CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

SUPERINTENDENT'S OFFICE

			i
The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
NAME	MR. Joel F. NICKNAME LAST SUFFIX	Date Received	
	BARRIOS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CITY; STATE; ZIP CODE 10914 YOG-E Beans	Date Hand-delivered or Postmarked	
change of address	EL PASO, TX. 79934	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) & 603-7452	Date Processed JAN13	12 4:22PM
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI M.R. WILFAR R NICKNAME LAST SUFFIX	Date Imaged .	
	GARZA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS. (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; 4625 Roun & Rock	ZIPCODE	
	ELPASO, TX. 79924		4
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 821-0470		·
9 REPORT TYPE		15th day after campaign	
	January 15 30th day before election Runoff	treasurer appointment (officeholder only)	
	July 15 8th day before election Exceeded \$500 [imit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH 12/31/	Year /	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special	
12 OFFICE	OFFICEHELD (If any) FPISD 13 OFFICE GLOCAL (If ADDUCT)		
	BOAND OF TRUSTEE		
	DISTRICT 5	JAN 9 ILJ/I	
t (j. 17 s. or o	GO TO PAGE 2		

1810/1901 5

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		A STATE OF THE STA	11. Marie 11. Ma
14 C/OH NAME	oel F.	Baraios	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE.TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	20 Ne	
		COMMITTEE CAMPAIGNTREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMMA AGONT AT A CONTROL OF THE CONTROL O	JAN19 12 *
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 0 _
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	NIZED \$ _ G
	4. TOTAL	POLITICAL EXPENDITURES	\$ _ 0 _
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	DAY \$ - 0 -
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$ _ 0 _
18 AFFIDAVIT		I swear, or affirm, under penalty of	perjury, that the accompanying report
	ELIZABETH CARRA MY COMMISSION EX September 5, 20	SCO me under Title 15, Election Code.	information required to be reported by
		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAM	IP / SEAL ABOVE		,
104	of <u>Janua</u>	me, by the said JOL Francisco WM, 20 12, to certify which with the said	Tarrios this the
Usautt Signature of officer adm	inistering oath	Blabeth (araico) Printed name of officer administering dath	Title of officer administering path
www.ethics.state.tx.us			JAN 9 Revised 09/28/2011
			TENDENT'S OFFICE

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		<u> </u>			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	6 Contributor address; City; State; Zip Code			i 	
		•	(if travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	<u> </u>		
Date	Full name of contributor ut-of-state PAC(ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	:
	Contributor address; City; State; Zip Code			 JAN19	12 4:22PM
			(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zin Sede	<i>[</i>	·	 	
			(If travel outside	· of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I		or restal, complete conceder ty	
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			 	,
į	. /		/If two val autoida	of Tayon, complete Schodule T\	
Principal occu	pation / Job tifle (See Instructions)	Employer (See		of 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			 	. •
				of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
lf	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst		tional reporting	TEQUITE MENTS:	A property of the control of the con
www.ethics.state.	tx.us			/	
			SUPERINTE	ENDENT'S OFFICE	

∋x	as Etnics Corr	imission P.O. Box 12070 Austin, lex	as 70711-2			12)400-3000	(155 1-000-100-2000)		
	PLEDG	ED CONTRIBUTIONS				** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SCHEDULE B		
	The	Instruction Guide explains how to complete this	form.		1	Total pages Sched	ule B:		
	FILER NAME				3	ACCOUNT # (Ethi	cs Commission Filers)		
	TOTA	AL OF UNITEMIZED PLEDGES:	다 다	⇒	⇔	⇔	\$		
;	Date	6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code				Amount of soledge (\$)	In-kind description (if applicable)		
						·/	Texas, complete Schedule T)		
0	Principal occup	pation / Job title (See Instructions)	11 Employ	er (See Ir	ıstru	ctions/)			
	Date	Full name of pledgor out-of-state PAC (ID#:		/.		Amount of	In-kind description (if applicable) J书图	12	4:22
		Pledgor address; City; State; Zip Code	./	<u></u>		(If travel outside of	Texas, complete Schedule T)		
	Principal occu	pation / Job title (See Instructions)	Employ	er (See In	nstru	ctions)			
	Date	Full name of pledgor out-of-state PACTION	/			Amount of pledge (\$)	In-kind description (if applicable)		
		Pledgor address; City; State; Zip Code							
				(0 1		<u>` </u>	Texas, complete Schedule T)	_	
	Principal occu	pation / Job title (See Instructions)	Employ	er (See Ir	ıstru	ctions)			
	Date	Full name of pledgor out-of-state PAC (ID#:				Amount of oledge (\$)	In-kind description (if applicable)		
		Pledgor address; City; State; Zip Code							
	Principal occu	pation / Job title (See Instructions)	Employ	yer (See I		·	Texas, complete Schedule T)	_	,
	Date	Full name of pledgor out-of-state PAC (ID#:	-			Amount of pledge (\$)	In-kind description (if applicable)		,
		Pledgor address; City; State; Zip Code				(If trave) quistra di	Texas complete Schedule T)		l
/	Principal occu	pation / Job title (See Instructions)	Employ	/er (See Ir	nstru	ctions)			
	lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr	OF THIS SC uction guid	HEDULE de for ad	AS	NEEDED hal reporting r	JAN 9 equirements.		

news in E

POLITICAL EXPENDITURES

SCHEDULE F

				1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundrice Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/	Contract Labor Loan Regalising Expense Transpor Contribut Candi Rental Expense OTHER (payment/Reimbursement tation Equipment & Related Expense tions/Donations Made By idate/Officeholder/Political Committee (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name	<u>·</u>		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel out	tside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	·
Date	Payee name		JAN19	12 4:22PM
Amount (\$)	Payee address; City; State; Zip Code		·	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel out	tside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel out	tside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	- Table 1	· EACING F	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (I ravel out		
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held	2
/	ATTACH ADDITIONAL COPIES OF THIS			
ww.ethics.state.tx.us		SUF	PERINTENBENT®289F	ICE

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee lental Expense OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) JAN19 13	2 4:22PM
Date .	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name		
Amount (\$)	Payee address; City, State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Ifriravelrouside-of-Texas complete-Schedule-T)	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	
ww.ethics.state.tx.us	on et et la	1/4/V Revised 09/28/2011	

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

	EXPENDITURE CATEGOR	≀IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fi Food/Beverage Expense Travel In Dis Polling Expense Travel Out O		
,	The Instruction Guide explains how		
1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	ie	
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)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held JAN19 12	2 4:23PM
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	le	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	∜ Office sought Office held	
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	le .	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code	le	- 1
PURPOSE ØF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Tiffayel busing of fexas complete schedule 1)	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
187 (24.5)	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	

www.ethics.state.tx.us

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Ct 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	contract Labor Loan Repayment/Reimbursement trising Expense Contributions/Donations Made By trict Candidate/Officeholder/Political Committee Central Expense OTHER (enter a category not listed above)	9
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission File	rsy'
· votat pagoo conocare n			
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required	l.)
OF EXPENDITURE		JAN	19 12 4:23PM
	Payee name .		
Date	rayee name		
Amount (\$)	Payee address; City; State; Zip Code		
		<u> </u>	
PURPOSE	Category (See categories listed at the top of this schedule)	P Description (See instructions regarding type of information required	.)
OF EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address; City, State; Zip Code		
·			·
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required	i.)
EXPENDITURE			
Date	Payée name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required	
7	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULEASNEEDED	
ww.ethics.state.tx.us		Revised 09/28/2	61/

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

SCHEDULE K

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		 /
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K	: /	
2 FILER NAME	3	3 ACCOUNT # (Ethics Co	ommission Filers)	
4 Date	5 Name of person from whom amount is received	8	Amount (\$)	
	6 Address of person from whom amount is received; City; State; Zip Co	de		
	7 Purpose for which amount is received	<u> </u>		
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State; Zip Coo	de	J AN IS	9 12 4:23PM
	Divined for which amount is received.			
	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 Cod	de		
	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 Coo	de		
	Purpose for which amount is received		CEIVE	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL		(A) (A)	
www.ethics.state	.tx.us Rayanana e		Revised 09/28/201	1

www.ethics.state.tx.us

	ONTRIBUTION OR POLITICAL EXPENEL OUTSIDE OF TEXAS	DITURE SCHEDULE T
The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	y.(3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	diture reported on:	
So	hedule A Schedule B Schedule C Schedu	ule D Schedule F Schedule G
So	hedule 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 transporta	tion 11 Purpose of travel (including name of conference,	seminar, or other event) JAN19 12 4:23F
		/
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendi	ture reported on:	
Sc	hedule A Schedule B Schedule C	ile D Schedule F Schedule G
So	shedule H Schedule N. COH-UZ 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 transportatio	n Purpose of travel (including name of conference, se	minar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendi	iture reported on:	
☐ Sc	hedule B Schedule C Schedu	le D Schedule F Schedule G
☐ Sc	hedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportatio	n Purpose of travel (including name of conference, se	minar, or other event)
		11 1/AN 9
(ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EAS NEEDED
www ethics state ty us		I SUPERINTENDENT'S GOTTON

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST AHredo NICKNAME LAST	MI	OFFICE USE ONLY Date Received	
	Fred Borrego	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: STY:	STATE: ZIP CODE	Date Hand-delivered or Postmarked	
change of address	EI PASO, TX 70	1903	Receipt # Amount	-
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 562-2629	EXTENSION	Date Processed	_
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MY. ATTOO NICKNAME DAST	MI	Date Imaged J위제17	2 2:26
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE ADDRESS (NO PO BOX PLEASE	CITY, STATE:	ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	·	
REPORTTYPE	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 (Attach C/OH - FR)	
0 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year AOII	
I1 ELECTION	Day Year ELECTION TYPE Primary	Runoff	General Special	
2 OFFICE	OFFICE HELD (If any) EPISD Trustee #3	13 OFFICE SOUGHT (If known)	
I4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	ES MADE BY OTHERS WITHOUT THE ONLY IS THEY RECEIVE NOTIFICATION	CANDIDATE'S PRIOR CONSENT OR APPROVAL. ON OF THE DIRECT CAMPAIGN EXACUDITURE.	
BY OTHER INDIVIDUALS	Address / PO Box, Apt. / Suite # City, State: Zip Code	MI	CEMEL	
additional pages	Address / PO cox, Apt. / Suite # City. Situe: Zip Code		JAN 7 NAL	
	GO TO PAG			
ww.ethics.state.tx.us		SUPERIN	FENDENT'S OFFICE Revised 04/21/2010	

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH

	a loials	COVER SHEET PG 2
5 C/OH NAME	Alfredo "Fred" Borrego 16	ACCOUNT # (Ethics Commission Filers)
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	477'0 00 00-0
	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	COMMITTEE CAMPAIGN TREASURER DDRESS	
		JAMI7 IV
CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
AFFIDAVIT		*
	I swear, or affirm, under penalty of perj is true and correct and includes all inform me under Title 15, Election Code.	ury, that the accompanying report mation required to be reported by
	Signature of Candidate	e or Officeholder
AFFIX NOTARY STAME	P/SÉALABOVE NO AND	
1 m	cribed perfore me by the said Alcredo Borrey	(7), this the
day	of January 20 12 , to certify which, witness my h) · · · · · · · · · · · · · · · · · · ·
Plante (h	masco Flizabeth Carrasco N	Atam
Signature of officer admin	The state of the s	Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE /	MS MRS / MR FIRST	MI	OFFICE	JSE ONLY	
OFFICEHOLDER NAME	MARIA ISAN	J	Date Received	JOE ONE!	
	NICKNAME LAST (ASTANON WIL	SUFFIX IIII M3			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	,		
MAILING ADDRESS	2 VI I WID	Times	Date Hand-delivered or F	Postmarked	
change of address	GOOG ET DORAGO ETPAS	10 12 19925	Receipt #	Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	4715_) 253~3413	EXTENSION	Date Processed		•
6 CAMPAIGN TREASURER NAME	MS (MRS) MR EIBST (ALMAN)	MI	Date Imaged		
INAIVIE	NICKNAME LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;	CITY: STATE;	ZIPCODE 19953		12 11:19AM
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) S42-7122	EXTENSION			
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500	15th day after ca treasurer appoint (officeholder only)	ment	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 12/31/	Year / 2011		
11 ELECTION	ELECTION DATE Month Day Year 5 / 14 / RO15	Runoff 💟 0	General [Special	Q.
12 OFFICE	SCHOOLBONDS PASOTUSEPENSONT SCHOOLBONDS PASSIONS ENISTS & DISTOCT 2	13 OFFICE SOUGHT ((Known)	ECEI	VEIN	Transmission of the second
1 -	GO TO PAGE		JAN 7		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

