CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST / MI	OFFICE USE ONLY	
NAME	REVE A	Date Received	
	VARGAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2424 Savannah, El Paso, TX 79930 AREA CODE PHONE NUMBER EXTENSION	JUNIO 19 1:02PM	
5 CANDIDATE/ OFFICEHOLDER PHONE	1915) 247 – 8439	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS (MR) FIRST MI	Receipt # Amount \$	
NAME	NICKNAME LAST SUFFIX	Date Processed	
	Chelly	Date Imaged 10 19 &C	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 900 YyrHe #2308, El Paso,	IX 79901	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 933-9654		
9 REPORT TYPE	January 15 30th day before election Runoff Bunoff Bunoff Bunoff Bunoff Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
	Since, personal contraction of the contraction of t		
10 PERIOD COVERED	Month Day Year HROUGH CO	Day Year	
11 ELECTION	ELECTION DATE Month Day Year Primary Aunoff Other Description		
	Q / 15 / 19 General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known	6900 PROV	
	EP ISP Trai	stee District 3	
GO TO PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	RENT	E VARGAS 15 File	r 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 cr officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
_		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5956.53
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 726.32
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT	Rose Marie Ped ID# 219643-8 NOTARY PUBLIA n and for the State of My commission err 07-01-2022	under Title 15, Election Code.	on required to be reported by me
AFFIX NOTARY STA		RENE VARUAS	, this the
- / Na. Aa	cribed before me,	by the said PENE VARUAS to certify which, witness my hand and seal of office.	uns uio
day of your	La Cart	Rose Marie Fileson	Notary Paklic
Signature of officer	administering oath	Printed name of officer administering college	Marie Pedregon g cath
Forms provided by Texas	Ethics Commission	www.ethics.state.tx.us	NOTARY PUBLIC Revise 9/8/201

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Ross Mains Petrson

NO 149 2: Gen 10

No 149 2:

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

<u> </u>		
19	FILER NAME RENE VARGAS 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5010.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 946.53
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 726.32
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	\$
_		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor cut-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/29/19 Jesus Acosta 6 Contributor address; City; State; Zip Code 79936	100.00
1392 Adaptel Dr., El Mso, Tp	Mono
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	nons)
Date Full name of contributor	Amount of contribution (\$)
5/6/19 Anturo Domingues. Contributor address; City: State; Zip Code 79902 3948 Las Vegas Dr., Elfoso, TX	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
	T
Date Full name of contributor	Amount of contribution (\$)
5/7/9 Tevesa Cabellovo Contributor address; City: State: Zip Code 300 E. Maln Sta# 1136, El Paso, Tx 79901	100 00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/7/19 Gabriel Bumbara Contributor address; City; State; Zip Code 4220 Buckingham Dr. El Paso, TX 79902	75.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1		
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
5/7/9 Steve Ortega 6 Contributor address; City; State; Zip Code 52/ Towas Ave, El Paso, TX 7990/	100.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date Full name of contributor	Amount of contribution (\$)		
5/7/19 tratthew Detoats contributor address; City; state; Zip Code 7/8 tyrtle, El Pasotz, 79901	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Date Full name of contributor	Amount of contribution (\$)		
5/8/19 Telix Valonzuela. Contributor address; City; State; Zip Code 221 N. Kansas St. Ste 1203, El Peso, TX	100.00		
221 N. Kansas St. Ste 1203, El Paso, 1X			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
5/9/19 Patrick Sovaa City; State; Zip Code 900 4 Showards, El Paso, Tx 79925	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is cut-of-state PAC, please see instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME RENÉ VARGAS	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (IDF:) 5/10/9 Char(ic Robert 6 Contributor address; City; State; Zip Code 500 En E Main Dr. Sto 840, El 1000	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ations)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/10/19 Contributor address: Ctty: State: Zip Code 909 Ekio Grande Avo. El Paso, TX 79902	200.00
Principal occupation / Job title (See instructions) Employer (See instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
5/13/A Contributor additions; City; State; Zip Code 1216 Montaina Ave. El Paso, TX 79902	250.00
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor	Amount of contribution (\$)
5/14/19 Rockie Rodi, quoz Contributor address; City: State; Zip Code PO BOX 477 DECATUR, GA 30031	100-00
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

