Lenessa L.	of April	, 20 <u>15</u> , to certify which, witness my hai	7.		
Signature of officer admin	istering oath	Printed name of officer administering oath Tit	le of officer administering oath		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

<del></del>	Instruction Guide explains how to complete this	<sup>s form.</sup> 2015 A	1 Total pages Sch	10 51 2
2 FILER NAME	Don Fenenbock		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			 
	See attached		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	,		
Principal occur	pation / Job title (See Instructions)			of Texas, complete Schedule T)
7 11101041 0000	padon / 500 title (566 instructions)	Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				l of Texas, complete Schedule T)
Principal occus	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal cour	potion / John Mile (Con June 1997)			of Texas, complete Schedule T)
- Hindipal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		1	
				of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

Date		First Name of Contributor	Contributor Address	City / State	Amount of Contribution	<u>in-Kind</u> Description	Principal Occupation / Job Title	Employer
2/3/2015			P.O. Box 55	El Paso, TX 79940-0055	\$250.00		Business Owner	Plaza Properties
2/3/2015			P.O. Box 55	El Paso, TX 79940-0055		printing	Business Owner	Plaza Properties
1/15/2015		Dick	800 River Oaks Drive	El Paso, TX 79912			Business Owner	Alamo Auto Parts
1/9/2015			321 Sundown Place	El Paso, TX 79912	\$40.00	yara oigns	Clergy	B'Nai Zion
1/26/2015		William Reed	208 Country Club Rd.	El Paso, TX 79932-2211	\$100.00	·	Attorney	
	Verlander		5835 Onlx Dr., Suite 300	El Paso, TX 79912	\$500.00		Business Owner	W. Reed Leverton, P.C.
	Rodriguez		4110 Rio Bravo Dr., Suite 103	El Paso, TX 79912	\$125.00		attorney / counsultant	El Apple
	Archuleta		829 Dulce Tierra Dr.	El Paso, TX 79912	\$150.00		retired	Strategic Communication
	Schwartz	Emma	P.O, Box 13386	El Paso, TX 79913	\$250.00		President	n/a
2/5/15		Dan	240 Thunderbird Ste D	El Paso, TX 79912	\$100.00		President	Medical Center of the Americas
2/5/15			P.O. Box 96	El Paso, TX 79941	\$250.00			Speaking for Your Destiny
2/5/15			3332 Wedgewood	El Paso, TX 79925	\$500.00			EP Shalom Management
2/5/15	Hunt		1101 E. Baltimore Dr.	El Paso, TX 79902	\$250.00		Business Owner	Castro Enterprises
2/3/15	Hunt		P.O. Box 12220	El Paso, TX 79913	\$500.00		Exec Vice President	Hunt Companies
2/5/15	Scatt Hulse, P.C.		201 E. Main Drive	El Paso, TX 79901	\$500.00	,	President	Hunt Companies
2/5/15	Frank		801 River Oaks Dr.	El Paso, TX 79912	\$250.00			
2/9/1.5	Rogers	J.W.	1600 Dede Lane	El Paso, TX 79912	\$250.00		President	River Oaks Properties
		Scott	P.O. Box 12010	El Paso, TX 79912	\$250.00		President	St. Regis Airport Properties
2/5/15			6832 Imperial Ridge Drive	El Paso, TX 79912	\$250,00		President	The Mesa Group
2/5/15	Escudero		34 Goodwin Drive	El Paso, TX 79902				Borderplex Alliance
2/26/15	Furman		1121 Thunderbird Drive	El Paso, TX 79912	\$250,00			Sierra Finance
2/27/15				El Paso, TX 79912 El Paso, TX 79901-1339	\$200.00			Interstate Capital
2/26/15	***************************************			El Paso, TX 79901-1339	\$500.00			Western Refining
2/28/15			6304 Camino Alegre		\$100,00		President	Moreno Cardenas Inc
2/27/15			4445 N. Mesa	El Paso, TX 79912	\$500,00			ECM International
3/9/15			2600 S. Douglas Rd., Sulte 1000	El Paso, TX 79902	\$250,00		Business owner	Pizza Properties
3/19/15	······································		616 Somerset Or.	Coral Gables, Fl. 33134	\$500,00			Cornerstone
3/25/15		·	5160 Sterling Place	El Paso, TX 79912	\$50.00			n/a
2/27/15			**************************************	El Paso, TX 79932-2211	\$100.00			n/a
				El Paso, TX 79922	\$250.00			self
1/16/15		*		El Pasó, TX 79922	\$250.00			self
3/24/15				El Paso, TX 79922	\$50.00		Partner	Mount Franklin Insurance Agenc
3/27/15			<del></del>	El Paso, TX 79901	\$500.00		Self-employed	n/a
2/12/15		<del></del>		El Paso, TX 79912	\$200.00			Scott Huise
3/12/15			***************************************	El Paso, TX 79912	\$100.00			НИТВ
3/2/15				El Paso, TX 7928	\$750.00		President	lobe Materials
				Él Paso, TX 79922	\$1,00,00			n/a
2/3/15				El Paso, TX 79912	\$100.00			n/a
21 27 23	I GITIGIA	reuerick	530 N. Mesa St.	El Paso, TX 799901	\$500.00		** *	WestStar Bank
<del></del>								
	<del></del>							***************************************
<del></del>		<del></del>  .	···					
~~								
					\$10,765.00	•		

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete this	form. 2015 APR	1 Total pages Sche	
2 FILER NAME	LUES 117 (		nics 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		// // travel outelde of	f Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)	11 Employer (See J	<del>/ `                                     </del>	Texas, complete scriedtie 1)
Date Full name of pledgor out-of-state PAC (IDIF:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
		<del></del>	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
This pur secupation, see the (see manually)	Employer (See ii	istructions)	
Date Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address. City; State; Zip Code			
Principal occupation / Job title (See Instructions)	Employer (See II	<del></del>	Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		   (If travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See In	structions)	
ATTACH ADDITIONAL COPIES O			requirements.

Texas Ethics Commi	ission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how t	o complete this form.	1 Total pa	ges Schedule E:
2 FILER NAME			9 10 1 3 ACCOU	T # (Ethics Commission Filers)
4 TOT/	AL OF UNITEMIZED LOANS	;;	⇒ ⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	,	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; S	tate; Zip Code	/	10 Interest rate
YN				11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer/(See Inst	ructions)	
14 Description of Co	llatera!	15 Check if personal fu	nds were deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; Ci	ity; State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instr	ructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; Si	tate; Zip Code		Interest rate
Y N			-	Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instru	uctions)	
Description of Coll	ateral	Check if personal fun	ids were deposited i	nto political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

State;

Zip Code

Employer (See Instructions)

City;

Guarantor address;

not applicable

Principal Occupation (See Instructions)

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

	·		·
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salarles/Wages/QE Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	High Superior Superio	Repaymentificimbursement isportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME DOTI FENENDOCK		3 ACCOUNT # (Ethics Commission Filers)
4 Date 1-9-15	5 Payee name Torma growp 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,000.00	301 E. Sandindonio, Su	it 13201, E	7 POJO, TX 79901
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
EXPENDITURE	Consulting Expense		e CINSWENS TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2-9-15	Payee name  Well'S Fars D  Payee address; City; State; Zip Code		
Amount (\$)	Payee address; City; State; Zip Code	60000 10	2,-
46.00	P.O. Boy 10995, Dortland, DR	11728-69	95
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Banking	Check if Austin,	C FCC TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
2-10-15	Payee name  Havland Clarke   Wells  Payee address; City; State; Zip Code	Forgo	
Amount (\$)			_
#31.49	P.O. BIX 6995, DoAland, DR	11228-6995	>
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tran	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Banking		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2/20/15	Hamo auto Supply		
Amount (\$) \$1,137.49	Payee address; City; State; Zip Code 5923 Governous West, ElPa	so iTX 7992	25
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

