CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 T Filer ID (Ethios Commission Filers) 2 'Total pages filed: The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received MICKNAME, **SUFFIX** STATE; ZIP CODE 4 CANDIDATE/ JAN14 '16 6 47PM **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME

	COSED Date Imaged 1/14/2016
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
9 REPORT TYPE	January 15 30th day before election Flundif 15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Exceeded \$500 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year $\frac{Month}{7}$ Day Year $\frac{12}{31}$ Day Year $\frac{12}{31}$ Day Sear $\frac{12}{31}$ Day Year $\frac{12}{31}$
11 ELECTION	ELECTION DATE Month Day Year Primary Bunoil Other Description General Special
12 OFFICE	OFFICE HELD (If any) TVUSTCE, DISTRICT 3
	GO TO PAGE 2

14 C/OH NAME		1	15 Filler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES.	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	A .
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIX	
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ()
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, 8 ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ ()
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$
8 AFFIDAVIT	1		the state of the s
	ELIZABETH CARRASC My Notary ID # 104354 Expires September 5, 20	true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation required to be reported by me Multiple of the accompanying report is formation reported by me Multiple of the accompanying repor
AFFIX NOTARY STAF	MP/SEALABOVE	O Signature of our	
Sworn to and subs		<u></u>	this the
Pluare	y 20 16	to certify which, witness my hand and seal of office Buzabeth Awasco	Notary
Signatule of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN FINANCE REPORT	COVER SHEET PG 1
The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER NAME LAST SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / ADDRESS / POBOX: APT/SUITE #: CITY; STATE; ZIP CODE MAILING ADDRESS / STATE; ZIP CODE Cherokee Profe	Date Hand-delivered or Postmarked
change of address ET Paso, TX 79912 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER	# Amount Date Processed
PHONE (913) 274. 2990 6 CAMPAIGN MS/MRS/MR FIRST MI TREASURER M/3 Mavgavite NICKNAME LAST SUFFIX	1/14/2016 Date Imaged 1/14/2016
CAMPAIGN TREASURER ADDRESS (residence or business) Margie GET Wayble Canyon El Raso, Tx 79912	ZIP CODE
CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE ()	
REPORT TYPE January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly). Final report (Attach C/OH - FR)
PERIOD Month Day Year THROUGH 7 15 15	Year
ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary To Street Telephone To Street Telephone Telep	General Special
OFFICE OFFICEHELD (If any) 13 OFFICE SOUGHT (If known) Brand of Toughteen	
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

SOFFORT	GIOIAL	.5	COVER SHEET PG 2
14 C/OH NAME		15	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIG TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		JAN8 '16 11:58
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 86
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ %
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ &
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	* \$ Ø
OUTSTANDING LOAN TOTALS	6, TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	IE .\$ Ø
8 AFFIDAVIT			
			erjury, that the accompanying report information required to be reported by
A.	ELIZABETH CARR My Notary ID # 104 Expires September	35415	
A STATE OF THE STA	Expires September	Signature of Candle	date or Officeholder
AFFIX NOTARY STAMI		Treat K II.	4-10
Sworn to and subs	scribed before a	me, by the said Trent K. Ha am, 20 16 , to certify which, witness my	, this the
Elisana (ausmo	Elnabeth amases	Notan
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. ALfbroo NICKNAME LAST Velace	MI V SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE ASU, TA 79925 EXTENSION	JAN14 '16 18 25
OFFICEHOLDER PHONE	(915) 253-2179	8	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Mr. Jame Barce	e lead SUFFIX	Date Processed (14/2016) Date Imaged (14/2016)
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	_	ZIP GODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (900) 915 920 - 482	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year / 15 / 1 6
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Description Special	
12 OFFICE	OFFICE HELD (IF any) EPISD TRUSTEE DISTERICT 2	13 OFFICE SOUGHT (if known)
	GO TO	PAGE 2	

14 C/OH NAME	Alfonso	(AL) Velarde 15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE INDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOW WASHIT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN URES.	DUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	JAN14 '16 10 25AM
	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 S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 123.83
	4, TOTAL	POLITICAL EXPENDITURES	\$ 663.83
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	* \$ 3494.30
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0
18 AFFIDAVIT			
	ELIZABETH CARR My Notery ID # 104 Expires September 8	35415	ation required to be reported by me
		Signature of Candida	ate or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE		
Sworn to and subscr			, this the
day of Januar	20 10,	o certify which, witness my hand and seal of office.	,
Elyant	· Canax	o Elizabeth Carasco	Notary
Signature of officer and	dministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19	FILER NAME	20 Filer ID (Ethics Commission)所條約 '16 1年2
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ws \$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ D
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS \$663.83
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS \$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 🔿
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	. FUNDS \$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 1	TO A BUSINESS OF C/OH \$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS \$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI RETURNED TO FILER	IBUTIONS \$ 0
		• • • • • • • • • • • • • • • • • • • •