								
14 C/OH NAME	ORID ISEL	g Lagfanto	N WINIA	15 A	CCOUNT #	(Ethics Com	mission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTION HOLDER. <i>THESE EXPENDITUR</i> ES AND OFFICEHOLDERS ARE RE	ES MAY HAVE BEEN MADE WI	THOUT THE CANDIDATE	s or offic	EHOLDER'S KNO	WLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME						i -
	GENERAL	COMMITTEE ADDRESS	***			•		
	SPECIFIC							
. additional pages		COMMITTEE CAMPAIGN TR	REASURER NAME					
additional pages		COMMITTEE CAMPAIGN T	REASURER ADDRESS					
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	 POLITICAL CONTRIBUTI ES, LOANS, OR GUARAN	ONS OF \$50 OR LESS ITEES OF LOANS), UNI	OTHER THAN LESS ITEMIZED	\$	0	JAN17	12 11:198
		POLITICAL CONTRII		F LOANS)	\$	0		
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITUR	ES OF \$100 OR LESS,	JNLESS ITEMIZE	\$	0		
	4. TOTAL	POLITICAL EXPENDI	TURES		\$	0	,	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION	DNS MAINTAINED AS O	THE LAST DAY	\$	2782	,40	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING		ANS AS OF THE	\$	0		
18 AFFIDAVIT			l swear, or affirm, un	der penalty of peri	ury, that th	ie accompany	ving report	
			is true and correct an me under Title 15, El	d includes all info				
MY	DANIEL DUARTE COMMISSION EXPIRES October 17, 2013		Mani Alla Sig	Laskan.	te or Office	M. The S.	12————————————————————————————————————	
AFFIX NOTARY STAN	·	me, by the said/1	Malp Tyts C , to certify which	1954/111/11111 witness_my_l	/////	//////////////////////////////////////		
Signature of officer adm	inistering oath	DANKIL	officer administering oa			Salari de la composição	是同	
www.ethics.state.tx.us		1 41 44 12			JAN	Revise	ed C9/28 /20 11	/

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A

	OTHER	THAN PLEDGES OR LOA	NS	· .	9	
==	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:	
2	FILER NAME	MARIA Isala Cashavan la	VIIInms	3 ACCOUNT # (E	thics Commission Filers)	
4	Date .	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		6 Contributor address; City; State; Zip Code		NA	 	
				(If travel outside o	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	· · · · · · · · · · · · · · · · · · ·			
				(If travel outside o	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	JAN17	12 11:19AM
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	•	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·			
				(If travel outside o	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
				(If traval autoida s	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	· · ·	n rexas, complete schedule 1)	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		•	
				(If travel outside c	of Texas, complete Schedule T)	·
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
	;	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUILE	AS-NEEDED 🔿		
٠.	: of If c	contributor is out-of-state PAC, please see inst	1 1	A 11 1/ 12	requirements.	• .
ww	w.ethics.state.t	x.us 50 0 12 ti	Pinto,		Revised 09/28/2011	lo so processor (Allan

P.O. Box 12070 SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers). 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES: ⇔ ⇔ \$ 8 Amount of In-kind description 5 Date Full name of pledgor ut-of-state PAC (ID#: pledge (\$) (if applicable) City; State; Zip Code Pledgor address: (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind description Amount of Full name of pledgor Date ut-of-state PAC (ID#: pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) JAN17 12 11:19AM Principal occupation / Job title (See Instructions) In-kind description Date Amount of Full name of pledgor ut-of-state PAC (ID#: pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Amount of Date Full name of pledgor out-of-state PAC (ID#: (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind description Date ut-of-state PAC (ID#:_ Amount of Full name of pledgor pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Revised 09/28/2011

www.ethics.state.tx.us

SEDINITENIDENT'S OFFICE

P.O. Box 12070

LOANS	in the second se	SCHEDULE E
The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:
2 FILER NAME MABIA TULIA ALMANA	en Williams	3 ACCOUNT # (Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS:		\$ \$
5 Date of loan 7 Name of lender	out-of-state PAC (ID#:	
6 Is lender a financial Institution? 8 Lender address; City; State;	Zip Code	10 Interest rate
Y N		11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instruc	tions)
14 Description of Collateral none	15 Check if personal funds	s were deposited into political account
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$) JAN17 12 11:19
18 Guarantor address; City;	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instruct	tions)
Date of loan Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender Lender address; City; State; a financial Institution?	; Zip Code	Interest rate
Y N		Maturity date
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Description of Collateral none	Check if personal funds	were deposited into political account
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;		
Principal Occupation (See Instructions)	Employer (See Instruction	" FCEIVE IN
ATTACH ADDITIONAL C If lender is out-of-state PAC, please see [°] i	OPIES OF THIS SCHEDULE AS instruction guide for additional	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense

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

Travel Out Of District

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

Fees	Printing Expense Office Overhead/ The Instruction Guide explains how to	•	nter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME AMAIN TELLA	SAMONINI	CCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside	de of Texas, complete Schedule T)	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code		JAM17	12 11:19AM
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside)	de of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outsi	de of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	PIPE SANATTURES.		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel-outs	tie of Taxas, complete, Scherule T	
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED.		
www.ethics.state.tx.us	s with a will be	SUPE	Revised 09/28/2011	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

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

Travel Out Of District

Loan Repayment/Reimbursement

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

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME 1 ACCOUNT # (Ethics Commission Filers) 1 AND ISOMO ISOMO INTERPREDICTION OF THE STATE OF THE S	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; Citý; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code JAN17 12 11	i : 19A)
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	TO FOR THE IT	7
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (If trave outside of Texas complete Settledule Y)	$\ $
i katember	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED JAW	/

www.ethics.state.tx.us

Revised 09/28/2011 SUPERINTENDENT'S OFFICE

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement

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

Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to	•	category not listed above)	
1 Total pages Schedule H:	2 FILER NAME MARIA Tach Castanop		NT # (Ethics Commission Filers)	
4 Date	5 Business name			
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 Te	xas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code		JAN17 12 1:	1:19A
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Te	xas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	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 Te	xas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name oH	Office sought	. Office held	
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code	- Canada Can		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel dutside of te	kas-complete schredule WE	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	$/\!\!/\!\!/$
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	la Burna	1

www.ethics.state.tx.us

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Printing Expense

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

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I:	2 FILER NAME MARIO ISAIO CASHANDA	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; Zity; State; Zip Code		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE			
Date	Payee name	*CH-7-1	2 1 1:2 0AM
Amount (\$)	Payee address; City; State; Zip Code	Jimii i.	2 11 201111
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code	DECEIVED	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ATTACH ADDITIONAL COPIES OF THIS S	Description (See instructions regarded type information frequired.	
www.ethics.state.tx.us	ATTACH ADDITIONAL COPIES OF THIS S	Revised 09/28/2011 SUPERINTENDENT'S OFFICE	_
		I STATE OF FIC	드

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

SCHEDULE K

	the Instruction Cuide complete how to complete this form	1 Total pages Schedule	e K:	
2 FILER NAM	The Instruction Guide explains how to complete this form. AE Maria Isela Asharis William	3 ACCOUNT # (Ethics	Commission Filers)	-
4 Date	5 Name of person from whom amount is received	8 Code	Amount (\$)	
	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 0	Code	7.01	um is 44.000M
	Dumose for which amount is received		JHI	117 12 11:20AM
	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 0	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 0	Code		
	Purpose for which amount is received			
	ATTACH ADDITIONAL COPIES OF THIS SCHED	, ami	an y	
www.ethics.stat	te.tx.us	SUPERINTE	NDENT'S OF	FICE

	NTRIBUTION OR POLITICAL	EXPENDITURE SCHEDULE T
The Instr	uction Guide explains how to complete this form.	. 1 Total pages Schedule T:
2 FILER NAME	MA Frela Englavion (MI)	3 ACCOUNT # (Ethics Commission Filers)
Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	liture reported on:	
☐ Sc	nedule A Schedule B Schedule C	Schedule D Schedule F Schedule G
☐ Sc	nedule H Schedule N COH-UC	COH-T PAC-C PAC-E
Dates of travel	7 Name of person(s) traveling	
	Departure city or name of departure location	· · · · · · · · · · · · · · · · · · ·
	9 Destination city or name of destination location	
10 Means of transportat	ion 11 Purpose of travel (including name of	conference, seminar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Hamo of Continuitor /	SS. FS. Gas. G. Esse. Grigarization / Fragge / Fragge	
Contribution / Expendit	ure reported on:	
Sc	nedule A Schedule B Schedule C	Schedule D Schedule F Schedule G
☐ Sc	hedule H Schedule N COH-UC	COH-T PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of co	onference, seminar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendi	ture reported on:	
Sc	nedule A Schedule B Schedule C	Schedule D Schedule F Schedule G
	nedule H Schedule N COH-UC	COH-T PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	MECEIVER
Means of transportatio	n Purpose of travel (including name of co	onference, seminar prothef event)
	ATTACH ADDITIONAL COPIES OF THIS	
vww.ethics.state.tx.us	and the second second second	SUPERINTENDEN SIZETICE

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Ich	CI.	Date Received
NAME	NICKNAME LAST	SUFFIX	1
	212		
	Vauid Dodge		<u> </u>
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING	56 Sun Point Las	n e	Date Hand-delivered or Postmarked
ADDRESS	EI PASO TX799	112	
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(915) 584 5	393	·
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER	Mrs Debra		
NAME	NICKNAME LAST	SUFFIX	
	Debie Hest	en	
	0000		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE
ADDRESS	6102 Pinehurst		
(residence or business)	E1 PARO TX 1991		:
	GI (Aso IX I / / I	_	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	()		
PHONE	915 587 52	270	
•	113 001 02		
9 REPORT TYPE		Dunoff	15th day after campaign
	January 15 30th day before election	Runoff	treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
		limit	
40 DEDIOD		Month Day	Vaar
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
	07/16/2011 THROUGH	0.710	20,2
11 ELECTION	ELECTION DATE Month Day Year Primary		
	Primary	Runoff	General Special
42.055105	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
12 OFFICE		EF	
	School Board Trustee		
	Trustee		
			0011
11.1	GOTOPAG	E2	
www.ethics.state.tx.us			Revised 09/28/2011
	. •	SUPERINT	ENDENT'S OFFICE
		SUPERINT	ENDENT'S OFFICE