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

P.O. Box 12070

## SCHEDULE G

(512) 463-5800

	EXPENDITURE CATEGO	ORIES FOR BOX 8/a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorlals Expense Salaries/W Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Ou	/ages/Contract Labor CDD Loan Repayment/Reimbursement n/Fundralsing Espanse III Transportation Equipment Related Expense
	The Instruction Gulde 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 C	ode
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul	(b) Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
		Check it Austin, 17, difficultion in virig expense
.Date	Рауее пате	
Amount (\$)	Payee address; City; State; Zip C	øde
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedul	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip C	ode
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedul	le) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Co	ode
Reimbursement from political contributions / intended	/	
PURPOSE OF	Category (See categories listed at the top of this schedul	e) Description (if travel outside of Texas, complete Schedule T)
EXPENDITURE		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 F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense The Instruction Guide	Salaries/Wages/Con- Solicitation/filingrals Travel In District Travel Out Of Distric Office Overhead/Rea	tract Labor Loan IngExpense Hirans Contr ct C ntal Expense OTHI	Repayment/Reimbursement sportation Equipment & Related Expense ibutions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name			1
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	rof this schedule)	(b) Description (if trave	el outside of Texas, complete Schedule T)
		X	Check if Austin, 1	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ate; ZJo Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)		outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder hame	<u> </u>	Office sought	X, officeholder living expense Office held
Date	Business name			
Amount (\$)	Business address, City; Sta	ate; Zip Code		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If trave	l outside of Texas, complete Schedule T)
OF EXPENDITURE			Check if Austin, 1	"X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Sta	ite; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)		ol outside of Texas, complete Schedule T)  "X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS NEED	DED

P.O. Box 12070

	ITICAL EXPENDITURES OM POLITICAL CONTRIBU	TIONS	SCHEDULE
		- 2015 APR (	9 AM 10 52
	The Instruction Guide explains how		
1 Total pages Schedule I	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Secretary)	e instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Secrequired.)	e Instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Se required.)	e instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Se required.)	e Instructions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

Austin, Texas 78711-2070

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

## SCHEDULE K

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this form. 2015 APRotal grees	Mr410.521
FILER NAME	Dori Fenenbock 3 ACCOUNT#	(Ethics Commission Filers)
Date	5 Name of person from whom amount is received  Wells Farso	8 Amount (\$)
1-36-15	6 Address of person from whom amount is received; City; State; Zip Code  P. D. BD X 6995  Phytland, DR 97228-6995  7 Purpose for which amount is received  Schings account	4.23
Date	Name of person from whom amount is received  Well's Farg 0	Amount (\$)
2-57-15	Address of person from whom amount is received; City; State; Zip Code  P.O. 130 x 16445	\$.24
·	Portland, DR 97208-6995  Purpose for which amount is received  Saings account	
Date 3-31-15	Name of person from whom amount is received  Well Stars D  Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	P.O.BOX 6995 Portland, DR 97228-6995	
	Purpose for which amount is received Savings account	-1
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	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Means of transportation

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OAIIII AIG	THE THE THE TENT		COVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.	ACCOUNT # (Ethics Commission Filers) 2015 APR 9 P1	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR) FIRST Michael	MI	OFFICE USE ONLY
NAME	Nike Izquierdo	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STATE: ZIP GODE  The F-9912	April 9, 2015 moR  Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9/57 820 - 232 7	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS MRS Michael	MI	Date Imaged
	Nike Izgurerdo	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIPCODE F9912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (715) 820 2827	EXTENSION	
9 REPORT TYPE	January 15 🔀 30th day before election	] Runoff [	15th day after campaign treasurer appointment (officeholderonly)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 3 0	Year / \$
11 ELECTION	Month Day Year  5 9 / 5	Runolf 🔀 G	Seneral Special
12 OFFICE ·	OFFICE HELD (If any)	OFFICE SOUGHT (I'Known) LEPISD Tr	-ustee Dist # 7
	GO TO PAGE 2		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	chaol:	Ezguierda 2015 APR 9 PM	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	·		
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ O
18 AFFIDAVIT			
others are		I swear, or affirm, under penalty of perjury is true and correct and includes all informations are under Title 15, Election Code.	
**************************************	ARTHA A. BANA NOTARY PUBLIC and for the State of	Is many	
WE OF THE	My commission expi 02-21-2016	Signature of Candidate of	or Officeholder
AFFIX NOTARY STAME			
- 10		ne, by the said <u>MIRE IZOUIERAD</u> , 20 <u>15</u> , to certify which, witness my ha	nd and seal of office.
Mar Hold Do	unates	MARTHAA. BANALES NOT	THEY PABLIC
Signature of officer admin	istering oath	Printed name of officer administering oath Tit	lle of officer administering cath

CANDIDATE	/ OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

The C/OH Instruction	Guide explains how to complete this fo	TACCOUNT # (Ethics Commiss #15) orm.	29 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mrs. Maria	M	OFFICE USE ONLY  Date Received
	SUNCHEZ	Semano	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /POBOX: APT/SUITE#:	Paso TX 7925	April 9, 2015 MAR Date Hand-delivered or Postmarked
change of address		TOOU IN TINO	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	(915) 731-4122	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	Sanch	167	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (no po box please); apt/s	SUITE#; CITY; STATE; EI POSO, TX	79936
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) (37 - 29	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff [	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before ele	ection Exceeded \$500 [Imit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year · THRO	Month Day OUGH	Year
11 ELECTION	Month Day Year ELECTION TYPE  5 9 2015	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (ITKNOWN)  BOARD OF  DISTRICT	EPISD Trustees L
	GOTO	DPAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME		2015 APR 9 F	COUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POUT OF A CONTRIBUTION OF THE CANDIDATE'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	And the state of t
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 150.00
OUTSTANDING LOAN TOTALS	LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
AFFIX NOTARY STAME		I swear, or affirm, under penalty of perjurgis true and correct and includes all inform me under Title 15 Election-Code.  Signature of Candidate of	ation required to be reported by
	of April	ne, by the said <u>Maria</u> <u>H. Sounchez. Se</u> , 20 <u>15</u> , to certify which, witness my ha	
Dyana P	nietering nach	Dyana Perez	Paralegal
Signature of officer admir	nistering oath	Printed name of officer administering oath	tle of officer administering oath

