FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. 8 CANDIDATE / MS / MRS / MR FIRST MI **OFFICE USE ONLY** OFFICEHOLDER Mr. Joshua NAME Date Received NICKNAME LAST SUFFIX Josh Acevedo ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / ZIP CODE OFFICEHOLDER 2721 Copper Ave MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79930 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER Michael Кепу Mr. NAME NICKNAME LAST SUFFIX Apodaca **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY; STATE; **TREASURER ADDRESS** 3323 Sacramento Ave El Paso TX 79930 (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION** TREASURER (915)252 - 4520 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Year Month Day Month Day Year **COVERED** 03/26/2019 **THROUGH** 04/24/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/04/2019 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) El Paso Independent School District Trustee District

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CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTALS			IN STILL	2 of 8			
13 C / OH NAME	Acevedo, Josh		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office.	holder's kno	wledge or			
Additional Pages	COMMITTEE TYPE COMMITTEE MANS							
		COMMITTEE CAMPAIGN TREASURER ADDRE	ss					
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$	445.00			
	•	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$	1,695.00			
EXPENDITURE TOTALS	3. TOTAL POLITIC	SITEMIZED	\$	291.67				
	4. TOTAL POLITIC		\$	4,479.67				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				1,288.00			
17 AFFADAVIT	DIANA B. URIBE stery Public, State of Te omm. Expires 01-19-20 Notary ID 131416635	Western as		o be reporte				
AFFIX NO	TARY STAMP / SEAL AB	OVE	hi	110				
Sworm to and subs	cribed before me, by the s	ertify which, witness my hand and seal of office.	, this the	111	_ day			
Signature of offi	Model Diamalling Lead CSR Signature of officer administering Printed name of officer administering Title of officer administering oath							

SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3 3 of 8						
	9 Filer ID						
Acevedo, Josh 20 SCHEDULE SUBTOTALS	<u> </u>						
NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,695.00						
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$						
4. X SCHEDULE E: LOANS	\$ 1,288.00						
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,479.67						
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$						
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	vs \$						
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$						
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$						
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	vs s						
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE	S \$						

MONETA	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
The Instruc	tion Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/8		
FILER NAME Acevedo, Jos	h	3	Filer ID	_	
03/29/2019	Full name of contributor out-of-state PAC (ID#:_Acevedo, Francisca Contributor address; City; State; Zip Code 10157 Suez	7	Amount of Contribution (\$)	\$500.00	
	El Paso, TX 79925				
Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$150.00
	El Paso, TX 79903			***	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#) 03/30/2019 Cavazos-Reyna, C. LeRoy Contributor address; City; State; Zip Code 1730 Donerail				Amount of Contribution (\$)	\$250.00
	San Antonio, TX 78248				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#: 04/18/2019 EPAC Contributor address; City; State; Zip Code 810 E. Yandell Ste. B				Amount of Contribution (\$)	\$250.00
	El Paso, TX 79902				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Contributor address; City; State; Zip Code 1201 Cincinnati	Э			
Deigning)	El Paso, TX 79902	Employer /Can Instruction	Ĺ		
Principal оссир	ation / Job title (See Instructions)	Employer (See Instructions)		
	89				

LOANS				SCHEDULE E
The Instruction	Total pages Sche Sch: 1/1 Rpt: 5			
2 FILER NAME Acevedo, Josh		3	Filer ID	
4 TOTAL OF UN	NITEMIZED LOANS		s	
5 Date of loan 04/23/2019	7 Name of lender out-of-state PA Acevedo , Joshua	C (ID#:	9 Loar	n Amount (\$) \$1,288.00
6 Is lender a financial institution?	8 Lender address; City; State; 2721 Copper	Zip Code	10 Inter	est Rate
No	El paso, TX 79930		11 Mate	urity Date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col X None		15 Check if personal funds were		tical account e Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amo	unt Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupati	on	21 Employer (See Instructions)		
Forms provided by	Texas Ethics Commission www.ethic	c ctate ty uc	· · · · · · · · · · · · · · · · · · ·	/ersinn \/1 1 30f8030r

	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F1								
H		EVENDITURE CATECORIES FOR POV 0/4							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made #9 Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID							
	Sch: 1/3 Rpt: 6/8	Acevedo, Josh							
4	Date 04/23/2019	5 Payee name Carden, Jaenelle							
6	Amount (\$) \$431.75	7 Payee address; City; State; Zip Code 4517 Fairbanks El Paso, TX 79924							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Voter Contact							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date 04/19/2019	Payee name H&H Mailing and Printing Services							
	Amount (\$) \$1,370.49	Payee address; City; State; Zip Code 9431 Carnegie Ave							
		El Paso, TX 79925							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if used outside of Texas. Complete Schedule To Check if Austin, TX, officeholder living expense Mailer							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	04/17/2019	Morrow, Jonah							
	Amount (\$) \$374.00	Payee address; City; State; Zip Code 10736 Captain Valtr							
		El Paso, TX 79924							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.							

Candidate/Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense

Office held

Voter Contact

APR26 19 425FM

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1: Sch: 2/3 Rpt: 7/8	I							3	Filer ID	
_	Date	-									
4	04/08/2019]³	Payee name Office Depo								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip (Code				
	\$374.07		1111 Geror		·	•					
			El Paso, TX	79925							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edute)	(b)	Description			
	OF EXPENDITURE		Advertising							de of Texas. Complete Schedule T.	
								stamps and e		officeholder living expense	
								stamps and t	CIIV	siopes	
9	Complete ONLY if direct		Candidate/Off	iceholder name	0	office s	l ought			Office held	_
	expenditure to benefit C/OI										
	Date		Payee name								
L	04/01/2019	L	Regency P	rinting							
	Amount (\$)		Payee addre		State;	Zip (Code				
	\$422.00		2313 N Pie	dras St							
	W										
			El Paso, TX	(79930							
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	EXPENDITURE		Printing Exp	pense						de of Texas. Complete Schedule T, officeholder living expense	
								Push Card P			i
											,
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name								
	04/18/2019		Regency P	rinting							
	Amount (\$)		Payee addre	-	State;	Zip	Code	-			
	\$199.18		2313 N Pie	dras St							
			El Paso, T	< 79930							
	PURPOSE OF	(a)		ee Categories listed at	t the top of this scho	edule)	(b)	Description			
	EXPENDITURE		Printing Ex	pense						de of Texas. Complete Schedule T officeholder living expense	
								Push Card P		= :	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	iceholder name	C	office s	ought			Office held	
Н											

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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 3 Filer ID Sch: 3/3 Rpt: 8/8 Acevedo, Josh 4 Date Payee name 04/24/2019 Regency Printing 6 Amount (\$) 7 Payee address; State; Zip Code \$324.75 2313 N Piedras St El Paso, TX 79930 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **Printing Expense** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Push Card Prints**

9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held
	Date	Payee name			
	03/28/2019	Vistago Print			
Г	Amount (\$)	Payee address; City;	State; Zip Co	de	***
	\$691.76	7301 Bar K Ranch Rd			
		Lago Vista, TX 78645			
	PURPOSE OF	(a) Category (See Categories listed at the	top of this schedule)	(b) De	scription
	EXPENDITURE	Printing Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				↓↓ Ya	and Signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office held