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				<u> </u>
14 C/OH NAME	· A (Da	vid Dodge	15 ACCOUNT#	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
auditional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	s \$	Ø.\$\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ø. ØØ
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED \$	Ø-\$\$
	4. TOTAL	POLITICAL EXPENDITURES	\$	Ø. ØØ
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	Ø.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			Ø . Ø Ø
18 AFFIDAVIT		l swear, or affirm, under penalty o		
	ELIZABETH CARRA MY COMMISSION EX September 5, 20	PIRES 15		ulred to be reported by
		Signature of Car	ndidate or Officeh	older
	scribed before	me, by the said <u>(ra Dand Dand Dand Dand Dand Dand Dand Dan</u>	odge	, this the
- day	of <u>Dicen</u>	Elizabeth Carasto)	6	WESTER
Signature of officer adm	inistering oath : : :	Printed name of officer administering oath	73	eradministering oath
			- Wil	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

			₩.*	
	The Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	edule A:
2 FILER I	NAME		3 ACCOUNT # (E	ithics 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			· · · · · · · · · · · · · · · · · · · · · ·
			L	of Texas, complete Schedule T)
9 Principa	l occupation / 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	· · · · · · · · · · · · · · · · · · ·		
			(If travel outside o	of Texas, complete Schedule T)
Principa	l occupation / Job title (See Instructions)	Employer (See I		·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
1	Contributor address; City; State; Zip Code			 -
			(If travel outside o	of Texas, complete Schedule T)
Principa	l occupation / 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			
				of Texas, complete Schedule T)
Principa	I occupation / 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	r . of Texas, complete Schedule T)
Principa	l occupation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see inst			requirements
www.ethics.	state.tx.us Rain set DE R.			2011 Revised 09/28/2011

(512) 463-5800

(TDD 1-800-735-2989)

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule B:	
2	FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4	TOTA	AL OF UNITEMIZED PLEDGES:	+ + +	라 다	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
		7 Pledgor address; City; State; Zip Code		 	
				(If travel outside o	of Texas, complete Schedule T)
10	Principal occuj	pation / Job title (See Instructions)	11 Employer (See In	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of	In-kind description
				pledge (\$)	(if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside o	of Texas, complete Schedule T)
	Principal occuj	pation / 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		 	·
				 	:
				(If travel outside o	of Texas, complete Schedule T)
	Principal occu	pation / 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		 	
_	· .			<u> </u>	of Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	·).	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside o	of [[exas] complete Schedule]]
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	istructions)	
	lf c	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE	AS NEEDED ditional reporting	requirements.
\	w ethics state t	ty us	111	111	Revised 09/28/2011

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) Texas Ethics Commission SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS: 9 Loan Amount (\$) 5 Date of loan Name of lender out-of-state PAC (ID#: 10 Interest rate Lender address; City; 6 Is lender State; Zip Code a financial Institution? 11 Maturity date Υ Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 Check if personal funds were deposited into political account 14 Description of Collateral none 19 Amount Guaranteed (\$) 16 GUARANTOR 17 Name of guarantor INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate City; State; Zip Code Is lender a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Check if personal funds were deposited into political account Description of Collateral none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION City: State: Zip Code Guarantor address: not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

السالة

www.ethics.state.tx.us

Revised=09/28/2011

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITUR	E CATEGORIES			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Committ OTHER (enter a category not listed above)	
	The Instruction Guid	le explains how to	complete this for		
Total pages Schedule F:	2 FILER NAME			3 ACCOUNT # (Ethics Commission File	
Date	5 Payee name				
Amount (\$)	7 Payee address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	е	Office sough	t Office held	
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
PURPOSE OF	Category (See categories listed at the to	op of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	e	Office sough	t Office held	
Date	Payee name				
Amount (\$)	Payee address; City; S	state; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF	Candidate / Officeholder name		Description Office sough		
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Payee name				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Payee name	e State; Zip Code	Office sough		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Amount (\$)	Candidate / Officeholder name Payee name Payee address; City; S Category (See categories listed at the to	e State; Zip Code op of this schedule)	Office sough	of the office held (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Payee name Payee address; City; S Category (See categories listed at the to	e State; Zip Code op of this schedule)	Office sough Description Office sough	of Office held (If travel outside of Texas, complete Schedule T)	

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Control Solicitation/Fundraisin Travel In District Travel Out Of Distric Office Overhead/Ren	ract Labor ng Expense t	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	e explains how to co	mplete this for	m.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	-	
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule) ((b) Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
· Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If-travel outside of Texas, complete-Schedule_I)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTACH ADDITIONAL CO	OPIES OF THIS SCI	HEDULÉ AS N	IEÉDED

www.ethics.state.tx.us

SUPERINTENDENT'S OFFICE

ZRevised 09/28/20

(TDD 1-800-735-2989)

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Accounting/Banking Legal Services Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District

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

Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State; Zip Code PURPOSE (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) PURPOSE Category (See categories listed at the top of this schedule) **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Business name Zip Code Amount (\$) Business address; City; State; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Business name Date City; State; Zip Code Amount (\$) Business address: Category (See categories listed at the top of this schedule) Description (If travel outside of Texas **PURPOSE EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH : ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 2011

www.ethics.state.tx.us

Revised 09/28/201:1#

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Ex

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

OTHER (enter a category not listed above)

Fees	The Instruction Guide explains how to	,
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
- Date	5 Payee name	<u> </u>
Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
EXPENDITURE Date	Payee name	
Date		
Amount (\$)	Payee address; City; State; Zip Code	• .
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date ·	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	0.5% 37.1.1.1.
		ID) ECEIVEIN
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type-of-information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	

www.ethics.state.tx.us

(512) 463-5800

(TDD 1-800-735-2989)

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 ACCOUNT # (Eth	hics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Co		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co	ode	
•	Purpose for which amount is received		
Date	Name of person from whom amount is received	-	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Co		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount . (\$)
	Address of person from whom amount is received; City; State; Zip Co	ode	
	Purpose for which amount is received		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	2011

www.ethics.state.tx.us

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-C PAC-E Schedule H Schedule N COH-UC COH-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E PAC-C Schedule H COH-UC COH-T Schedule N Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule D Schedule F Schedule B Schedule C Schedule G PAC-E PAC-C Schedule H Schedule N COH-UC сон-т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED SUPERINTENDENT'S OFFICE