<b>POLITICAL</b>	<b>CONTRIBUTI</b>	ONS
OTHER THA	AN PLEDGES	OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete the	s form. 2015 A	1 Total pages Sch	edule A: 나 니니
PILER NAME	Maria Nayela Sanche		3 ACCOUNT # (E	thics Commission Filers)
3/25/15	5 Full name of contributor out-of-state PAC(10): Saunder		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-910	6 Contributor address; City; State; ZIp Code  11148 Leo CollinS	Dr.	50.00	
Principal occu	pation / Job title (See Instructions)	10 Employer (See	2.020	of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (ID#:	ntingo	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/15	Contributor address; City; State; Zip Code 12616 Sun Temace	A & .	50.00	
Principal occup	pation/Job title (See Instructions) Sist Phore	38 Employer (See,	(if travel outside of	of Texas, complete Schedule T)
Date	Full name of contributor	)	Amount of	In-kind contribution
3/31/15	CONGL AUGUSTAUN Contributor address; City, State; Zip Code		contribution (\$)	description (if applicable)
Principal codu	police / Job title (Condectwesting)	E	·	of Texas, complete Schedule T)
Educat	pation / Job title (See Instructions) OV, SCNOOL YOU CLOSE	Employer (See	)	
Bate 3/15	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
	El Paso TX 79925	5	(If travel outside o	8 Valag II , Made in EUNITE COPY Pa IT Texas, complete Schedule T
Principal occup	pation / Job title (See Instructions)	Employer (See I	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 o	of Texas, complete Schedule T)

PLEDG	SED CONTRIBUTIONS			SCHEDULE <b>B</b>
The	Instruction Guide explains how to complete thi	is form. 2015	1 Total pages Sch HPR Q PM	
2 FILER NAME	:			thics Commission Filers)
<b>4</b> TOT/	AL OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC(ID#: 7 Pledgor address; City; State; Zip Code		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See I	·!	Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of	In-kind description
	Pledgor address; City; State; Zip Code	,	pledge (\$)	(if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	,			
Date	Full name of pledgor out-of-state PAC(ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Fuil name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
	Pledgor address; City; State; Zip Code	•	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
<u>lf</u> c	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see instr			requirements.

Texas Ethics Commis	ssion P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-298
LOANS				SCHEDULE E
The	Instruction Guide explains how to	complete this form.		ges Schedule E:
	· · · · · · · · · · · · · · · · · · ·		2015 APR 9	PM 4 44
7 FILER NAME			3 ACCOUN	NT # (Ethics Commission Filers)
4 TOT <i>A</i>	AL OF UNITEMIZED LOANS:	\$ \$ \$ <b>\$</b>	⇒ ⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; Sta	ite; Zip Code		10 Interest rate
Y N			<u> -</u>	11 Maturity date
2 Principal occupati	lon / Job title (See Instructions)	13 Employer (See Ins	utructions)	- 14-16-
4 Description of Col	lateral	15 Check if personal f	unds were deposited	into political account
none				
6 GUARANTOR INFORMATION	17 Name of guarantor		,	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City	y; State; Zip Code		
Principal Occupat	ion (See Instructions)	21 Employer (See Ins	tructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; Sta	tte; Zip Code		Interest rate
Y N		•		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Inst	ructions)	
Description of Colla	ateral	Check if personal fu	nds were deposited in	nto political account
none			•	
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City	/; State; Zip Code		
Principal Occupati	ion (See Instructions)	Employer (See Instr	uctions)	

Texas Ethics Commission

POLITICAL	EXPENDITURES		SCHE	DULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salar Legal Services Solic Food/Beverage Expense Trave Polling Expense Trave	EGORIES FOR BOX & ries/Wages/Contract Labor itation/Fundralsing to perfect the labor itation of the labor italians how to complete this	Loan Repayment/Reimpursem Liansportation Equipment & Re Contributions/Donations Made Candidate/Officeholder/Poli OTHER (enter a category not le	elated Expense By tical Committee
1 Total pages Schedule F:	2 FILER NAME	·	3 ACCOUNT # (Ethics Co	ommission Filers)
4 Date	5 Payee name			10
6 Amount (\$)	7 Payee address; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this		tion (If travel outside of Texas, complete Si ck if Austin, TX, officeholder living expens	·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ought Offic	e held
Date	Payee name			
Amount (\$)	Payee address; Clty; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		tion (If travel cutside of Texas, complete Si ck if Austin, TX, officeholder living expens	·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ought Offic	e held
Date	Payee name			
Amount (\$)	Payee address; City; State; 2	Zip Code		
PURPOSE OF	Category (See categories listed at the top of this	schedule) Descrip	tion {If travel outside of Texas, complete S	chedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ck if Austin, TX, officeholder living expen	e held
Date	Payee name			,
Amount (\$)	Payee address; City; State;	Zip Code		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this		otton (If travel outside of Texas, complete S ck if Austin, TX, officeholder living expen	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office so	ought Office	e held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED	

Austin, Texas 78711-2070

(TDD 1-800-735-2989)

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Othligothable Solicitation/Fundralsing Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

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

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	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 ⊤)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	·	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; Clty; State; Zlp 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

I O A BOSIN	less of C/on			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salarie Legal Services Solicita Food/Beverage Expense Travel Polling Expense Travel	CORIES FOR BOX 8(a)  //Wages/Contract Labor   Complete this form.  //Wages/Contract Labor   Complete this form.		
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zij	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			
9 Complete ONLY if direct expenditure to benefit G/C	Candidate / Officeholder name PH	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 sch	dule)  Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name bH	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 sch	Description (If travel outside of Texas, complete Schedule T)		
Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name OH	Check if Austin, TX, officeholder living expense  Office sought Office held		
Date	Business name			
Amount (\$)	Business address; Clty; State; Zip	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED		

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

•	$\sim$	ш	Ε	n	11			
-	•		_	_		_	-	

JP19/4-21-0-1-0-1	The Instruction Guide explains how	w to complete this form
	The Instruction Guide explains how	3 ACCOUNT # (Ethics Commission Filers)
1 Total pages Schedule I	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (Sae 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

P.O. Box 12070

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Э	u	п	ㄷ	v	u	ᆫ		n

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	к: РМ 4 45	
FILER NAI	ME	3 ACCOUNT # (Ethics	<del></del>	
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			

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURI FOR TRAVEL OUTSIDE OF TEXAS	SCHEDULE <b>T</b>							
The Instruction Guide explains how to complete this form. 2015 APR S	pages Schedule T:							
2 FILER NAME 3 ACCO	UNT # (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	(Ana.							
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 oti	ner event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expenditure reported on:	, 4.44							
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	ner event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

Austin, Texas 78711-2070

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

FORM C/OH - FR

	The Instruction Guide explains how to  Complete only if "Report Type" on page 1 i	complete this form. is marked][FinalRepgrt" РП Ц ЦБ
C/Ol	I NAME	2 ACCOUNT # (Ethics Commission Filer
SIGI	NATURE	
repor	ot expect any further political contributions or political expenditures in conn t as a final report terminates my campaign treasurer appointment. I also und lke any campaign expenditures without a campaign treasurer appointment o	derstand that I may not accept any campaign contribution
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER  mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	eck only one:	
	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn not convert unexpended political contributions or unexpended interest or unexpended interest of unexpended interest of unexpended interest of unexpended interest of unexpended interest or unexpended interest of unexpended interest of unexpended interest or unexpended intere	or income earned on political contributions to personal
	contributions or unexpended interest or income earned on political correport. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of	cal contributions and unexpended interest or income
В.	contributions or unexpended interest or income earned on political or report. Further, I understand that I must dispose of unexpended politi	ontributions longer than six years after filing this final cal contributions and unexpended interest or income
	contributions or unexpended interest or income earned on political or report. Further, I understand that I must dispose of unexpended political carned on political contributions in accordance with the requirements of	ontributions longer than six years after filing this final cal contributions and unexpended interest or income
	contributions or unexpended interest or income earned on political correport. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of ASSETS	ontributions longer than six years after filing this final cal contributions and unexpended interest or income Election Code, § 254.204.
	contributions or unexpended interest or income earned on political or report. Further, I understand that I must dispose of unexpended political carned on political contributions in accordance with the requirements of ASSETS  eck only one:	ontributions longer than six years after filing this final cal contributions and unexpended interest or income Election Code, § 254.204.  or other income from political contributions.  er income from political contributions. I understand that to other income from political contributions to personal
	contributions or unexpended interest or income earned on political coreport. Further, I understand that I must dispose of unexpended political corner and on political contributions in accordance with the requirements of ASSETS  eck only one:  I do not retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions.	ontributions longer than six years after filing this final cal contributions and unexpended interest or income Election Code, § 254.204.  or other income from political contributions.  er income from political contributions. I understand that to other income from political contributions to personal
Ch	contributions or unexpended interest or income earned on political coreport. Further, I understand that I must dispose of unexpended political corner and on political contributions in accordance with the requirements of ASSETS  eck only one:  I do not retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions or interest use. I also understand that I must dispose of assets purchased with political contributions.	ontributions longer than six years after filing this final cal contributions and unexpended interest or income Election Code, § 254.204.  For other income from political contributions.  For income from political contributions. I understand that it or other income from political contributions to personal litical contributions in accordance with the requirements

