

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;">7</div>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR FIRST <div style="font-size: 1.5em;">Fareed</div> MI <div style="font-size: 1.5em;">I.</div> NICKNAME LAST SUFFIX <div style="font-size: 1.5em;">Freddy Klayel-Avalos</div>			OFFICE USE ONLY Date Received <div style="font-size: 0.8em;">APR 25 '19 4:35PM</div> <div style="font-size: 1.5em; color: blue;">ec</div>	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">6740 Desert Canyon Dr. El Paso, TX 79912</div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(915) 526-2885</div>			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS MR FIRST <div style="font-size: 1.5em;">Joseph</div> MI <div style="font-size: 1.5em;">X</div> NICKNAME LAST SUFFIX <div style="font-size: 1.5em;">Moreno</div>			Receipt # Amount \$ Date Processed Date Imaged <div style="font-size: 1.2em; color: blue;">4/26/19</div>	
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">7907 Rodeo El Paso, TX 79915</div>			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(915) 922-7130</div>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(915) 922-7130</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	Month Day Year <div style="font-size: 1.2em;">03 / 05 / 19</div> <div style="text-align: center; margin: 0 10px;">THROUGH</div> <div style="font-size: 1.2em;">04 / 24 / 19</div>				
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.2em;">05 / 03 / 19</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		
	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">EPISD District 6 School Board Trustee</div>		
12 OFFICE	OFFICE HELD (if any)				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Fareed I Freddy Klavet Avalos

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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)

\$

2092.98

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3,000.00

CONTRIBUTION
BALANCE

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

\$

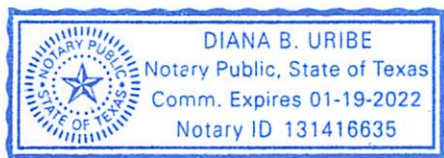
2245.55

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 Fareed Issa Klavet, this the 25th day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Diana Uribe

Lead CSR

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

Fareed I. Freddy Klayel - Avalos

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 142.98
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,000.00
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	\$

APR 25 '19 4:35PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Fareed Freddy Klayel Avalos

3 Filer ID (Ethics Commission Filers)

4 Date

4-4-19

5 Full name of contributor

Mike Dipp

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$200.⁰⁰

6 Contributor address;

City; State; Zip Code

P.O. Box 55 El Paso, TX 79940

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Date

4-16-19

Full name of contributor

El Paso Chapter Assoc. Gen. Contractors

Amount of contribution (\$)

\$250.⁰⁰

Contributor address;

City; State; Zip Code

810 E. Yandell, Ste B El Paso TX 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-19

Full name of contributor

Veronica K. Callaghan

Amount of contribution (\$)

\$250.⁰⁰

Contributor address;

City; State; Zip Code

1600 E. Fourth Ave. El Paso TX 79901

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Date

4-12-19

Full name of contributor

Thomas Handy

Amount of contribution (\$)

\$50.⁰⁰

Contributor address;

City; State; Zip Code

6338 Franklin Visk Dr. EPT 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
2 FILER NAME Fareed Freddy Klayel Avalos		3 Filer ID (Ethics Commission Filers)
4 Date 4-25-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: El Paso Apartment Association 6 Contributor address; City; State; Zip Code 5730 E Paisano EPT 79925	7 Amount of contribution (\$) \$250.-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ricardo Soto Contributor address; City; State; Zip Code 312 Rio Tinto EPT 79912	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marcia L. Heller Contributor address; City; State; Zip Code 7764 Cedar Breaks Lane EPT 79904	Amount of contribution (\$) \$100.⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-25-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Demetrio M. Jimenez Contributor address; City; State; Zip Code 442 Country Oaks Dr. EPT 79932	Amount of contribution (\$) \$750.⁰⁰
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>		

SCHEDULE A2

1 Total pages Schedule A2:

Fareed Freddy Klayel Avalos

\$

4-12-19

American Fed. of Teachers

7 Contributor address; City; State; Zip Code

4024 Trawbridge

PT 7903

\$142.98

☐ Check if travel outside of Texas. Complete Schedule T.**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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)

Full name of contributor ☐ out-of-state PAC (ID#: _____)

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 1	2 FILER NAME Fareed Freddy Klayel Avalos	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Sun Circle Strategic Group	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 1401 Montana Suite H	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(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		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Payee name 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		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Payee name 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		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Payee name 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		

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