MONETARY	SCHEDULE A1			
The instruct	ion Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	ENE VARGAS		3 Filer ID (Ethics Commission Filers)	
	name of contributor	•	7 Amount of contribution (\$)	
5/15/PA 6 cor	Roser Hontons	; Zip Code	50.00	
			stana)	
8 Principal occupation /	Job title (See Instructions)	9 Employer (See Instruc	uons)	
	name of contributor		Amount of contribution (\$)	
5/17/19 33	Sergio Saldin ntributor address; city; statu 01 Novitava Ave, El Paso	/ar o; Zip Code Tx 79903	100.00	
Principal occupation / J	ob title (See Instructions)	Employer (See Instruc	tions)	
Date Full	name of contributor	C (ID#:)	Amount of contribution (\$)	
5/17/19	The state departion of atributor address; city; state 4024 Trombridge Dr.	leachers zip Code	3,000.00	
	4024 Trombridge Dr.	El 1650, 1×79903		
	lob title (See Instructions)	Employer (See Instruc		
Date Ful	i name of contributor	C (ID#:)	Amount of contribution (\$)	
Contributor address; City; State; Zip Code				
Principal occupation / .	Job title (See Instructions)	Employer (See Instruc	ixtons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

	MONETARY (IN-KIND) POLITI RIBUTIONS	CAL	SCHEDULE A2
Th	te instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	PENÉ VARGAS		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 876.53
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description
5/6/19	Octavio Domingues 7 contributor address; city; state; zip coo 26 Kingers, El Paso, TX 79	 10 <i>9</i> 02	70.00 Food for valuations of Toron Complete Schooling T
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. Fr (FOR NON-JUDICIAL) (See Instructions)
A	TTORNEY		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribe	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
5/20/19	Full name of contributor out-of-state PAC (ID#:	10- PAC 12 78759	Amount of Contribution \$ In-kind contribution description 876.53 Post cords Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	I	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/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)