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OAMITAIG	N FINANCE REPORT	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission)	APR 222 HI 11 08
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  ANDRES  NICKNAME LAST SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS / POBOX; APT/SUITE#; CITY; STATE; ZIP CODE  7109 ORIZABA EL PASO, TA 79912	Hon 16 2015 8
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 227-6416	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI A ~ DRES  NICKNAME LAST SUFFIX  M V RO	Date Imaged A120115
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY: STATE;  7109 ORIZABA EL PASO,	zip CODE T+ 79912
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 227-6416	
REPORT TYPE	July 15 Sth day before election Runoff  But 15 Sth day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH 4 - 8	y Year - 15
I ELECTION	Month Day Year ELECTION TYPE  Primary Runoff	General Special
2 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If known)  EPISD  TRUSTEE	Board of S District 7
	GO TO PAGE 2	, , , , , , , , , , , , , , , , , , , ,

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

14 C/OH NAME	ANDRES	Muro 15 A	CCOUNT # (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			
additional pages	:	COMMITTEE CAMPAIGN TREASURER NAME  N  COMMITTEE CAMPAIGN TREASURER ADDRESS  N  N			
17 CONTRIBUTION TOTALS	1, TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &		
EXPENDITURE TOTALS	\$ &				
	4. TOTAL	POLITICAL EXPENDITURES	\$ \\		
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PRTING PERIOD	\$ 0		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$		
MY CO	RA M. JAURRIETA MMISSION EXPIRES Aarch 12, 2016	I swear, or affirm, under penalty of perjuis true and correct and includes all information me under Title 15/ Election, Code.  Signature of Candidate	mation required to be reported by		
Sworn to and subsection day Signature of officer admin	of April	Saura M. Jaurriota	, this the		

	TE / OFFICEHOLDER N FINANCE REPORT	9815 0	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # £013 FH (Ethics Commission Filers)	2 Total pages filed; 1. U8
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  // // // // // // // // // // // // //	MI K. SUFFIX	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1532 Cherokee Kra	,	Unit 20
change of address  5 CANDIDATE/ OFFICEHOLDER PHONE	ET Paso, TX 7  AREA CODE PHONE NUMBER  (915) Z74. 2990	79912 EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mrs. Margrita  NICKNAME LAST  Margie Yetter	MI 	Date Imaged 4123115 90
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;  6812 Marble Care	city; state; Jon, El Paso,	ZIP CODE 74912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581-1622 415 479-0910	EXTENSION	
9 REPORT TYPE	January 15  30th day before election  Bth day before election	Runoff  Exceeded \$500 [Imit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 8	Year 2015
I1 ELECTION	Month Day Year ELECTION TYPE  9 15 Primary	Runoif G	aneral Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IFKNOWN)  Board of	Trustee #6
	GO TO PAGE	2	

# CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH

			· THIS ENGINEET TO Z				
14 C/OH NAME //	ent Ke	y tatch	15 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAUDITATE OFFICEHOLDER. THESE EXPENDITURES MADE WITHOUT THE CAUDITATE MADE BY POLITICAL COMMITTEES TO SUPPORT THE						
	COMMITTEE TYPE	AMITTEE TYPE COMMITTEE NAME					
	GENERAL SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		·.					
17 CONTRIBUTION TOTALS	1, TOTAL F	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N 8 0.9				
· · · · · · · · · · · · · · · · · · ·	2, TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,800.00				
EXPENDITURE TOTALS	3. TOTAL P						
	4. TOTAL	POLITICAL EXPENDITURES	\$ 72486				
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ( RTING PERIOD	SAY \$ 5076. "=				
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T ? OF THE REPORTING PERIOD	\$ 5076. °C				
18 AFFIDAVIT							
Nota	DIANA HOLGUIN ry Public, State of y Commission Exp June 16, 2015	Texas ires	perjury, that the accompanying report Information required to be reported by Information required by Information required by Information required by Information required by I				
AFFIX NOTARY STAMP	/ SEAL ABOVE						
Sworn to and subso		e, by the said Trent K. Hatch	, this the				
(A) Wh		Diana Holquin	iy nand and seal of office.				
signature of officer admini	stering oath	Printed name of officer administering oath	Title of officer administering oath				

TOXAS ETTICS CO	Austin,	Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
POLIT	ICAL CONTRIBUTIONS			
OTHER	R THAN PLEDGES OR LO	ANS		SCHEDULE A
		2015	APR 22 AM 1	
Th	e Instruction Guide explains how to complete		1 Total pages Sch	
		this form.	Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	+ Itateli			
4 Date	5 Full name of contributor Out-of-state PAC(III	D#:)	7 Amount of	8 In-kind contribution
1/3//15	Jett ! Sandy Cole		contribution (\$)	description (if applicable)
-/5//15	deft : Sancly Lele  6 Contributor address; City; State; Zip Co	ode .	150.00	
	847 Pulce En Paso,	TX 799/2	/ 50 /	
	Tierra	, .	1	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	(If travel outside of	f Texas, complete Schedule T)
Eigine	, -	Hunt c	Prp	
Date	Full name of contributor  out-of-state PAC (IC	#	Amount of	In-kind contribution
	Carl Russell		contribution (\$)	description (if applicable)
3/31/15	S47 Pulce El Paso,	de	- 40	
• ,	847 Pulce E, Pi	7× 799/2	500.	
	Terra Ci vuse,		<b></b>	
Principal occup	pation / Job title (See Instructions)	Employer (See !	nstructions)	Texas, complete Schedule T)
Date		self en	playees	
- 4.0	Full name of contributor out-of-state PAC (ID    Corr   Marphy   Contributor address; City; State; Zip Coc	#:)	Amount of sontribution (\$)	In-kind contribution
-11	Contributor address: Ohn on a		55/14/5446// (\$)	description (if applicable)
3/31/15	29 Green ET Pase 7	Se .	500.00	
· /	29 Green ET Pase, 7	× 79932		
Principal occur			(If travel outside of	Texas, complete Schedule T)
Proside	valion / Job title (See Instructions)	Employer (See In	structions)	oxact complete Scheddle ()
Date	Full name of contributor U out-of-state PAC (ID#	FIC		
	Pobert whether		Amount of contribution (\$)	In-kind contribution description (if applicable)
13//15	Contributor address: City; State; Zip Code			and prior (it applicable)
	, , , ,		500,00	
	6556 Lus pueblos ET Paso, The	79912	j 1	
Principal occupa	ation / Job title (See Instructions)		(If travel outside of T	exas, complete Schedule T)
bittepri	maev. ovner	Employer (See in	structions)	
Date	Full name of contributor   out-of-state PAC (ID#:	1001, 011 pc		
, }	Inaquin lozuno/susette	Locano	Amount of contribution (\$)	In-kind contribution description (if applicable)
131/15	Contributor address; City: State: Zip Code		ا داد	
//	Contributor address: - City: State: Zip Gode  5607 Westside Peso, Ty	79682	400.	
	Or or best 12	1,000	j ļ	
Principal occupa	ition / Job title (See Instructions)	Employer (9	(If travel outside of Te	exas, complete Schedule T)
101.		Employer (See Ins	ou ucuons i	
	-			
If co	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE A	S NEEDED	
	ntributor is out-of-state PAC, please_see-instr	uetion-guide foraddit	ional reporting req	uirements.