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	The Instruction Guide explains •• Complete only if "Report Type" on	
C/OI	NAME	2 ACCOUNT # (Ethics Commission Filers)
SIG	NATURE	
repor		es in connection with my candidacy. I understand that designating a I also understand that I may not accept any campaign contributions ointment on file.
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	eck only one:	•
	I do not have unexpended contributions or unexpended intere	st or income earned from political contributions.
, 🗀	not convert unexpended political contributions or unexpended use. I also understand that I must file an annual report of un contributions or unexpended interest or income earned on p	come earned from political contributions. I understand that I may I interest or income earned on political contributions to personal expended contributions and that I may not retain unexpended political contributions longer than six years after filing this final ded political contributions and unexpended interest or income ements of Election Code, § 254.204.
В.	ASSETS	
Ch	eck only one:	
	I do not retain assets purchased with political contributions or	interest or other income from political contributions.
	•	est or other income from political contributions. I understand that or interest or other income from political contributions to personal
	·	d with political contributions in accordance with the requirements
	use. I also understand that I must dispose of assets purchased	
	use. I also understand that I must dispose of assets purchased	d with political contributions in accordance with the requirements

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction		ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Russ-eU NICKNAME LAST		Date Received
	Wiggs		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	9004 Virgo Lane ElPas	o TX 79904	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (9/5) 751-1295	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Rodney NICKNAME LAST	MI	Date Imaged
	Wiggs		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE;	ZIP CODE
	3220 Sands E	El Paso TX	79904
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 755-0286	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderoniv)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 01 / 15/	'
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff 🔀 '	General Special
12 OFFICE	OFFICEHELD (Ifany) 13 Board of Trustees EPISD	3 OFFICE SOUGHT (if known)	ECEIVE
AMOVEL.	GO TO PAGE 2	111 1	JAN T
រុស្សារដ្ឋ exthics.state.tx.us		CHP	Revised 09/28/2011/ ERINTENDENT'S OFFIC
	·	1301	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Russell	Wiggs		15 ACCO	UNT # (Ethics Commission Filer
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE O	OF POLITICAL CONTRIBUTIONS ACC DER. THESE EXPENDITURES MA	EPTED OR POLITICAL EXPENDITURES Y HAVE BEEN MADE WITHOUT THE C ED TO REPORT THIS INFORMATION ONL	ANDIDATE'S OR	ICAL COMMITTEES TO SUPPORT THE OFFICEHOLDER'S KNOWLEDGE OR /E NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	OMMITTEE NAME			
	GENERAL				
	SPECIFIC	OMMITTEE ADDRESS			•
	Co	OMMITTEE CAMPAIGN TREASU	RER NAME	44.	
additional pages					
	Co	OMMITTEE CAMPAIGN TREAS	URER ADDRESS		
17 CONTRIBUTION TOTALS			OF \$50 OR LESS (OTHER TI S OF LOANS), UNLESS ITEM		\$ -6-
		DLITICAL CONTRIBUTI	IONS R GUARANTEES OF LOANS)		\$ -
EXPENDITURE TOTALS	3. TOTAL POL	ITICAL EXPENDITURES O	F \$100 OR LESS, UNLESS IT	TEMIZED	\$ ~
	4. TOTAL PO	LITICAL EXPENDITUR	ES		\$
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIONS N	MAINTAINED AS OF THE LAS	ST DAY	\$ 500.00
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL C OF THE REPORTING PERI	DUTSTANDING LOANS AS O	F THE	\$ 6
18 AFFIDAVIT		ls	wear or affirm under nenalty	of periupy t	hat the accompanying report
	LISA JANE RAY MY COMMISSION EXPIRES	is t		all information	on required to be reported by
M. of the	August 9, 2012	_	Signature of C	andidate or) Officeholder
			Signature or C	andidate of C	- ·
AFFIX NOTARY STAN		a by the said	ussell Li	, Dage	, this the
<u></u>	of Now MAR	i i i i i i i i i i i i i i i i i i i	certify which, witness	s my hanc	
Signature of officer adm	W ROY	450L Do	awe Ray	Tile	For Grand Control of C
www.ethics.state.tx.us	\cup		1		N Revised 09/28/20
· DEC 2					- <i>)I</i> -110

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	suide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY
IACINIC	NICKNAME LAST SUFFIX	Dale Received
,	Cheek	
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
MAILING ADDRESS	5403 Joe Herrera	Date Hand-delivered or Date Postmarked
Change of Address	El PASO TX 79924	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 731-1471	Receipt # Amount
6 CAMPAIGN	MS/MRS (MR) FIRST MI	Date Processed .
TREASURER NAME	NICKNAME CLAST SUFFIX	Date Imaged .
	Cheek	,
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or business)	5403 Joe Herrera El PA	50 Tx 79924
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION (915) $31-1471$. *
9 REPORTTYPE		15th day after campaign treasurer
	January 15 30th day before election Runoff	appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day THROUGH	Year
	ELECTION DATE ELECTION TYPE	2012
11 ELECTION .	Month Day Year	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known EPISD Box	District 4 rd of Trustees
14 NOTICE · OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of	the candidate's prior consent or approval. the direct campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #: City; State; Zip Code	SEIVEINI
additional pages		
	GO TO PAGE 2 U U	AN II
	SUPERINT	ENDENT'S OFFIGE 27/2008

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTALS	COVER SHEET PG 2
15 C/OH NAME	Jerald Chepk	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	 This box is for notice of political contributions accepted or political expenditures made by candidate / officeholder. These expenditures may have been made without the candidate's or o Candidates and officeholders are required to report this information only if they receive notice 	fficeholder's knowledge or consent.
	COMMITTEE TYPE COMMITTEE TYPE	
	GENERAL COMMITTEE ADDRESS SPECIFIC	
. additional pages	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 679-17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ &
19 AFFIDAVIT	I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code. MAY 19, 2015 I swear, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.	ormation required to be reported by
AFFIX NOTARY STAMP	red before me, by the said <u>Gerald</u> the	CEMED
of	ninistering oath To certify which, witness my hand and seal of office. Albert Arellano Title	JAN 1 of officer administering oath
		Control (Section 1) (Section 1) (Section 1) (Section 1)

Texas Ethics C	Commission P.O. Box 12070 Austin, Te	xas1/8/11-20/0	(512) 463-	5800 1-800-325-8506
	CAL CONTRIBUTIONS			SCHEDULE A
OTHER	R THAN PLEDGES OR LOAN	N/A	(at th	is time)
The Instruct	ion Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM	Gerald Che	ek	3 ACCOUNT# (Eth	lics 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			
<u> </u>		· · · · · · · · · · · · · · · · · · ·	(If travel outside o	of Texas, complete Schedule T)
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
•	Contributor address; City; State; Zip Code			
Principal occ	cupation / 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)
	Contributor address; City; State; Zip Code		,	
and a second of the second of the second of	and the second control of the second control	and the second of the second of	e iga kang SPP kanawasan nganakan kana iga i	, construction to a transport of a function of the first of the construction of the function o
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / 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			
		and the second	(If travel outside	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See		or recas, complete ochecule 1)
Date -	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code]
			(If travel outside	Texas complete Schedule I)
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru	OF THIS FORM AS action guide forade		requirements.
			SHEDINE	A Contract of the Contract of

PLEDG	ED CONTRIBUTIONS	JANI		SCHEDULE B
		NA	(a++	nis Time
The Instruc	tion Guide explains how to complete this form.	·	1 Total pages this S	Schedule B:
2 FILER NAM	Gerald Cheek		3 ACCOUNT# (Ethi	ics Commission filers)
4 TOTA	AL OF UNITEMIZED PLEDGES: ⇔	라 라 라	라 라	\$
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	<i></i>		
			<u></u>	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		pledge (\$)	(ii applicable)
			(if travel outside o	of Texas, complete Schedule T)
Principal occu tions)	pation / Job title (See Instruc-	Employer (See I	nstructions)	
Date	Full name of pledgor oul-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
and the Company of the A	Pledgor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of pledgor oul-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	e		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod			CEIVE
S. C. S. 255	The state of the s	tage to the state of the state	 	of Texas, complete Schedule T
Principal occu	pation / Job title (See Instructions)	Employer (See	<u>Шаш</u> ,	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	ATTACH ADDITIONAL COPIE contributor is out-of-state PAC, please see inst			requirements.

LOANS		N/A	(at th	SCHEDULE E
		IN LIT (1 Total pages Sche	
The Instruction	Guide explains how to complete this form		1 Total pages outle	soule L.
2 FILER NAME	Gerald Chee	1	3 ACCOUNT# (EII	nics Commission filers)
4 TOTA	L OF UNITEMIZED LOANS: ⇒	t) t) t)	⇒ ⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lenderaddress; City; State; Zip	Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See In	nstructions)	
14 Description of Collat	eral			
15 GUARANTOR INFORMATION	16 Name of guaranlor			18 Amount Guaranteed (\$)
nol applicable	17 Guarantor address; City; State; Zip	Code		
19 Principal Occupation	20) Employer		Carlos Ca
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip			Interest rate .
Y N			·	Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruc	tions)	
Description of Collat	eral .			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip	o Code		FCEIVE
Principal Occupation	english of gradual light of the second of th	Employer		
if len	ATTACH ADDITIONAL COP	IES OF THIS FORM ction guide for addit	AS NEEDED	quirements.

POLITICA	AL EXPENDITURES	Ĕ,		SCHEDU	LEF
		N	(Δ / Δ)	+ +h15	Time
		14/	1		
The Instruction	Guide explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAME	Gerald Cheek		3 ACCOUNT	# (Ethics Commission file	rs)
4 Date 5	Payee name			7 Amount (\$)	
6	Payee address; City; State; Zip Code				
8 Purpose of payment required.)	nt (See instructions regarding type of information	9 •• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought	Office held
(if travel outside of	Texas, complete Schedule T)				
Date	Payee name			. Amoun (\$)	t
	Payee address; City; State; Zip Code				
	nt (See instructions regarding type of information	•• Complete if di	rect expenditure	to benefit C/OH ••	
required.)		Candidate / Officeholder r	name	Office sought	Office held
(if travel outside of	Texas, complete Schedule T)				5 A 10 1 1 10 10 10 10 10 10 10 10 10 10 10
Date	Payee name			Amoun (\$)	1
	Payee address; City; State; Zip Code			. (4)	
required.)	nt (See instructions regarding type of information of Texas, complete Schedule T)	•• Complete if di Candidate / Officeholder r	•	to benefit C/OH ·· Office sought	Office held
Date	Payee name			Amoun	t
				. (\$)	
	Payee address; City; State; Zip Code				
		ſ,			
required.)	nt (See instructions regarding type of information Texas, complete Schedule T)	•• Complete if d Candidate / Officeholde	name	Office sought	Office held
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS N			

	FROM PERSONAL FUNDS	in Cual	SCHEDULE G A+ This Time
The Instruc	tion Guide explains how to complete this form.	1 Total pages Sche	
THE HISTIAC	tion Gaide explains now to complete this form.		
2 FILER NAM	Gerald Cheek	3 ACCOUNT # (EII	nics Commission filers)
4 Date	5 Payee name		8 Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
Date	Payee name		Amount · (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.) .	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code		Amount (\$).
		en e emperor para e e e e e e e e e e e e e e e e e e	a production of the control of the c
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended >
Date	Payee name		Amount
	Payee address; City; State; Zip Code		. (\$)
	Purpose of expenditure (See instructions regarding type of information r	equired.)	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		Miteriaea
Date	Payee name		- Amount (\$)
•	Payee address; City; State; Zip Code		
l	Purpose of expenditure (See instructions regarding type of information re	equired)	Reinblissement
	(If travel outside of Texas, complete Schedule T)		From bolitica Continuitions Intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	prose person	JAN I
		SUPER	NINTENDENT'S OF