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) JAN14'16 1**0**:25AM Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Oflice Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Polling Expense Printing Expense Travei Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services s/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Alfonso (A) Valarde 5 Payee name 7-10-15 andry's City: State; Zip Code 7 Payee address; 6 Amount (\$) El PADO, TX 63.83 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food/Beverage Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Yes to Kids PAC 7-110-15 City: State: Zip Code Amount (\$) 1000 El Paso, TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Contribution for TRE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Judge Yaharalisa Contierrez Campaign 7-16-15 Amount (\$) Payee address; City; State; Zip Code EI PASS, TX Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Campaign Check if Auslin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Oniceholder/Politica Credit Card Payment	The Instruction Guide explains how to	vages/Contract Labor Other (enter a category not list complete this form.	ed above)
Total pages Schedule F1: Date 8-8-15 Amount (\$) \$400	2 FILER NAME Alfonso (Al) Volarde 5 Payee name Ves to Kids PAC 7 Payee address; City; State; Zip Code El Paso, TX (a) Category (See Categories listed at the top of this schedule)	3 Filer ID (Ethics Committee) (b) Description	ssion Filers)
PURPOSE OF EXPENDITURE	PAC Contribution for	Check if Austin, TX, officeholder tiving expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office I	neld
Date	Payee name		
10-15-15	DMM, Hotel		
Amount (\$)	Payee address; City; State; Zip Code		
10 00	Austin TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT HOTEL PORKING FRE	Description Chack if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	neid
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check If travel outside of Texas, Complete Schedule T, Check If Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

The C/OH Instruction	Builde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST DOT! FENENDOCK NICKNAME LAST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CI 465 CAMIND Real ET Paso TX 7992 3 AREA CODE PHONE NUMBER (915) 247-2065		1/15/3016 EQ
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	Hester suffix	TFN15 '16 361 Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 780 N. Resier by ET Paso, TX 79912	.	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 585-222	EXTENSION	
9 REPORT TYPE	January 15 30th day before elected July 15 8th day before elected		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 0 / 0 / 15	THROUGH 12	Day Year 31 / 15
11, ELECTION	ELECTION DATE Month Day Year Primary 05/09/15 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (Many) EPISIS Board of Trustee District 7	13 OFFICE SOUGHT (If known)	
	GO TO PA	AGE 2	

14 C/OH NAME	Dori Fei	neubock 18	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITION OF POLITICAL EXPENDITION OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH A CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	44.44.
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
			Novike a Pro- Latino - March A marks
			JAN15'16 3:11PM
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,239.80
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		AY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		1E \$
18 AFFIDAVIT			
THE STATE OF THE PARTY OF THE P	STORING TO STORY OF S	I swear, or affirm, under penalty of per true and correct and includes all information of the state of the st	nation required to be reported by me
AFFIX NOTARY STAME			
Sworn to and subscriday of <u>Januam</u>		y the said <u>Dori Fenenbock</u> o certify which, witness my hand and seal of office.	, this the
Dyana Signature of officer ac	Ruy-	Dyana Perez	Paralegal
organicule of Officer at	anamstering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME Dor't Tenenbock 20 Filer ID (Ethics Co	mmission F ile rs)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,239.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.93

JAN15 '16 3:\$1PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME DOFI FERENDO	ck	3 Filer ID (Ethics Commission Filers)
4 Date 7 / 15 15 6 Amount (\$)	5 Payee name NES For IGOS PO	ac	JAN15 '16 3'31
\$1,600.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Clowthout on	<u> </u>	ulside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/21/15	Cards Direct		
Amount (\$)	Payee address; City; State; Zip Code		
\$239.80	12750 Merit Dr., Dal	las, TX 75	5251
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	1 []	itskile of Texas. Complete Schedule T. . TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее лате		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The instruction Guide explains how to complete this form.		1 Total pages Schedule K:	
FILER NAME		3 Filer ID (Ethics Commission Filers)	
1 Date	5 Name of person from whom amount is received WUS Fowg b 6 Address of person from whom amount is received; City; State; P.O. Box 6995 Portland, OR 97228-6995	8 Amount (\$); Zip Code	
	7 Diverges for which any and in the second second	political contribution returned to filer	
	interest savings account	JAN12 '16	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; State Purpose for which amount is received Check if		
Date	Name of person from whom amount is received	political contribution returned to filer	
	Address of person from whom amount is received; City; State;	Amount (\$) Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
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 Check if	political contribution returned to filer	
	Language of the state of the st		