	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOA		<del>₹ 22 - A</del> M 11	SCHEDULE A
Ti	ne instruction Guide explains how to complete th		1 Total pages Sc	hedule A:
2 FILER NAM		10 101111		4
Tren	+ Hatel		3 ACCOUNT # (	Elhics 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)
3/31/15	6 Contributor address; City; State; Zip Code	÷ .	250.00	
	4765 Jista Morter Paso, T.	× 79922	/If traval autains	1
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	of Texas, complete Schedule T)
Date	Y-/	Self emplo	year	
	Full name of contributor out-of-state PAC (ID):  Oce Many & Many	mist	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/3//15	Contributor address; City; State; Zip Code	en e	750.00	
	Er Paro, TX	799		
Principal occu	pation / Job title (See Instructions)	Employer (See i	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC/ID#-			
	Filen Fern O	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
3/31/15	Contributor address: City: State: Zip Code 6313 From Fin Desert 7991		200,00	description (it applicable)
		2	(If traval outside	
Entrep.	pation / Job title (See Instructions)	Employer (See in	istructions)	f Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#:	ouner		
2/2/	Margie Yetter Bruce	getter	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	•	Tx 799/2	201.00	
	Marble Lagren	.//2	İ	
Principal occup	pation / Job title (See Instructions)  1 4 - Sky at home mon	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributes 57		A	
, ,	Chandra Edwards Tothenchian	7	Amount of contribution (\$)	in-kind contribution description (if applicable)
3/31/15	Chandra Edwards Estingion Contributor address; City; State; Zip Code 8804 S. Desert Blvd		100,00	
	AnThung TX 79821		1	,
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins	yructions)	Texas, complete Schedule T)
		vetg vild		
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If co	entributor is out-of-state PAC, please see Instruc	tion-guide-foraddit	S NEEDED  onal_reporting	
			reporting re	equirements,

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
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2 FILER NAMI	F Hate L  5 Full name of contributor □ out-of-state PAC (ID#:		3 ACCOUNT # (I	Ethics Commission Filers)
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/31/15	6 Contributor address: City: State: Zip Code 1104 Esplechide El Pase Tr	c 74912	200,00	 
· · · · · · · · · · · · · · · · · · ·	upation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
Manage	•	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
,	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
3/31/15	Contributor address: City; State; Zip Code 676 Natolicio La G Rose,		500,00	<u> </u> 
	to paso,	TX 79912		
Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	of Texas, complete Schedule T)
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	Carl Daniel Contributor address; City; State; Zip Code 305 Lecon ST		500	  -
	ET MSO, 1X	79901	(If traval autaids	of Texas, complete Schedule T)
Principal occu معامر O	pation / Job title (See Instructions)	Employer (See	nstructions)	i lexas, complete Schedule 1)
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	Contributor address; City; State; Zip Code	79912	100.00	
Principal occup	pation / Job title (See Instructions)  Thurk Mother	Employer (See I	(if travel outside on nstructions)	( Texas, complete Schedule T)
Date				
• ( /	Full name of contributor out-of-state PAC (ID#:_	J	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/31/15	Contributor address: City; State; Zip Code	• • • •	750,00	
	1150 South view ET Paso, TX	79128		
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	Texas, complete Schedule T)
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If c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please_see_instru	F THIS SCHEDULE	AS NEEDED	·
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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA			SCHEDULE A
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2 FILER NAME	rit Hetel		3 ACCOUNT # (I	Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC(ID#:_  GANCT Hard  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9,1,1,2	6 Contributor address; City; State; Zip Code	•	100.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	nstructions)	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC(ID#:			
212.1	Full name of contributor Out-of-state PAC(ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	Constitutor address: City; State; Zip Code  6576 USL Del Rey  Fill Rese Tec 2006		100.00	
Principal occur	pation / Job title (See Instructions)		(If travel outside of	of Texas, complete Schedule T)
	outloan to build (See Histractions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside o	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	
	Contributor address; City; State; Zip Code		contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		   	
Principal occupa	ation / Job title (See instructions)	Employer (See Ins	(If travel outside of	Texas, complete Schedule T)
lf co	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please-see-instruc	THIS SCHEDULE A	CUEE	equirements.

Texas Ethics Comr	mission	P.O. Box 12070	Austin, Texas 78711-207		2) 463-5800	(TDD 1-800-735-2
LOANS			2010	000 00		SCHEDULE F
V			2015	HPR 22	AM 11 0	9
Th	he Instruction	Guide explains ho	ow to complete this form.		1 Total page	s Schedule E:
2 FILER NAME			· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT	# (Ethics Commission File
Trent	- Harte	24				( - mos ostaniosion File
	TAL OF UNI	ITEMIZED LOAI	NS: ⇔ ⇔ ⇔	<b>⇔</b>	⇒ \$	
Date of loan		oflender	out-of-state PAC (ID#:			Loan Amount (\$)
	100	nt Itate	4	•	i	3000. 00
ls lender a financial Institution?	İ	address; City;	State; Zip Code		, . <del></del>	Interest rate
Y (P)	1332	Cherokee	e proje		11	Maturity date
Y (N)  2 Principal occupat	tion / lab titl	E1	Paso Tx 70	9912		waterity date
Sala A	tion / Job title	(440 11000000115)	13 Employer (Sec	Instructions	)	
Sale A Description of Col	Metaral	rles	Fac			
none	and to an		15 Check if person	nal funds wer	e deposited into	political account
GUARANTOR INFORMATION	17 Name of	, , , , ,	,	······································	19	Amount Guaranteed (\$
INFORMATION  not applicable	18 Guaranto 1532	or address; character	City: State: 75-0			Amount Guaranteed (\$
INFORMATION  not applicable  Principal Occupati	18 Guaranto 1532	or address; character	<del>/</del>	,,,Tx		Amount Guaranteed (\$,
INFORMATION  Inot applicable  Principal Occupation	18 Guaranto	or address; - Cherches ctions)	City; State; Zip Code  Lock Et Ma  21 Employer (See	,,,Tx	7992 3	3000. 2
INFORMATION  Inot applicable  Principal Occupati	18 Guaranto 1532 tion (See Instru	or address; - Cherches ctions)	City; State; Zip Code	,,,Tx	7992 3	
not applicable  Principal Occupati	18 Guarante 1532 ion (See Instru	or address;  - Charches ctions)	City; State; Zip Code  Lock Et Ma  21 Employer (See	), 30,74	7994 3	3000. 2
Principal Occupati  Salu  Date of loan  s lender a financial institution?	18 Guarante 1532 ion (See Instru	or address;  Charakes  ctions)	City; State; Zip Code  City; State; Zip Code  Co	), 30,74	7992 3	3000. D
Principal Occupati Solution  Date of loan  s lender a financial institution?	18 Guaranto 153 2 tion (See Instru Mgr. Name of In	or address;  Charakes  ctions)  ender	City; State; Zip Code  21 Employer (See  ECC  Out-of-state PAC (ID#:	Instructions)	7992 3	oan Amount (\$)
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Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2015 APR 22 AM 11 09 SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legai Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide  EXPENDITURE CATEGORIES FOR BOX 8(a)  Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule G:	2 FILER NAME Trant Heate L  3 ACCOUNT # (Ethics Commission Filers)
4 Date 4.6-15	Celestial Printing
Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  23/7 MIUSouri Et Pass, TX 79903
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)  Advertising Expenses  Check if Austin, TX, officeholder living expense
3 · 3/ · / 5	Payee name  Ansen //
Amount (\$) 591.64	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	303 Oregon & Pose, TX.
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Event Expenses
	Check If Austin, TX, officeholder living expense
3 - 3/-/5	Payee name Fed - Ex
Amount (\$) 75.00	Payee address: City; State; Zip Code
Reimbursement from political contributions intended	Mesa, ST EI Paso TK 79906
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Taxas, complete Schedule T)
	Advertising Expenses Check if Austin, TX, officeholder living expense
Date	Payee name
Amount (\$)	Payee address; City; State; Zlp 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

