

APR 19 3:42PM

# 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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Daniel		MI E
	NICKNAME		LAST Call		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6006 N Mesa St #604 El Paso, TX 79912				
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (915) 308-5994				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs		FIRST Sarah		MI E
	NICKNAME		LAST Brito		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 808 Cresta Alta Dr. El Paso, TX 79912				
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (915) 525-5509				
9 REPORT TYPE					
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED					
Month Day Year      Month Day Year 2 / 15 / 19      THROUGH      4 / 4 / 19					
11 ELECTION					
ELECTION DATE			ELECTION TYPE		
Month Day Year 5 / 4 / 19			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE			13 OFFICE SOUGHT (if known)		
OFFICE HELD (if any)			EPISD Board of Trustees		

GO TO PAGE 2

NOTES 61, 62, 63

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

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)

\$ 10,150

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 63.04

4. TOTAL POLITICAL EXPENDITURES

\$ 2,451.08

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

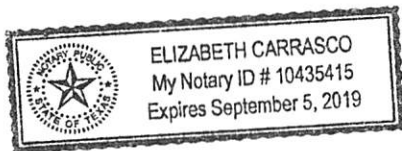
\$ 7,698.92

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel E. Call, this the 4th  
day of April, 20 19, to certify which, witness my hand and seal of office.

Elizabeth Carrasco  
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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,150
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1044.91
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	\$ 2,451.08
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

FORM 61-0003  
APR 19 2015

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniel Call

3 Filer ID (Ethics Commission Filers)

4 Date

2/28/19

5 Full name of contributor

Patricia Call

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

8001-E Mesa St #104, El Paso, TX

79933

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/28/19

Full name of contributor

Juan Teixeira

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

848 Via Descanso Dr, El Paso, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/19

Full name of contributor

Jess Nelson

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50

Contributor address;

City; State; Zip Code

6229 La Pasta Dr, El Paso, TX, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/19

Full name of contributor

Alayna Christensen

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25

Contributor address;

City; State; Zip Code

2333 Campus Dr  
Cottonwood Heights, UT, 84121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniel Gail

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn Westbrook

7 Amount of contribution (\$)

50

6 Contributor address;

City; State; Zip Code

1201 Rim Rd, El Paso, TX 79912

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cynthia Estrada

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

3112 Hero Point Place, 79938

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Eunice Gonzalez

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

14856 Canyon Breeze Place Ln, 79928

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Diana Campbell

Amount of contribution (\$)

300

Contributor address;

City; State; Zip Code

1453 Plaza Roja Ct, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daniel Call

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/19

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jack Bumgardner

7 Amount of contribution (\$)

225

6 Contributor address; City; State; Zip Code

833 Dulcinea Ct, 79922

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lisa Schoenbrun

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

6609 Camino Fuente Dr, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gregory & Heidi Bane

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

817 Dulcinea Ct, 79922

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Georgina Williams

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

630 Moondale Drive, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/29/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anne Nev.</i> 6 Contributor address; City; State; Zip Code <i>36306 Flemingway Ave</i> <i>North Branch, MN 55056</i>	7 Amount of contribution (\$)  <i>100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/29/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Deming</i> Contributor address; City; State; Zip Code <i>6316 Ste Snowheights Ct, 79912</i>	Amount of contribution (\$)  <i>50</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>American Federation of Teachers</i> Contributor address; City; State; Zip Code <i>4024 Trowbridge, 79903</i>	Amount of contribution (\$)  <i>8,000</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adrian &amp; Sarah Bruto</i> Contributor address; City; State; Zip Code <i>808 Cresta Alta Dr, 79912</i>	Amount of contribution (\$)  <i>150</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

ROD SUPP DEPT 1  
SEP 19 3:43PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1044.91</i>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Georgina Williams</i>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <i>629 Moondale Dr, 79912</i>	<i>1044.91</i>	<i>Fundraising Expense</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Homemaker</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# 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  
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 Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniel Call</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>3/23/19</i>	5 Payee name <i>Sun Circle Strategic Group</i>
--------------------------	---

6 Amount (\$) <i>1688.04</i>	7 Payee address; City; State; Zip Code <i>501 E Nevada, El Paso, TX, 79907</i>
---------------------------------	---

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>2/22/19</i>	Payee name <i>Chris Hanna</i>
------------------------	----------------------------------

Amount (\$) <i>400</i>	Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, El Paso, TX 79912</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>2/22/19</i>	Payee name <i>Nina Hedberg</i>
------------------------	-----------------------------------

Amount (\$) <i>300</i>	Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, El Paso, TX, 79912</i>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED