

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="font-size: 2em; text-align: center;">14</div>	
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr Daniel E </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Call </div>			<div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">OFFICE USE ONLY</div> <div style="padding: 5px;"> Date Received <div style="text-align: right; font-size: 0.8em;">APR26 '19 12:41PM</div> </div> <div style="padding: 5px;"> Date Hand-delivered or Date Postmarked <div style="text-align: right; font-size: 1.2em; font-family: cursive;">4/26/19 cc</div> </div>	
	<div style="display: flex; justify-content: space-between;"> 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change of Address 6006 N Mesa St #604 El Paso, TX 79912 </div>				
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (915) 308-5994 </div>			<div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> <div style="padding: 5px;"> Date Processed Date Imaged <div style="text-align: right; font-size: 1.2em; font-family: cursive;">4/26/19 cc</div> </div>	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mrs Sarah E </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Brito </div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 808 Cresta Alta Dr. El Paso, TX 79912 </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (915) 525-5509 </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.5em;">2 / 15 / 19</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.5em;">4 / 28 / 19</div> <div style="font-size: 1.5em; font-family: cursive;">DC</div> </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">5 / 4 / 19</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; font-family: cursive;">EPISD Board of Trustees</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

APR 26 '19 12:41 PM

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)

\$ 12,255

EXPENDITURE
TOTALS

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

\$ 96.95

4. TOTAL POLITICAL EXPENDITURES

\$ 5,332.89

CONTRIBUTION
BALANCE

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

\$ 6,922.11

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



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

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Call, this the 26th
day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Michael Press

Printed name of officer administering oath

CSR

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

APR 26 '19 12:41 PM

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	\$ 12,255
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,446.43
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	\$ 5,832.89
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:

2 FILER NAME

Daniel Call

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/19

5 Full name of contributor

Anne Neu

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

100

6 Contributor address; City; State; Zip Code

36306 Flemingway Ave
North Branch, MN 55056

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/19

Full name of contributor

Stephanie Deming

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

6316 Ste Snowrights Ct, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

American Federation of Teachers

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

8,000

Contributor address; City; State; Zip Code

4024 Trowbridge, 79903

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/19

Full name of contributor

Adrian & Sarah Bruto

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

150

Contributor address; City; State; Zip Code

808 Cresta Alta Dr, 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

APR26 '19 12:41PM

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>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</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:

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 Posta 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 Call

3 Filer ID (Ethics Commission Filers)

4 Date

4-8

5 Full name of contributor

Lori Andrusis

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

700

6 Contributor address;

City; State; Zip Code

6305 Franklin View, 79912

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-24

Full name of contributor

Georgina Williams

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$300

Contributor address;

City; State; Zip Code

629 Moondale Drive, 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

Association of General Contractors

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

250

Contributor address;

City; State; Zip Code

810 E Vandell ste B, 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-22

Full name of contributor

Richard Bonart

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

200

Contributor address;

City; State; Zip Code

6524 Loma De Cristo, 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

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

4-5-19

Christine Jones

6 Contributor address; City; State; Zip Code

1088 Calle Parque Dr, 79912

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

4-5-19

Anna Waldron

Contributor address; City; State; Zip Code

221 Stonehealth Ct

40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

4-5-19

Carmen Bastian

Contributor address; City; State; Zip Code

5

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

4-5-19

Cassandra Meiners

Contributor address; City; State; Zip Code

10

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

APR 26 '19 12:42PM

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>4-5-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jacob Clawson</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>15</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-5-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sylvia Tolman</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>15</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-5-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alexis Rich</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>20</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-6-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jeff & Jaime Hadfield</i> Contributor address; City; State; Zip Code <i>1885 S 250 W, Perry, UT, 84302</i>	Amount of contribution (\$) <i>250</i>
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:
2 FILER NAME <i>Daniel Call</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-6-19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tysan A. Jones</i> 6 Contributor address; City; State; Zip Code <i>1088 Calle Parque Dr, 79912</i>	7 Amount of contribution (\$) <i>50</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-7-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alberto Cortez</i> Contributor address; City; State; Zip Code <i>6263 Franklin Larr, 79912</i>	Amount of contribution (\$) <i>150</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-3-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mary Allen-Pedraza</i> Contributor address; City; State; Zip Code <i>1004 Singing Singing Hills, 79912</i>	Amount of contribution (\$) <i>200</i>
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.

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>3-28-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Georgina Williams</i> 7 Contributor address; City; State; Zip Code <i>629 Moondale Dr. 79912</i>	8 Amount of Contribution \$ <i>1044.91</i>	9 In-kind contribution description <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)		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>4.22.19</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 Trawbridge Dr. 79903</i>	Amount of Contribution \$ <i>142.98</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)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

APR 26 '19 12:42PM

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	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 Call</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

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

6 Amount (\$) <i>4,535.94</i>	7 Payee address; City; State; Zip Code <i>501 E Nevada, El Paso, TX, 79907</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>Chris Hanna</i>
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Amount (\$) <i>400</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>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 Expenses</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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED