

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>6</u>		OFFICE USE ONLY						
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>Mr.</u>	FIRST <u>Alfonso</u>			MI <u>V.</u>	Date Received JAN 22 '19 11:29 AM			
		NICKNAME <u>Al</u>	LAST <u>Velarde</u>	SUFFIX	Date Hand-delivered or Date Postmarked <u>1/22/19 EC</u>					
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt # Amount \$						
5 ORIGINAL PERIOD COVERED		Month <u>07</u>	Day <u>16</u>	Year <u>2018</u>	THROUGH	Month <u>01</u>	Day <u>15</u>	Year <u>2019</u>	Date Processed	Date Imaged <u>1/25/19 EC</u>

6 EXPLANATION OF CORRECTION
Original report was incomplete and inaccurate due to confusion on how to treat a reimbursement for expenses paid from the campaign account. The original did not have Schedule F-1 or Schedule K. This amended report corrects the original report and is complete for all expenses and reimbursements from EPISD

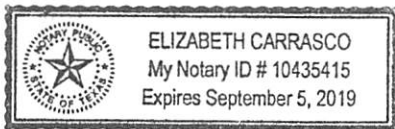
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfonso V. Velarde, this the 22nd day of January, 2019, to certify which, witness my hand and seal of office.

[Signature] Elizabeth Carrasco Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: right; font-size: 1.2em;">5</div>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:30%; font-size: 0.8em;">MI</td> </tr> <tr> <td colspan="3" style="text-align: center;">Mr. Alfonso V.</td> </tr> <tr> <td style="font-size: 0.8em;">NICKNAME</td> <td style="font-size: 0.8em;">LAST</td> <td style="font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;">Al Velarde</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr. Alfonso V.			NICKNAME	LAST	SUFFIX	Al Velarde			<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Received</p> <p style="text-align: center; font-size: 0.8em; margin: 10px 0;">JAN22 '19 1:14PM</p> <p style="font-size: 1.5em; color: blue; margin: 10px 0;">1/22/19 EQ</p> <p style="font-size: 0.8em; margin: 5px 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged		
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12 OFFICE	OFFICE HELD (if any) EPISD Trustee - District 2	13 OFFICE SOUGHT (if known)																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

JAN22 10 11:4PM

14 C/OH NAME
Alfonso V. Velarde

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 874.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1853.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alfonso V. Velarde, this the 22nd day of January, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elizabeth Carrasco
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Alfonso V. Velarde		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 874.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 598.44

JAN22 '19 1:15PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Alfonso V. Velarde		3 Filer ID (Ethics Commission Filers)	
4 Date 07/02/2018		5 Payee name Chevron Dallas			
6 Amount (\$) 13.98		7 Payee address; City; State; Zip Code 4151 N. Central Exp. Dallas, Texas 75205			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out of District- Rental Car Fuel		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Alfonso V. Velarde		Office sought Office held EPISD Trustee District 2	
Date 07/02/2018		Payee name Sheraton Ft. Worth			
Amount (\$) 832.12		Payee address; City; State; Zip Code 1701 commerce St. Ft. Worth Texas 76102			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Out of Town Travel - TASA/TASB Conference Hotel		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Alfonso V. Velarde		Office sought Office held EPISD Trustee - Dist. 2	
Date 10/01/2018		Payee name El Paso International Airport			
Amount (\$) 28.00		Payee address; City; State; Zip Code EPIA El Paso, Texas 79925			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Out of town travel - Parking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Alfonso V. Velarde		Office sought Office held EPISD Trustee- Dist. 2	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

JAN 22 '19 1:15 PM

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

2 FILER NAME
Alfonso V. Velarde 3 Filer ID (Ethics Commission Filers)

4 Date 10/03/2018	5 Name of person from whom amount is received Alfonso V. Velarde 6 Address of person from whom amount is received; City; State; Zip Code 8501 Edgemere	8 Amount (\$) 598.44
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer EPISD Reimbursement for a portion of expenses incurred to attend the TASA/TASB Conference in Ft. Worth		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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