

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p>2 Total pages filed:</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Mr.</i> <i>Daniel</i> <i>E</i></p> <p>NICKNAME LAST SUFFIX</p> <p><i>Call</i></p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p><i>JUL 15 '19 12:20PM</i></p> <p><i>7/15/2019</i></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>6006 N Mesa St #604</i></p> <p><i>El Paso, TX 79912</i></p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(915) 308 5994</i></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Mrs</i> <i>Sarah</i> <i>E</i></p> <p>NICKNAME LAST SUFFIX</p> <p><i>Brito</i></p>		
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>808 Cresta Alta Dr.</i></p> <p><i>El Paso, TX 79912</i></p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(915) 525-5509</i></p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </p> <p> <input checked="" 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) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p><i>4 / 28 / 19</i> THROUGH <i>7 / 15 / 19</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><i>4 / 28 / 19</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p> <p><i>EPISD Trustee</i></p> <p><i>District 7</i></p>		

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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)

\$ 13,505

EXPENDITURE
TOTALS

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

\$ 145.55

4. TOTAL POLITICAL EXPENDITURES

\$ 13,505

CONTRIBUTION
BALANCE

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

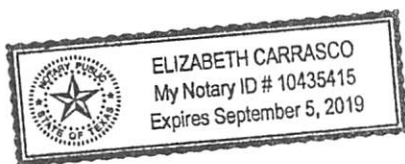
\$ 0

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 17th
day of July, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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	\$ 13,505
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,654.75
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	\$ 13,505
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Daniel Call

3 Filer ID (Ethics Commission Filer)

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: 9
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lynn Westbrook</i> 6 Contributor address: City: State: Zip Code <i>1201 Rim Rd, El Paso, TX 79912</i>	7 Amount of contribution (\$) <i>50</i>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <i>3/28/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cynthia Estrada</i> Contributor address: City: State: Zip Code <i>3112 Hero Point Place, 79938</i>	Amount of contribution (\$) <i>300</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>Eunice Gonzalez</i> Contributor address: City: State: Zip Code <i>14856 Canyon Breeze Place Ln, 79928</i>	Amount of contribution (\$) <i>300</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>Diana Campbell</i> Contributor address: City: State: Zip Code <i>1453 Plaza Roja Ct, 79912</i>	Amount of contribution (\$) <i>300</i>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME <u>Daniel Call</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Anne Nev.</u> 6 Contributor address; City; State; Zip Code <u>36396 Hemingway Ave</u> <u>North Branch, MN 55056</u>	7 Amount of contribution (\$) <u>100</u>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <u>3/29/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Stephanie Deming</u> Contributor address; City; State; Zip Code <u>6316 Ste Snowrights Ct, 79912</u>	Amount of contribution (\$) <u>50</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <u>3/20/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>American Federation of Teachers</u> Contributor address; City; State; Zip Code <u>4024 Trowbridge, 79903</u>	Amount of contribution (\$) <u>8,000</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <u>3/28/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Adrian & Sarah Brito</u> Contributor address; City; State; Zip Code <u>808 Cresta Alta Dr, 79912</u>	Amount of contribution (\$) <u>150</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack Bumgardner 6 Contributor address: City: State: Zip Code 833 Dulcinea Ct, 79922	7 Amount of contribution (\$) 225
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 3/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lisa Schoenbrun Contributor address: City: State: Zip Code 6609 Camino Fuente Dr, 79912	Amount of contribution (\$) 50
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gregory & Heidi Bane Contributor address: City: State: Zip Code 817 Dulcinea Ct, 79922	Amount of contribution (\$) 100
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Georgina Williams Contributor address: City: State: Zip Code 630 Moondale Drive, 79912	Amount of contribution (\$) 300
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: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4-6-19	5 Full name of contributor Tyson A. Jones <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 1088 Calle Parque Dr, 79912	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-7-19	Full name of contributor Alberto Cortez <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 6263 Franklin Lane, 79912	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-3-19	Full name of contributor Mary Allen-Pedraza <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1004 Singing Singing Hills, 79912	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME

Daniel Call

3 Filer ID (Ethics Commission Filers)

4 Date

4-5-19

5 Full name of contributor

☐ out-of-state PAC (ID#):

Jacob Clauson

7 Amount of contribution (\$)

15

6 Contributor address;

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-5-19

Full name of contributor

☐ out-of-state PAC (ID#):

Sylvia Tolman

Amount of contribution (\$)