	NT FROM POLITICAL CONTI JSINESS OF C/OH	RIBUTIŌNS N/A (1			EDULE H
The Instruct	ion Guide explains how to complete this form.		1 Total pa	ges Schedule H: j	
2 FILER NAME	Gerald Cheek		3 ACCOU	NT # (Ethics Commission	ı filers)
4 Date	5 Business name			7	Amount (\$)
	6 Business address; City; State; Zip Code				
	·				
8 Purpose of payr required.)	ment (See instructions regarding type of information	9 · · Complete Candidate / Officeho		enditure to benefit C/0 Office sought	OH ・・ Office held
(If travel outside	of Texas, complete Schedule T)				
Date	Business name				Amount
Date	Dusiliess Hattle				(\$)
<u>.</u> 	Business address; City; State; Zip Code				
Purpose of payr required.)	ment (See instructions regarding type of information	Complete Candidate / Officeho		enditure to benefit C/0 Office sought	Office held
 		Calluluate / Officerio	NGEL Hame	Olice sough	Office Held
(If travel outside	of Texas, complete Schedule T)	and the second of a second party of section	se i Merce de imposo	, and the second	ARCHARACTURE CONTRACTOR AND
Date	Business name				Amount (\$)
	Business address; City; State; Zip Code				*/
				٠,	
Purpose of payr required.)	l ment (See instructions regarding type of information	•• Complete Candidate / Officeho		enditure to benefit C/0 Office sought	Office held
(if travel outside	of Texas, complete Schedule T)				
Date	Business name	. , , , , , , , , , , , , , , , , , , ,			Amount
					(\$)
	Business address; City; State; Zip Code				
'			ME	CEIV	[[]]
Purpose of payr required.)	ment (See instructions regarding type of information			enditure to benefit C/C	OH •• Office held
		Candidate / Office fo)(der-name	Office sought	
	of Texas, complete Schedule T)	1			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM	AS NEER	RITENDENT	'S OFFICE

NON-POLITICAL EXPENDITURES

SCHEDULE !

1117702	FROM POLITICAL CONTRIBUTIONS	MY (NO	+ A+ +his time
The Instruct	tion Guide explains how to complete this form.	1 Total pages Sche	edule I:
2 FILER NAME	Gerald Cheek	3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information rec	uired.)	
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information rec	ulied)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)
an to an analysis	Purpose of expenditure (See instructions regarding type of information req	uired.)	
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	
Date .	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required and see that the second sec		ECEIVE

CREE	DITS	(opt	ion	al))	
			•			

Austin, Texas 78711-2070

SCHEDULE K

The Instruction Guide explains how to complete this form.			1	
2 FILER NAME Gerald Cheek 3 ACCOUNT # (Eth		3 ACCOUNT # (Ethics Cor	lics Commission filers)	
Date	5 Payor name 6 Payor address; City; State; Zip Code	8	Amount (\$)	
	7 Reason for credit			
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)	
	Reason for credit			
Date .	Payor name Payor address; City; State; Zip Code	e tana manada di kacamana a saka mana sa saka sa	Amount (\$)	
	Reason for credit			
Date	Payor name		Amount (\$)	
	Reason for credit			
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)	
	Reason for credit	ME	<u>CEMME</u>	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS NALL NOT AT TIME				
The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:		
2 FILER NAME	Gerald Cheek	3 ACCOUNT # (Ethics Commission filers)		
4 Name of Contributor	/ Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expend	liture reported on:			
Sc	hedule A Schedule B Schedule C	Schedule D Schedule F Schedule G		
☐ Sc	hedule H Schedule N COH-UC	COH-T PAC-C PAC-E		
6 Dates of travel	7 Name of person(s) traveling			
	8 Departure city or name of departure location			
	9 Destination city or name of destination location	·		
10 Means of transportat	ion 11 Purpose of travel (including name of confi	erence, seminar, or other event)		
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendit	ure reported on:			
Sch	nedule A Schedule B Schedule C	Schedule D Schedule F Schedule G		
☐ Sc	hedule H Schedule N COH-UC	COH-T PAC-C PAC-E		
Dates of travel	Name of person(s) traveling	and a great control of the control o		
	Departure city or name of departure location	,		
	Destination city or name of destination location			
Means of transportation	Purpose of travel (including name of confere	nce, seminar, or other event)		
Norman of Ornatella visa d	One waiting and also Organization / Dlades / David			
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expendi	ture reported on:			
Sch	nedule A Schedule B Schedule C	Schedule D Schedule F Schedule G		
Sch	nedule H Schedule N COH-UC	COH-T PAC-C PAC-E		
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
en de la companya de	Destination city or name of destination location	INECEIVEIN		
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED JAN				
		SUPERINTENDENTS OFFICE		

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR

DESIGNATION OF FINAL REPORT N/A (Not At 1485 Time) The Instruction Guide explains how to complete this form. • Complete only if "Report Type" on page 1 is marked "Final Report" •• C/OH NAME 2 ACCOUNT # (Ethics Commission filers) jerald 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. .. CAMPAIGN FUNDS Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. в. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** · Complete this section only if you are an officeholder · blicable to an officeholder who does not have a campaign I am aware that I eports of unexpended contributions if, at the time treasurer on file. I cease holding of ontributions or interest or other income from blitic political contribu Signature of Officeholder

SUPERINTENDENT'S OFFICE

Revised 06/27/2008

AMENDMENT:

CANDIDATE MODIFIED REPORTING DECLARATION NA (NOt at this Time) PG 2

	
CANDIDATE NAME	Gerald Cheek
MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.
	•• This declaration must be filed no later than the 30th day before the first elec- tion to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Date of election(s) or election cycle to Signature of Candidate which declaration applies
	·

This appointment is effective on the date it is filed with the appropriate-filing-authority



(Revised 09/01 2003)