	the instruction duide expisins now to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME RENE VARGAS	. "	3 Filer ID (Ethics Commission Filers)		
4 Date 4/26/19	5 Payee name Five Point Hardware				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
52.77	2873 Pershing Dr., El Pe	12 Tq	930		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Supplies Les Commen	Check if travel o	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Supplies our Campoun Printing Expense		n, TX, officeholder living expense		
	AS A TRY EXPLOSE	supplies,	signs.		
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/29/19	LULAC Project El Pa	ාු			
Amount (\$)	Payee address; City; State; Zip Code				
100.00					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/29/19	Walnurt				
Amount (\$)	Payee address; City; State; Zip Code				
21.01	56/31 Dyer St. Il Pas	0, IX 799	04		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Printing Expenses		utside of Texas. Complete Schedule T.		
EXPENDITURE	Printing Expenses (Supplies)	1	n, TX, officeholder living expense		
	(Shhies	Supplies	for assas		
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offic Food/Beverage Expense Polii Glift/Awards/Memortals Expense Prin	n Repayment/Reimbursement to Overhead/Rental Expense fing Expense ting Expense tries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME REVÉ VARG	AS	3 Filer ID (Ethics Commission Filers)	
4 Date 4/29/19	5 Payee name Dunkin De	onuts		
6 Amount (\$) 26-79	7 Payoe address; City; State; Zip Co 9114 Dyer St., El	_	124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduled for the scheduled f	Check if travel of Check if Austi	utside of Texas. Complete Schedule T. n, TX, officeholder living expense SOR, Volenters Chuall	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 4/29/19	Payor name El Paso Baker	·~		
Amount (\$) 15. 96	Payee address: City: State: Zip Co.		79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food (Bevelage Expense)	Check if travel o	utside of Texas. Complete Schedule T. n., TX, officeholder living expense VERGET VOLUTELS CKWELK	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4/29/19	El Paso Bakery)		
Amount (\$)	Payee address; City; State; Zip C	ode		
10.50	3300 Fort Blvd, El	Paso, TX 7	9930	
PURPOSE OF EXPENDITURE	Food (Bevelog Expis	Check If travel Check If Aust	outside of Texas. Complete Schedule T. In, TX, officeholder (living expense VOICE, VOILL NEEDS LOCK VOILL	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not Ested above)	
1 Total pages Schedule F1:	2 FILER NAME RENÉVARON		3 Filer ID (Ethics Commission Filers)	
4 Date 5/1/19	5 Payee name Walmart			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
11.98	5-6131 Dyer St., El Pa	sy Tx 79	90°	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Printing Expense (Supplies)	Check if Austi	n, TX, afficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
5/2/19 594@12\$PQQ Inc.				
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
28.15	Squarespace, 459 Bro	adway, No	Wak, NY, 10013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting (Advotus): 13 Expense (Website)		urside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name	1		
5/3/19 Walmart Supercenter				
Amount (\$)	Payee address; City; State; Zip Code			
21.88	56131 DYER ST.,	EL Paso, T	79904	
PURPOSE OF EXPENDITURE	Catagory (See Catagories listed at the top of this schedule) BURBLES FOUN ISEVERAGE EXPENSE		outside of Texas. Complete Schedule T. In, TX, officeholder living expense CALKER SUPPLIES	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXP	ENDITURE CATI	EGORIES F	OH BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Ponations Made By Candidate/Officeholder/Political Credit Card Payment	Gift/Awards Committee Legal Service	age Expense Memorials Expense	Office Overl Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Travel in District Travel Out Of Dist	ulpment & Related Expense
1 Total pages Schedule F1:	0 ==== === === ========================		REAS		3 Filer ID (Eth	ics Commission Filers)
4 Date 5 16 19	E Pavea name	ekin Do	1			
6 Amount (\$) 17.31	7 Payee address; 9114 Dje	City; State;	·	, Tx 799:	24	
8 PURPOSE OF EXPENDITURE	(a) Category (See Catego Food Be			Check if Austin	ntside of Texas. Complete, TX, officeholder (Ivi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office	holder name		Office sought		Office held
5/6/19	Payee name E1 Pc	aso Bak	ર્લિ			
Amount (\$)	Payee address;	City; State;	Zip Code			
25.96	3300 F	oft Blvd.	,El ?	250, TX 7	993C	
PURPOSE OF EXPENDITURE	Food Be			Check if Austin	iside of Texas. Complete TX, officeholder living VOR LE WOLK	u nterly
Complete <u>ONLY</u> it direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
5/6/19	Payee name	OVE BO	ンそそ			
Amount (\$)	Payee address;	City; State;	-	<u> </u>		
100.29	3011 7	Zershing J	ir. El-	Paso, TX	79933	
PURPOSE OF EXPENDITURE	EVent E		nis schedule)	Check if Austli	utside of Texas. Complet n, TX, officeholder livi NIJLT (25e	
Complete <u>CNLY</u> if direct expenditure to benefit C/OI	Candidate / Offic	eholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CAT	regories for BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Cradidate/Officeholder/Politica Cradi Card Payment	rig Fees Office Overhead/Rental Expense Transportation Equipment & Related Extense Food/Beverage Expense Polling Expense Travel in District ations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District						
	The Instruction Guide exp	lains how to complete this form.	<u></u>				
1 Total pages Schedule F1:	2 FILER NAME & ENE	VARGAS	3 Filer ID (Ethics Commission Filers)				
4 Date 5/17/19	5 Payee name LowE'S	5 Payee name LOWE'S					
6 Amount (\$)	7 Payee address; City; State;	Zip Code					
30.06	4531 Woodbron	w.Bean, Transmin,	, El Paso, Tx 79924				
8	(a) Category (See Categories listed at the top of t						
PURPOSE	Printing Expense		outside of Texas. Complete Schedule T.				
OF EXPENDITURE	- Training Expenses		stin, TX, officeholder living expense				
	Supplies for Signs						
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
5/2019	Walmort						
Amount (\$)	Payee address; City; State;	Zip Code					
40.72	5631 Dyer st.	ElPaso, Tx 79	1904				
	Category (See Categories listed at the top of						
PURPOSE	Printing Expense	· -	outside of Texas. Complete Schedule T.				
OF EXPENDITURE	الماسين الماسين	- 1.	tin, TX, officeholder living expense				
		>ppues,	क्षर्				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
5/20/19	ElPasoJ	Bakery					
Amount (\$)	,	; Zip Code					
13.67	3300 Fort 81	rd, El Paso, T)	X 79930				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of Frod Severage Ex	Check if Aus	blockwalk				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/O							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Beniding Consulting Expense Contribution/Donations Made E Candidate/Officeholder/Politio Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sclaries/Wages/Contract Lebor	Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
	The instruction Guide explai	ins how to complete this form.			
1 Total pages Schedule F1:	FILER NAME PENE V	ARGAS	3 Filer ID (Ethics Commission Filers)		
4 Date 5/20/19	5 Payee name El Paso	Baters			
6 Amount (\$)	7 Payee address; City; State; 2	_			
12.28	3300 Fort Blue	d, El Poso, Tr	79930		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Food/Bevosag Exp	Check If Austir	utside of Texas. Complete Schedule T. 1. TX, officeholder living expense		
EXPERIMITORE		1000 X 6	everage, volunteers		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/28/19	Walmort				
Amount (\$)	Payee address; City; State; Zip Code				
30.31	5631 Dger 51	t., E17050, T)	17.9904		
	Category (See Categories listed at the top of this s	chedule) Description			
PURPOSE OF	Day Has France	Check if travel out	side of Texas. Complete Schedule T.		
EXPENDITURE	Politing Expense	Check if Austin,	TX, officeholder living expense		
	•	Supplies,	Signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5/28(19	El Paso Bo	akers			
Amount (\$)	Payee address; City; State; Z	ip Code			
15.96	3300 Fort Blud,	El Poso, Tx 7	9930		
	Category (See Categories listed at the top of this s	chedule) Description			
PURPOSE OF	Fand/ Barbana To	Check if travel out	side of Texas. Complete Schedule T.		
EXPENDITURE	Food/Bevelage Exp	Check if Austin,	TX, officeholder living expense		
			Kualk		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidata/Officeholder/Politic Credi Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME D - 1	VARGAS	3 Filer ID (Ethics Commission Filers)		
4 Date 5/30/19	5 Payee name Seven -	Eleven			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
18.74	2000 N PIEDRA	S ST , EC Paw, T,	× 79930		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this LONSULT (No APPENT	Check if travel ou	riside of Texas. Complete Schedule T. 1, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	GAS Fun Office sought	BUCK-WALKIMS VILUNUA Office held		
Date	Payee name				
6/3/19	El Paso Bad	Kerey			
Amount (\$)	Payee address; City; State;	Zip Code			
15.96	3300 Fort Blue	t, El Poso, To	x 79930		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Food BRING & EXPENS	.	side of Texas. Complete Schedule T. TX, officeholder liying expense SQL WOUNTERNS		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6/3/19	Walmort				
Amount (\$)	Payee address; City; State;				
37.06	56131 Dyers st.	El Paso, 1x 799	704		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel outs	side of Texes. Complete Schedule T. TX, officeholder living expense Sign		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reinbursement 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)
	·	tins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME REVE V	/AR6AS	3 Filer ID (Ethics Commission Filers)
4 Date 6/3/19	5 Payee name Squaresp	ace, Irc.	
28.15	7 Payee address; City; State; 459 Broad was		14 10013
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
PURPOSE	consulting/Advertisting	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	experse.	Ucheck II Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
613/19	El Paso 3	ators	
Amount (\$)	Payee address; City; State;	Zip Code	
12.12	3300 Fort B1	ud., El Paso, T	x 79930
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Tood Bevesoge exp	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder living expense VA (CA) VOLK
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
6/10/19	Walnest		
Amount (\$)	Payee address; City; State;	Zip Code	
18.52	56131 Dyer St	El Paso, Tx	79904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Ps: nili 115 Expense	Check If travel out	iside 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	S OF THIS SCHEDULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDNTE L1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
bleri eoffiO	Inguos eoffic	eman rebiorieoili	O \ etablbraD	Complete CNLY if direct expenditure to benefit C/OH
.T otherta Schedule T. Saxes To ebidente Schedule T. AT. others I iving expense		(e)uberias cirit to qot erit is betsil selroget	Catagory (See Ca	PURPOSE OF EXPENDITIBE
		City; State; Zip Code	Рауве address;	(\$) InuomA
			Payee name	Date
blari eoiliO	Office sought	eman rebioriesiii		Complete <u>QVLY</u> if direct expenditure to benefit C/OH
side of Texas. Complete Schedule T. TX, officeholder living expense XX	Check If Austin,	(einbertos eirli to qot erit is beteil seinogeta		РИЯРОЗЕ ОР ЕХРЕИБПИВЕ
08PPT XI	,020 / 13	city; state; Zip code	Payee address;	T.G3
	لوجه	nd asof 13	Payee name	P1 101) 8
bied eoiliO	Office sought	ernen teblodesiñk		Gomplete ONLY if direct expenditure to benefit C/OP
Teisberb Scheduse. Complete Scheduse Tracks of	Check if Austir	(e)inherfor sirth to got off the bestell section of the section of		8 PURPOSE EXPENDITURE
osppr x1, oc	्र ।३ ()		S S S S S S S S S S S S S S S S S S S	8P. SJ
	- Lux	El Joso Ba	5 Payee name	P1/01)9 etted #
S Filet ID (Ethics Commission Filers)	SPS	RENE NARE		Total pages Schedule F1:
eenequEl betateleing Expense Transportation Equipment & Relates Debatele Transi Out Out Obstruct Transi Out Out Obstruct Other (enter a catagory not istad above)	osnedo Veges/Contract Labor	MO como Gi priling esmocrate Expenses Metrafikan esmocrate Expenses	Foos 3y Gannalitee L oga 81 Committee L oga	Advertieing Expense Accounting/Beniding Consulting Expense Consulting Expense Contributions/Donations Made E Casti Carl Poyment
	FOR BOX 8(a)	EXPENDITURE CATEGORIES		