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			OOVER ONCE !! O	
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	MI D. SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Marton  ADDRESS / POBOX: APT/SUITE#: CITY:  129 Serrania d.R. El Pa	STATE: ZIP CODE	Date Hand-delivered or Postmarked	2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 241-5448	EXTENSION	Receipt # Amount  Date Processed	
6 CAMPAIGN TREASURER NAME	MS (MRS)/MR FIRST  TIFFAMY  NICKNAME LAST  Extering	MI SUFFIX	Date Imaged ,	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT/SUITE#;	CITY: STATE; Ellaso TX	7991Z'	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (575) 496-6039	EXTENSION		
9 REPORT TYPE	January 15  30th day before election  July 15  8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Allach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 - 9 -	Year .	
11 ELECTION	ELECTION DATE Month Day Year Primary  The second of the se	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IFKNOWN)  SChool Boar  Digth		-
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## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

	G I O I AL	.9	OOVER ONCE ITO Z
14 C/OH NAME	To they	Marton	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS AGCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHÖLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	29
	GENERAL		and the second of the second o
	SPECIFIC	COMMITTEE ADDRESS	2h 9I
		COMMITTEE CAMPAIGN TREASURER NAME	12
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$528,
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT		1 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	
	ELIZABETH C MY COMMISSIC September	ARRASCO NEXPIRES is true and correct and includes al	of perjury, that the accompanying report
		Signature of Can	ndidate or Officeholder
AFFIX NOTARY STAMI		) I	
Sworn to and subs	scribed before in $A_{m{\theta}}$	me, by the said 1 mothy Wa	my hand and seal of office
9 Lyante	0	as Elnabeth Carrosco	Motarillas Mer
Signalure of officer admir	istering oath	Printed name of officer administering oath	Title of officer administering oath

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

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fit Food/Beverage Expense Travel In Dis Polling Expense Travel Out O	f District Candidate/Officeholder/Political Committee ead/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Tomogray D. Martin	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
3-6-15	Lady Phi Wang  7 Payee address; City; State; Zip Code	
6 Amount (\$)  9 503. 44  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code QO. BOX 8429 & Seminale,	F1, 3322S
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	April 18mg	Check if Austin, TX, officeholder living expense
		<del>u</del> <del>u</del>
3-(1-15	Regulation Newscreets	
Amount (\$) 2 \$. Reimbursement from political contributions intended	Payee address; City; State; Zip Cod El Raso, TX,	and the second
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Taxas, complete Schedule T)  Augtin Foll Food Follows
EXPENDITURE	Event Expuse	Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Cod	е
Reimbursement from political contributions intended		·
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Cod	е
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 T	HIS SCHEDULE AS NEEDED

<b>CANDIDATE</b>	1	OFF	ICE	HC	LD	ER
CAMPAIGN	FI	NAN	CE	RE	PO	RT

### FORM C/OH COVER SHEET PG 1

			OOTER OHEELT O
The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  M. Isent  NICKNAME LAST  Hatch	MI E SUFFIX	OFFICE USE ONLY  Date Reconst ECEIVED  APR 13 2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CITY:  1532 Cherokee Rich El Paso, TX  AREA CODE PHONE NUMBER  (915) 274.2990		Texas Ethics Commission  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mrs. Margrita  NICKNAME LAST  Margie Yetter	MI 	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  6812 Marble Can	yon, Es Paso	ZIPCODE 79912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581-1622 415 479-0910	EXTENSION	Company Compan
9 REPORT TYPE	January 15  30th day before election  Bth day before election	Runoff  Exceeded \$500 Ilmit	15th day after campaign treasurer appointment (officeholderohly) Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 B	Year 2015
I1 ELECTION	Month Day Year ELECTION DATE  9 15 Primary	Runoff	General Special
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)  Board of	Trustee #6
	GO TO PAG	E2	

5/115 EC)

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

SUPPORT	& IUIAL	_5	COVER SHEET PG 2	
14 C/OH NAME	ent Ke	LY THIOU	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	A CAMPIDATE LOFFICE	NEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OF DEFICENCY OF DE PROVIDENCE	
	COMMITTEE TYPE	COMMITTEE NAME	water f	
	GENERAL		<b>f</b> acereds	
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>	
additional pages		SAME AND THEASUREN NAME	~	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,800. 00 \$ 724.86	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ 724.86	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 724.86	
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18 AFFIDAVIT				
Nota	DIANA HOLGUIN ry Public, State of / Commission Exp June 16, 2015	is true and correct and includes all in me under Title 15, Election Code.  Texas ires	perjury, that the accompanying report information required to be reported by	
			date or Officeholder	
AFFIX NOTARY STAMP	/ SEAL ABOVE			
	ribed before m	e, by the said TRENT K, HATCH	, this the	
acul	ph	) Diana Holquin	Notow	
signature of officer adminis	ering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL	. CONTRIBUTIONS
OTHER TH	AN PLEDGES OR LOANS

#### SCHEDULE A

I ne Instruct	tion Guide explains how to complete th	nis form.	1 Total pages Sch	nedule A:
2 FILER NAME				
Trent	Hatch		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5 Full	riame of contributor out-of-state PAC (ID#)  ff (Sancly Celle  ntributor address; City; State; Zip Cod		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
6 Cor	ntributor address; City; State; Zip Cod	e 709/2	150.00	 
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3/31/15 29 Cont	name of contributor out-of-state PAC (ID#:  "I Murphy  Iributor address; City; State; Zip Code  Green  Cove ET Pase, T	× 79932	500.00	
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### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	e Instruction Guide explains how to complete	this form.	1 Total pages Sci	nedule A:
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3/31/15	6 Contributor address; City; State; Zip Co. 4765 Jista Montes Paso,	ode	250,00	 
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3//15			750.00	<b>l</b>
	Er Paro, T.	× 199		
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131/15	Contributor address: City; State; Zip Co. 6313 Pray Elim Deset 1799	de	Zeo. (\$)	description (if applicable
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Entrep	pation / Job title (See Instructions)	Employer (Se	e Instructions)	Create Junes Create
Date	Full name of contributor   out-of-state PAC (ID)  Margie   Getter   BM  Contributor address; City; State; Zip Coc	ue yester	Amount of contribution (\$)	kind contribution description (if applicable
131/15	Contributor address; City; State; Zip Coo	le	200.00	<u> </u>
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	Chandra Edwards Zothingle	wy	) Amount of contribution (\$)	In-kind contribution description (if applicable
3/31/15	Chandra Edward Lithingle Contributor address; City; State; Zip Cod BBO4 S. Desert Blvd An Thung TX 79821	<b>e</b>	100.00	
	AnThony TX 79821		(If travel outside of	Texas, complete Schedule T)
rincipal occup Wane	ation / Job title (See Instructions)	Employer, (See	Instructions)	revas, complete Schedule T)

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

i	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE <b>A</b>
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Trent	Hatel		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/31/15	6 Contributor address; City; State; Zip Code 1104 Eagle Page 174	: 79912	200.00	 
		1		of Texas, complete Schedule T)
Manage Manage	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
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Stery a	t home Mother	Employer (See In	nstructions)	Marayan Archanda Andrea Marayan Marayan
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	Otaley John Contributor address; City; State; Zip Code		750,00	-3
	1150 South view ET Paso, TX	74128		i
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of	f Texas, complete Schedule T)
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B .	CAL CONTRIBUTIONS  THAN PLEDGES OR LOAI	NS		SCHEDULE A
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2 FILER NAME	IT HORL		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
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0 Principal accurate	Les, C.			of Texas, complete Schedule T)
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Date	Full name of contributor   out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/15	Contributor address; City; State; Zip Code  6516 Isk Out Ray  El Rese Tre ZGG12		100,00	
Principal occu	pation / Job title (See instructions)	Employer (See I		of Texas, complete Schedule T)
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Principal occur	Contributor address; Cily; State; Zip Code pation / Job title (See Instructions)	Employer (See l		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (D#:		Amount of contribution (\$)	In kind contribution description (if applicable)
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Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside on tractions)	f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		     	7
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of ostructions)	f Texas, complete Schedule T)
If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru	THIS SCHEDULE A	AS NEEDED tional reporting r	equirements,

	mission P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-580	00 (TDD 1-800-735-;
LOANS				SCHEDULE E
T.	he Instruction Guide explains how	to complete this form.	1 Total p	pages Schedule E:
2 FILER NAME	<del> </del>			/
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TO1	TAL OF UNITEMIZED LOANS	3: \$\dip \dip \dip \dip \dip \dip \dip \dip	· 🖒	\$
Date of loan	7 Name of lender	out-of-slate PAC (ID#:		9 Loan Amount (\$)
1-10-15	I rent /tate	7		3000. W
is lender a financial Institution?	8 Lender address; City; s	tate; Zip Code		10 Interest rate
Y (3)	E	Paso Tx 79912	2	11 Maturity date
Principal occupa	(accomoractions)	13 Employer (See Instructi	ons)	<u> </u>
Description of Co	Mar-Sules	Flac		
none	Dileteral	15 Check if personal funds	were deposited	into political account
GUARANTOR INFORMATION	17 Name of guarantor Trant Hele	_		19 Amount Guaranteed (\$
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not applicable	18 Guarantor address; Cit		Y 7994	3000. 2
	18 Guarantor address Cit			3000. 2
Principal Occupat	18 Guarantor address; Cit	State; Zip Code  Page & Paso, 7  21 Employer (See instruction		3000. P
Principal Occupat  SUL  Date of loan	18 Guarantor address; Cit  1532 Cherofics  tion (See Instructions)  Mgr.	y; State; Zip Code  Page & Paso, T  21 Employer (See instruction		Loan Amount (\$)
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Principal Occupat  SUL  Date of loan  Is lender a financial Institution?	18 Guarantor address; Cit  1532 Cherofics  tion (See Instructions)  May.  Name of lender	y; State; Zip Code  Page & Paso, Ti  21 Employer (See instruction  Cout-of-state PAC (ID#:		Loan Amount (\$)
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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of Printing Expense Office Overhea The Instruction Guide explains how	### Contract Labor draising Expense ct
1 Total pages Schedule G:	Trait Hatel	3 ACCOUNT # (Ethics Commission Filers).
4 Date 4.6.15	5 Payee name Celestial Printing	
6 Amount (\$) 58./7  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 23/7 MISSocri El	Pes, Tx 79903
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising typesses	(b) Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense
3·3/-/5	Payee name Ans.com //	
Amount (\$) 591.64  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	250, TX.
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Gent Expenses	Description (If travel outside of Texas, complete Schedule T)
Date 3-3/-/5	Payee name Fed - Ex	Check if Austin, TX, officeholder living expense
Amount (\$) 75.00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  Mesa, ST El Pas	w TK 79906
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advents sing Expenses	Description (If travel outside of Texas, confide Schedule T)  Check if Austin, TX, officeholder living texpense
Date	Payee name	- Franch
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	Journal Land
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
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<b>CANDIDATE</b>	1	OFF	ICE	HC	LD	ER
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### FORM C/OH COVER SHEET PG 1

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The C/OH Instruction	Gulde explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  M. Isent  NICKNAME LAST  Hatch	MI E SUFFIX	OFFICE USE ONLY  Date Reconst ECEIVED  APR 13 2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CITY:  1532 Cherokee Rich El Paso, TX  AREA CODE PHONE NUMBER  (915) 274.2990		Texas Ethics Commission  Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Mrs. Margrita  NICKNAME LAST  Margie Yetter	MI 	Date imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;  6812 Marble Can	yon, Es Paso	ZIPCODE 79912
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581-1622 415 479-0910	EXTENSION	Company Compan
9 REPORT TYPE	January 15  30th day before election  Bth day before election	Runoff  Exceeded \$500 Ilmit	15th day after campaign treasurer appointment (officeholderohly) Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day 4 B	Year 2015
I1 ELECTION	Month Day Year ELECTION DATE  9 15 Primary	Runoff	General Special
2 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known)  Board of	Trustee #6
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### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

SUPPORT	& IUIAL	_5	COVER SHEET PG 2
14 C/OH NAME	ent Ke	LY THIOU	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	A CAMPIDATE LOFFICE	NEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OF DEFICENCY OF DE PROVIDENCE
	COMMITTEE TYPE	COMMITTEE NAME	water f
	GENERAL		<b>f</b> acereds
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>
additional pages		SAME AND THEASUREN NAME	~
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,800. 00 \$ 724.86
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ 724.86
	4. TOTAL	POLITICAL EXPENDITURES	\$ 724.86
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OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	# \$ 3000, CD
18 AFFIDAVIT			
Nota	DIANA HOLGUIN ry Public, State of / Commission Exp June 16, 2015	is true and correct and includes all in me under Title 15, Election Code.  Texas ires	perjury, that the accompanying report information required to be reported by
			date or Officeholder
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acul	ph	) Diana Holquin	Notow
signature of officer adminis	ering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL	. CONTRIBUTIONS
OTHER TH	AN PLEDGES OR LOANS

#### SCHEDULE A

I ne Instruct	tion Guide explains how to complete th	nis form.	1 Total pages Sch	nedule A:
2 FILER NAME				
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4 Date 5 Full	riame of contributor out-of-state PAC (ID#)  ff (Sancly Celle  ntributor address; City; State; Zip Cod		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
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3/31/15 Con 847	tributor address: City: State: Zip Code  Pulce E, Rass, 7	7× 799/2	500.00	
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### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	e Instruction Guide explains how to complete	this form.	1 Total pages Sci	nedule A:
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Date	5 Full name of contributor	D#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
3/31/15	6 Contributor address; City; State; Zip Co. 4765 Jista Montes Paso,	ode	250,00	 
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RAdol	gy - owner	10 Employer (Se Self emp		
Date	Full name of contributor out-of-state PAC(III)  Dec Mary Mary  Contributor address; City: State; Zip Co	Trust	Amount of contribution (\$)	In-kind contribution description (if applicable
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Principal occu	pation / Job title (See Instructions)	Employer (Se	(if travel outside of the instructions)	of Texas, complete Schedule T)
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			(If travel outside o	of Texas, complete Schedule T)
Entrep	pation / Job title (See Instructions)	Employer (Se	e Instructions)	Create Junes Create
Date	Full name of contributor   out-of-state PAC (ID)  Margie   Getter   BM  Contributor address; City; State; Zip Coc	ue yester	Amount of contribution (\$)	kind contribution description (if applicable
131/15	Contributor address; City; State; Zip Coo	le	200.00	<u> </u>
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3/31/15	Chandra Edward Lithingle Contributor address; City; State; Zip Cod BBO4 S. Desert Blvd An Thung TX 79821	<b>e</b>	100.00	
	AnThony TX 79821		(If travel outside of	Texas, complete Schedule T)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

i	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A
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2 FILER NAME Trent	Hatel		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#_	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/31/15	6 Contributor address; City; State; Zip Code 1104 Eagle Page El Page Ty	: 79912	200.00	 
		,		of Texas, complete Schedule T)
Manage Manage	pation / 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)
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, ,	676 Natolicio La E Pose,	TX 79912	(NE home of a solution	
Principal occupation / Job title (See Instructions) Employer (See I		(If travel outside of Texas, complete Schedule T)		
Ome		Enterpresso		
Date	Full name of contributor _ out-of-state FAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/15	Carl baniel Contributor address; City; State; Zip Code 305 Leun 8+		500	 
	El Mso, TX	79901	(If travel outside o	i of Texas, complete Schedule T)
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Principal name	and and the title to a least of		(If travel outside o	f Texas, complete Schedule T)
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3/31/15	States John Contributor address; City; State; Zip Code		750,00	-3
	1150 South view ET Paso, TX	79128		i
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	(If travel outside of	f Texas, complete Schedule T)
oven		dobe Co		

B .	CAL CONTRIBUTIONS  THAN PLEDGES OR LOAI	NS		SCHEDULE A	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME	or Hotel		3 ACCOUNT# (E	Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
בז נופום	6 Contributor address; City; State; Zip Code		100.00	 	
0 Principal accurate	Les, C.			of Texas, complete Schedule T)	
ouner Extregra		10 Employer (See			
Date	Full name of contributor   out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
5/31/15	Contributor address: City: State: Zip Code  6516 Isk Del Rey  El Rese Tre Zigg12		100.00	 	
Principal occu	pation / Job title (See instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor   out-of-state PAC (ID#_	}	Amount of contribution (\$)	In-kind contribution description (if applicable)	
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Date	Full name of contributor		Amount of contribution (\$)	In kind contribution description (if applicable)	
	Contributor address; City; State; Zlp Code		   	Carlo Paris Carlo	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside on enstructions)	f Texas, complete Schedule T)	
Date	Full name of contributor out-of-state FAC(ID#:		Amount of contribution (\$)	liz-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code		]	7	
Principal occup	ation / Job title (See Instructions)	Employer (See In	(If travel outside of natructions)	f Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

TOTAL  Date of loan  1-10-15	nstruction Guide explains how to  Hatu  OF UNITEMIZED LOANS:  Name of lender  Trant / fatus  Stal  Lender address; City; Stal	complete this form.  ⇔ ⇔ ⇔ ⇔ ⇔  □ out-of-slate PAC (ID#:	3 ACCOUNT	
TOTAL  Date of loan	Marke U  OF UNITEMIZED LOANS:  Name of lender  Trant / fate 4	다 다 다 다 다	3 ACCOUNT	# (Ethics Commission File
Total  Total  Date of loan	OF UNITEMIZED LOANS:  7 Name of lender  1 rent / fata 4	Out-of-state PAC (ID#:	⇒ (4)	5
Date of loan  /-/0-/5  Is lender a financial Institution?	OF UNITEMIZED LOANS:  7 Name of lender  1 rent / fata 4	Out-of-state PAC (ID#:	⇒ (4)	5
Date of loan  /-/0-/5  Is lender a financial Institution?	7 Name of lender Trent / tate 4	Out-of-state PAC (ID#:	) 9	
Is lender a financial Institution?	Trent Itates		<b>I</b>	
Is lender a financial Institution?			<b>I</b>	Loan Amount (\$)
a financial Institution?	8 Lender address; City; Stat		[ :	3000. L
Y (D)	1532 Cherokee			nterest rate
	El	Paso TX 79912	11	Maturity date
Principal occupation	(Lee moductions)	13 Employer (See Instructions	)	
Sole Man	v-Sules	FEE		
none	oral	15 Check if personal funds were	e deposited into	political account
GUARANTOR 1 INFORMATION	7 Name of guarantor Trent Hele (		19	Amount Guaranteed (\$
not applicable	8 Guarantor address; City;	State; Zip Code Profe & Pavo, Ty	799h	3000. 4
Principal Occupation Sulc M.	(See Instructions)	21 Employer (See instructions)	. 171	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
s lender a financial nstitution?	Lender address; City; State;	Zip Code		Interest rate
N				<u> </u>
⊃rincipal occupation /	Job title (See Instructions)	Employee (O		<u> </u>
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escription of Collatera  none	I	Check if personal funds were o	leposited into p	
SUARANTOR NEORMATION	Name of guarantor		A	 සං mount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
incipal Occupation (S	See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME  7 rant Hate  3 ACCOUNT # (Ethics Commission Filers			
4 Date 4.6.15	5 Payee name Celestial Printing			
6 Amount (\$) 58./7  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 23/7 MISSocri El	Pes, Tx 79903		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertistry typesses  Check if Austin, TX, officeholder living expense			
3 · 3/ · / 5	Payee name Ans.com //			
Amount (\$) 591.64  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	250, TX.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Gent Expenses	Description (If travel outside of Texas, complete Schedule T)		
Date 3-3/-/5	Payee name Fed - Ex	Check if Austin, TX, officeholder living expense		
Amount (\$) 75.00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code  Mesa, ST El Pas	w TK 79906		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Advents sing Expenses	Description (If travel outside of Texas, confide Schedule T)  Check if Austin, TX, officeholder living texpense		
Date	Payee name	- Franch		
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	Journal Land		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)  Check if Austin, TX, officeholder living expense		
	ATTACH ADDITIONAL COPIES OF THIS S	. <del> </del>		