15

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-19

Full name of contributor

☐ out-of-state PAC (ID#):

Alexis Rich

Amount of contribution (\$)

20

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-6-19

Full name of contributor

☐ out-of-state PAC (ID#):

Jeff & Jaime Hadfield

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

1885 S 250 W, Perry, UT, 84302

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: 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4-5-19	5 Full name of contributor Christine Janes <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1088 Calle Parque Dr, 79912	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-5-19	Full name of contributor Anna Waldron <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 221 Stone health Ct	Amount of contribution (\$) 40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-19	Full name of contributor Carmen Bastian <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 5
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-5-19	Full name of contributor Cassandra Meiners <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4-8	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lori Andrulis 6 Contributor address; City; State; Zip Code 6305 Franklin View, 79912	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Georgina Williams Contributor address; City; State; Zip Code 629 Moondale Drive, 79912	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Association of General Contractors Contributor address; City; State; Zip Code 810 E Vandell ste B, 79902	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Bonart Contributor address; City; State; Zip Code 6524 Loma De Cristo, 79912	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Daniel Call		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Sally Dinsmaar 6 Contributor address; City; State; Zip Code 659 Vera Ct 79932	7 Amount of contribution (\$) \$ 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Guerra Contributor address; City; State; Zip Code 5729 Burning Tree 79912	Amount of contribution (\$) \$ 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kids First of El Paso PAC Contributor address; City; State; Zip Code 4110 Rio Bravo Dr Ste 103	Amount of contribution (\$) \$ 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

SCHEDULE A2

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		\$	
5 Date <i>3-28-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Georgina Williams</i>	8 Amount of Contribution \$ <i>1044.91</i>	9 In-kind contribution description <i>Fundraising Expense</i>
7 Contributor address; City; State; Zip Code <i>629 Moondale Dr. 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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 4.22.19	Full name of contributor American Federation of Teachers	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$ 142.98	In-kind contribution description Advertising Expense
Contributor address; 4024 Trawbridge Dr, 79903			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.

002201 01 5177
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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		\$	
5 Date <i>4-9-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>American Federation of Teachers</i> 7 Contributor address: City: State: Zip Code <i>4024 Trowbridge Dr. 79903</i>	8 Amount of Contribution \$ <i>1258.54</i>	9 In-kind contribution description <i>Advertising Expense</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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 <i>3-28-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texas State Teachers Association</i> Contributor address: City: State: Zip Code <i>8716 N Mopac Expressway, Austin</i>	Amount of Contribution \$ <i>958.32</i>	In-kind contribution description <i>Advertising Expense</i> <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)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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		\$	
5 Date <i>5/4/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Georgina Williams</i>	8 Amount of Contribution \$ <i>250.00</i>	9 In-kind contribution description <i>Food & Beverage Expense</i>
7 Contributor address; City; State; Zip Code <i>629 Moondale Dr, 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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 Gail</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Various</i>	5 Payee name <i>Sun Circle Strategic Group</i>	
6 Amount (\$) <i>12,207.71</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>Printing Expense Expense 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
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Date <i>7/12/19</i>	Payee name <i>Rusty Booth</i>		
Amount (\$) <i>69.55</i>	Payee address; City; State; Zip Code <i>240 Fremont Ln</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation Reimbursement</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
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Date <i>Various</i>	Payee name <i>Paypatt Paypal</i>		
Amount (\$) <i>48.34</i>	Payee address; City; State; Zip Code <i>2211 North First St, San Jose CA 95131</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2015-19-12-22PM

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)
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4 Date <i>2/22/19</i>	5 Payee name <i>Chris Hanna</i>
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6 Amount (\$) <i>400</i>	7 Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, 79912</i>
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/22/19</i>	Payee name <i>Nina Hedberg</i>
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Amount (\$) <i>300</i>	Payee address; City; State; Zip Code <i>5801 Silver Springs Dr, 79912</i>
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/15/19</i>	Payee name <i>Nicolas Bañales</i>
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Amount (\$) <i>150</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>5/1/19</i>	5 Payee name <i>Mari Hernandez</i>	
6 Amount (\$) <i>100</i>	7 Payee address; City; State; Zip Code <i>9477 Ariel Rico, El Paso, TX, 79907</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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
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Date <i>5/17/19</i>	Payee name <i>L & J's</i>		
Amount (\$) <i>83.85</i>	Payee address; City; State; Zip Code <i>3622 E Missouri Ave, El Paso, TX 79903</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food & Beverage 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
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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
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