	PLEDG	ED CONTRIBUTIONS			SCHEDULE B
	The	Instruction Guide explains how to complete thi	ls form.	1 Total pages Sched	dule B:
2	FILER NAME			3 Filer 1D (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_)	8 Amount of Pledge \$. 9 In-kind contribution description
		7 Pledgor address; City; State;	Zip Code		:
				<u> </u>	side of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	ŀ	Pledgor address; City; State;	Zip Code	1	· ·
_				Check if travel out	side of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code	1	· ·
	İ			Check if travel out	Iside 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 contribution description
		Pledgor address; City; State;	Zip Code		· ·
					iside of Texas. Complete Schedule T.
	Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
_					
I					
	16 -	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see ins			requirements
			Anida IDL I	 	, . oquiromonid.

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (IDI:)	9 Loan Amount (\$)
6 is lender a financial institution?	8 Lender address; City; 5	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	13 Employer (See Instructions)	<u> </u>	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; \$	State: Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	lateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	•
not applicable	<u></u>	Employer (See Instructions)	<u> </u>
Principal Occupat	ion (See Instructions)	Employer (ose menucuons)	
16	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N estruction guide for additional r	

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 Gift/Awarde/Memorials Expense Legal Services Loan Repayment/Reimbureement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (onter a category not listed above)

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 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 City; State; Zip Code Payee address; Amount (\$) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete CNLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

