FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr Joshua NAME Date Received JUL15'19 1:19PM **NICKNAME** LAST SUFFIX Josh Acevedo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2721 Copper Ave MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79930 Date Processed Date Image CAMPAIGN MS/MRS/MR FIRST МІ **TREASURER** Mr. Keny Michael NAME NICKNAME LAST SUFFIX Apodaca CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CITY; TREASURER 3323 Sacramento Ave **ADDRESS** (Residence or Business) El Paso,TX 79930 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (915)252 - 4520 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Х July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year COVERED 06/06/2019 THROUGH 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Other Primary X Runoff 06/15/2019 General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) El Paso ISD Trustee District 3 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM **C/OH**COVER SHEET PG 2

SOFFORT	& TOTALS			2 of 10
13 C / OH NAME	Acevedo, Josh		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	9	COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 375.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	TEMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,135.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 7,049.00
17 AFFADAVIT	ELIZABETH CARRASCO My Notary ID # 10435415 Expires September 5, 2019	Joshu C		pe reported by me
AFFIX NO	TARY STAMP / SEAL AB	OVE		. Uo
Sworn to and subso	cribed before me, by the s	aid <u>Josh ua</u> <u>Accued</u> ertify which, witness my hand and seal of office.	<u>O</u> , this the	day
Signature of office	er administering	Printed name of officer administering	Title of officer ac	Motany dministering oath

SUBTOTALS - C/OH	C	FORM C/OH COVER SHEET PG 3 3 of 10
18 FILER NAME Acevedo, Josh	19 Filer ID	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 375.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 4,111.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 5,135.43
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
Forms provided by Texas Ethics Commission was othics state by us		Version V1.1 0of01 of

MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	· · · · · ·
2 FILER NAME Acevedo, Jo	sh		3	Filer ID	
4 Date 06/10/2019	 5 Full name of contributor out-of-state PAC (ID#:_Aragon, Gabriel and Soledad 6 Contributor address; City; State; Zip Code 213 Yolanda El Paso, TX 79915 	-	7	Amount of Contribution (\$)	\$100.00
8 Principal occu	<u> </u>	9 Employer (See Instructions)		
Date 06/11/2019	Full name of contributor out-of-state PAC (ID#:_Aragon, Laura Contributor address; City; State; Zip Code 331 Rio Verde El Paso, TX 79912			Amount of Contribution (\$)	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 06/09/2019	Full name of contributor out-of-state PAC (ID#:_ Cooper, Theodore Contributor address; City; State; Zip Code 7401 Camino Del Sol)		Amount of Contribution (\$)	\$50.00
Principal occu	El Paso, TX 79911 pation / Job title (See Instructions)	Employer (See Instructions			
i incipal occi	pation 7 300 title (See Institutions)	Employer (See Instructions	<i>'</i>		
Date 06/11/2019	Full name of contributor out-of-state PAC (ID#: Dominguez, Cecilla Contributor address; City; State; Zip Code 11473 Nettie Rose El Paso, TX 79936			Amount of Contribution (\$)	\$75.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 06/09/2019	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.		ges Schedule E: 1 Rpt: 5/10
2 FILER NAME Acevedo, Josh			3 Filer ID	
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan 06/30/2019	7 Name of lender out-of-state PA Acevedo , Joshua	C (ID#:		9 Loan Amount (\$) \$4,111.00
6 Is lender a financial institution?	8 Lender address; City; State; 2721 Copper	Zip Code		10 Interest Rate
No	El paso, TX 79930			11 Maturity Date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions))	
14 Description of Col X None	lateral	15 Check if personal funds wer	re deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code	••••••	
20 Principal occupati	on	21 Employer (See Instructions))	
	-			
	Toyas Ethios Commission			Version V1 1 0e/01e4e

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 on, not listed about

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 1/5 Rpt: 6/10	Acevedo, Josh
4	Date	5 Payee name
	06/30/2019	Apodaca, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	3323 Sacramento
		El Paso, TX 79930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Management
_	Complete ONII V if direct	Conditions/Off-scholder some
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/07/2019	Fulkerson, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.00	2809 Yarbrough Apt. 4
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter Contact
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
_	06/20/2019	Fulkerson, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$352.00	2809 Yarbrough Apt. 4
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ĺ	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Voter Contact Voter Contact
_	Complete ON!! V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
-	rms provided by Tayas E	thics Commission Varion V1.1 Oct01.40