		EXPENDITURE CATE	GORIES FOR E	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment/ Office Overhead/I Polling Expense Printing Expense Salaries/Wages/C lins how to comple	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)
d =	6 50 50		- To		9 Eller ID (Ethics Commission Eilers)
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED UN	NPAID INCURRED OBL	IGATIONS		\$
5 Date	6 Payee	name			
7 Amount (\$) 8 Payee address; City; State; Zip Code					
9 TYPE OF EXPENDITURE		Political	Non-Political		
10	(a) Categ	Ory (See Categories listed at the top of	this schedule)	(b) Description	on
PURPOSE				Checki	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Check if Austin, TX, officeholder living expense			If Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/O	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payer	o name			
Amount (\$)	Payee	e address; City; State	; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Political		
PURPOSE OF EXPENDITURE	Cate	gcry (See Categories listed at the top o	f this schedule)	_ =	ion If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		andidate / Officeholder name	Office	sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

		1 Total pages Schedule F3:
	The Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Ci	ty; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Ci	ty; State; Zip Code
	Description of investment	,
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

EXPENDITO	nes I	WIADE BY CI	TEDII CA		SCHEDULE F4
		EXPENDITURE CA	TEGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Feee Food/Beverage Expense Gitty/wards/Memorials Expens Legal Services The Instruction Guide ex	Setarles/Wages/	/Rental Expense 3 Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	SEDTOACRED	ITCARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	8 Payee	address; City; Sta	ate; Zip Code	•	
9 TYPE OF EXPENDITURE		Political	Non-Politica	ı	
10 PURPOSE OF EXPENDITURE	(a) Categ	OTY (See Categories listed at the to	op of this schedule)		ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete <u>CNLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder nam	e Office	sought	Office held
Date	Payee	name			
Amount (\$)	Payer	address; City; St	ate; Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politic	al ·	
PURPOSE OF EXPENDITURE	Cate	pory (See Categories listed at the t	op of this schedule)		ion If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		andidate / Officeholder nam	ne Office	e sought	Office held
	ATTA	CH ADDITIONAL COP	ES OF THIS SCH	EDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loen Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code 6 Amount (\$) Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **OF** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimburgement from political contributions Interviewi (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL **CONTRIBUTIONS TO A BUSINESS OF C/OH**

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awarde/Memortals 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)

	The instruction Guide explains how	to complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Cod	le ·	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outside	o of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Cod	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsid	e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NE	EDED

SCHEDULE !

The instruction Guide explains how to complete this form.						
1 Total pages Schedule Is	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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:						
2 FILER NAME 3 Filer ID (Ethics Commission						
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 Code				
	7 Purpose for which amount is received Check if p	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	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	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	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS

The Instru	ction Guide exp	1 Total pages Scredule 1:								
2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
4 Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expendi	ture reported on:									
Schedule A2	Schedule	в	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	Schedul	• F4 [Schedule G	Schedule H	Schedule COH-UC Schedule B-SS					
6 Dates of travel	f travel 7 Name of person(s) traveling									
	8 Departure city or name of departure location									
	9 Destination city or name of destination location									
10 Means of transportation										
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee										
Contribution / Expend	liture reported on	:	_		П					
Schedule A2	Schedule	В	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2 Schedule F4		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS						
Dates of travel	Dates of travel Name of person(s) traveling									
	Departure o	ity or nan	ne of departure loca	tion						
	Destination	city or na	ume of destination ic	ocation						
Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledger / Payee									
Contribution / Expen	diture reported or	1:								
Schedule A2	Schedu	e B	Schedule B(J)	Schedule C2	Schedule D Schedule F1					
Schedule F2	Schedu		Schedule G	Schedule H	Schedule COH-UC Schedule B-SS					
Dates of travel	Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
Means of transports	ation	Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

=									
-	The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report" ↔								
1	C/OH N/	AME &	2 Filer ID (Ethics Commission Filers)						
3	SIGNAT	TURE	······································						
	ing a rep	expect any further political contributions or political expenditures in connection with my port as a final report terminates my campaign treasurer appointment. I also understaitions or make any campaign expenditures without a campaign treasurer appointment	nd that I may not accept any campaign on file.						
		Signatu	re of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	A	CAMPAIGN FUNDS							
	Check	conly one:							
		I do not have unexpended contributions or unexpended interest or income earned from	om 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.							
	B.	ASSETS							
	Check	k 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						
5		EHOLDER splete this section only if you are an officeholder							
		I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as an						
			Signature of Officeholder						