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to c	omple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	
	Sch: 2/5 Rpt: 7/10	Acevedo, Josh			
4	Date	5 Payee name			
	06/30/2019	Fulkerson, Joseph			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	\$93.50	2809 Yarbrough Apt. 4			
		El Paso, TX 79925			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense Voter Contact	
				voici comusi	
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uαht	Office held	_
	expenditure to benefit C/OI		-5		
	Date	Payee name			=
	06/06/2019	Garcia, Juan			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$403.00	608 Francis			
		El Paso, TX 79905			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
ļ	EXI ERBITORE			Check if Austin, TX, officeholder living expense	
				Voter Contact	
-	Complete ONLY if direct	Candidate/Officeholder name Office so	unht	Office held	
	expenditure to benefit C/O		- 9	C.1135 11012	
H	Date	Payee name			_
	06/20/2019	Garcia, Juan			
-	Amount (\$)	Payee address; City; State; Zip C	ode		
	\$352.00	608 Francis			
		El Paso, TX 79905			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	_
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE			Check if Austin, TX, officeholder living expense	
				Voter Contact	
	Complete ONLY if direct	Candidate/Officeholder name Office so	uabt	Office held	\dashv
	expenditure to benefit C/O	danagatoromocnotaer name Office so	agrit	Onice field	
\vdash					_
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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 3 Filer ID FILER NAME Sch: 3/5 Rpt: 8/10 Acevedo, Josh 4 Date Payee name 06/30/2019 Garcia, Juan Payee address; 6 Amount (\$) City; State; Zip Code \$93.50 608 Francis El Paso, TX 79905 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2019 **H&H Mailing and Printing Services** Amount (\$) Payee address; City; State; Zip Code \$420.46 9431 Carnegie Ave El Paso, TX 79925 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) **OF** Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailing services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2019 Morrow, Jonah Amount (\$) Payee address; City; State; Zip Code \$325.00 10736 Capt Valtr El Paso, TX 79924 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

		EXPEN	DITURE CATEGORIES F	OR BOX 8(a)	
Accounting Consulting Contribution		al Committee Legal Service	e Expense Polling emorials Expense Printing	tepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)
Total nad	ias Schadula E1:	2 FILER NAME	tion Guide explains now to	Complete this form.	3 Filer ID
	1/5 Rpt: 9/10	Acevedo, Josh			
Date		5 Payee name			
06/20/20	019	Morrow, Jonah			
Amount		7 Payee address; City	; State; Zip	Code	
	\$352.00	10736 Capt Valtr	, 3, 2.,		
		El Paso, TX 79924			
C	POSE IF DITURE	(a) Category (See Categories I Consulting Expense	isted at the top of this schedule)	<u> </u>	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ICC
	e <u>ONLY</u> if direct ure to benefit C/O	Candidate/Officeholder na H	ame Office s	ought	Office held
Date		Payee name			
06/30/2	019	Morrow, Jonah			
Amount (\$) \$93.50	Payee address; City 10736 Capt Valtr	; State; Zip	Code	
		l			
		El Paso, TX 79924			
C	POSE IF DITURE	El Paso, TX 79924 (a) Category (See Categories I Consulting Expense	isted at the top of this schedule)	_ l <u>1</u> ==	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
EXPEN	F	(a) Category (See Categories I Consulting Expense		Check if trave	tin, TX, officeholder living expense
EXPEN	OF DITURE ONLY if direct	(a) Category (See Categories I Consulting Expense		Check if trave	tin, TX, officeholder living expense
Complete expendit	DITURE ONLY if direct ure to benefit C/O	(a) Category (See Categories of Consulting Expense Candidate/Officeholder nath		Check if trave	tin, TX, officeholder living expense
Complete expendite	DITURE CONLY if direct ure to benefit C/O	(a) Category (See Categories of Consulting Expense Candidate/Officeholder nath	ame Office s	Check if trave	tin, TX, officeholder living expense
Complete expendite Date 06/12/20	OF DITURE CONLY if direct ure to benefit C/O	(a) Category (see Categories of Consulting Expense Candidate/Officeholder nath Payee name Regency Printing Payee address; City	ame Office s	Check if trave	tin, TX, officeholder living expense
Complete expendite Date 06/12/20 Amount	OF DITURE CONLY if direct ure to benefit C/O	(a) Category (see Categories of Consulting Expense Candidate/Officeholder nath Payee name Regency Printing Payee address; City 2313 N Piedras St	ame Office s	Check if trave Check if Aust Voter Conta	tin, TX, officeholder living expense

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID FILER NAME 1 Total pages Schedule F1: 2 Sch: 5/5 Rpt: 10/10 Acevedo, Josh 4 Date Payee name 06/06/2019 Vega, Kat Pavee address; City; State; Zip Code 6 Amount (\$) \$220.00 2809 Yarbrough Apt 4 El Paso, TX 79925 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/20/2019 Vega, Kat Amount (\$) Payee address; State; Zip Code \$352.00 2809 Yarbrough Apt 4 El Paso, TX 79925 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 06/30/2019 Vega, Kat Amount (\$) Payee address; City; State; Zip Code \$181.50 2809 Yarbrough Apt 4 El Paso, TX 79925 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Voter Contact Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH