

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Hon Donald R
NICKNAME LAST SUFFIX
Dee Margo II

OFFICE USE ONLY

Date Received

12/4/2020 4:53:00 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
201 E. Main Dr. Ste 1603
El Paso, Texas 79901-1365

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 213-1105

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr Oscar Javier
NICKNAME LAST SUFFIX
Ornelas

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
219 E Mills #3
El Paso, TX 79940

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 440-0044

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
10/26/2020 THROUGH 12/03/2020

11 ELECTION

ELECTION DATE

Month Day Year
12/12/2020

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

Mayor

13 OFFICE SOUGHT (if known)

Mayor

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City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Hon Donald R Margo II

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 155,548.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 162,959.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,292.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Donald R Margo II
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald R Margo II, this the 4 day of December, 2020, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
12/4/2020 4:57:59 PM

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Hon Donald R Margo II	20 Filer ID (Ethics Commission Filers)
-----------------------------------------------	-----------------------------------------------

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 137,625.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 17,923.48
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	\$ 154,468.90
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8,465.80
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 25.00
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	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
27

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/2020

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

Insko, Ivo

6 Contributor address; City; State; Zip Code

945 Via Monte El Paso TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/2020

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

Rosales, Angelica A

Contributor address; City; State; Zip Code

9612 Gairloch Dr El Paso TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2020

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

AT&T Texas PAC

Contributor address; City; State; Zip Code

816 Congress Ave Ste 1100 Austin TX 78701

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2020

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

Bass, Ben

Contributor address; City; State; Zip Code

3501 Hueco Ave El Paso TX 79903

Amount of contribution (\$)

50

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.

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Duran, Frances A
.....
6 Contributor address; City; State; Zip Code
721 Wellesley Rd El Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Goodman, Leonard III
.....
Contributor address; City; State; Zip Code
4911 Meadowlark Dr El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Goodman Financial Group

Date

11/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Hutchison, C H
.....
Contributor address; City; State; Zip Code
1575 Belvidere St Apt 232 El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
Moreno, Monica
.....
Contributor address; City; State; Zip Code
2509 Scenic Crest Cir El Paso TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2020

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

Richard Rogers Civic Action Fund

6 Contributor address; City; State; Zip Code

16251 Dallas Pkwy Addison TX 75001

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/03/2020

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

Rosales, Joe A

Contributor address; City; State; Zip Code

9104 Mettler St El Paso TX 79925

Amount of contribution (\$)

400

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/2020

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

Rosales, Jose A Jr

Contributor address; City; State; Zip Code

8000 Escobar Dr El Paso TX 79907

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

JAR Construction Inc

Date

11/03/2020

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

Skipworth, Robert A

Contributor address; City; State; Zip Code

310 N Mesa Ste 600 El Paso TX 79901

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2020

5 Full name of contributor

Speer, Blanca M

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

368 Shadow Mountain Dr Apt 121L El Paso TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/03/2020

Full name of contributor

Speer, James M Jr

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

368 Shadow Mountain Dr Apt 121L El Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/2020

Full name of contributor

Margo, Don R III

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1123 Rim Road El Paso TX 79902

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

HUB International

Date

11/04/2020

Full name of contributor

Panahi, John

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3801 Tularosa El Paso TX 79903

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/09/2020

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

Gamboa, Albert Jr

6 Contributor address; City; State; Zip Code

10913 Don January El Paso TX 79935

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Tan Contractors LLC

Date

11/09/2020

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

Heasley, Robert C

Contributor address; City; State; Zip Code

3817 Constitution Dr Ste 100 El Paso TX 79922

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

11/11/2020

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

Holmes, Ned S

Contributor address; City; State; Zip Code

55 Waugh Dr Ste 1111 Houston TX 77007

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Holmes Investments Inc

Date

11/11/2020

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

Hoy, Robert F

Contributor address; City; State; Zip Code

1575 Belvidere St El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Auto Sales

Employer (See Instructions)

Hoy Family Auto

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A1

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2020

5 Full name of contributor

McNellis, Ryan

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

460 Rocky Pointe Dr. El Paso TX 79904

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Wing Daddy's Franchising LLC

Date

11/11/2020

Full name of contributor

Murchison, Robert F

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5430 Lyndon B Johnson Fwy # 1450 Dallas TX 75240

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Murchison Capital Partners

Date

11/13/2020

Full name of contributor

Price, Walter T IV

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

PO Box 1749 Amarillo TX 79105

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Amarillo National Bank

Date

11/15/2020

Full name of contributor

Bonilla, Henry

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1146 19th St NW #350 Washington DC 20036

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Government Relations

Employer (See Instructions)

The Normandy Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/16/2020

5 Full name of contributor

Harcrow, Melissa

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

1529 Snowy Plower El Paso TX 79928

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/16/2020

Full name of contributor

Hunt, Joshua

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1101 E Baltimore El Paso TX 79902

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Hunt Companies Inc

Date

11/18/2020

Full name of contributor

Ivey, Claudia

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

720 Twin Hills Drive El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/2020

Full name of contributor

Perez Giese, Christian

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

785 Via Mirada Ln El Paso TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

CBRE

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
27

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/2020

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

El Paso Association of Firefighters PAC

6 Contributor address; City; State; Zip Code

3112 Forney Dr El Paso TX 79935

7 Amount of contribution (\$)

1500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/19/2020

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

Good Government Coalition

Contributor address; City; State; Zip Code

6412 Brandon Ave No 701 Springfield VA 22150

Amount of contribution (\$)

4000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2020

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

Gorman, Patrick

Contributor address; City; State; Zip Code

709 La Cruz Dr El Paso TX 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Gorman Industrial Supply

Date

11/19/2020

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

Hoover, Sandra S

Contributor address; City; State; Zip Code

54 Sun Point Ln El Paso TX 79912

Amount of contribution (\$)

125

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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/2020

5 Full name of contributor

Hunt, Woody L

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

PO Box 12667 El Paso TX 79913

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

Chairman

9 Employer (See Instructions)

Hunt Companies Inc

Date

11/19/2020

Full name of contributor

Jack & Jean Darbyshire Living Trust

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

PO Box 4410 Anthony NM 88021

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2020

Full name of contributor

Marusich, Colleen

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3024 Piedmont Dr. El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2020

Full name of contributor

Morton, R.A.D.

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

2312 N Virginia El Paso TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Randag, William Jr
.....
6 Contributor address; City; State; Zip Code
921 Singing Hills El Paso TX 79912

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)
Insurance

9 Employer (See Instructions)
Assured Benefits Administrators

Date

11/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Robison, J Kirk
.....
Contributor address; City; State; Zip Code
4445 N Mesa Ste 100 El Paso TX 79902

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Pizza Properties Inc

Date

11/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rodriguez, Eduardo A
.....
Contributor address; City; State; Zip Code
4110 Rio Bravo St Ste 103 El Paso TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Strategic Communication Consulting Group

Date

11/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
Salome, James J.
.....
Contributor address; City; State; Zip Code
700 La Cruz Dr El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
27

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/2020

5 Full name of contributor

Schwartz, Jonathan D.

6 Contributor address;

6006 Balcones Ct Apt 16 El Paso TX 79912

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/19/2020

Full name of contributor

Schwartz, Josephine P

Contributor address;

6006 Balcones Ct Apt 16 El Paso TX 79912

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2020

Full name of contributor

Teran , Maria

Contributor address;

4804 Villa Encanto El Paso TX 79922

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Sierra Machinery Inc

Date

11/19/2020

Full name of contributor

Wolf, Clinton E

Contributor address;

5168 Cielo Del Rio PI El Paso TX 79932

out-of-state PAC (ID#: _____)

City;

State;

Zip Code

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Kemp Smith LLP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
27

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/19/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Zaragoza, Marco A
.....
6 Contributor address; City; State; Zip Code
2320 Saint Vrain El Paso TX 79902

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
Executive

9 Employer (See Instructions)
Windstar Drilling Services LLC

Date

11/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Hammond, Joseph P
.....
Contributor address; City; State; Zip Code
252 Shadow Mountain El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Hunt, Joshua
.....
Contributor address; City; State; Zip Code
1101 E Baltimore El Paso TX 79902

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Hunt Companies Inc

Date

11/20/2020

Full name of contributor out-of-state PAC (ID#: _____)
Keating, William
.....
Contributor address; City; State; Zip Code
811 McKelligon Dr El Paso TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Insurance

Employer (See Instructions)
HUB International

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
27

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/22/2020

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

Butterworth, Sharon

6 Contributor address; City; State; Zip Code

1059 Los Jardines El Paso TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/23/2020

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

Behrenhausen, Richard A Gen

Contributor address; City; State; Zip Code

1101 Rim Rd El Paso TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

11/23/2020

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

Burton, Bill

Contributor address; City; State; Zip Code

720 Waltham Ct El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Mithoff Burton Partners

Date

11/23/2020

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

Coon, William

Contributor address; City; State; Zip Code

10805 Miller Barber El Paso TX 79935

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

11/23/2020

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

Frullo, John

6 Contributor address; City; State; Zip Code

7720 University Ave Lubbock TX 79423

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Midtown Printing & Graphics

Date

11/23/2020

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

Goldberg, Mona

Contributor address; City; State; Zip Code

2630 E Yandell Dr El Paso TX 79903

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/23/2020

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

Hunt, Woody L

Contributor address; City; State; Zip Code

PO Box 12667 El Paso TX 79913

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

Hunt Companies Inc

Date

11/23/2020

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

Larson, Lyle

Contributor address; City; State; Zip Code

16607 Blanco Rd Ste 1405 San Antonio TX 78232

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

American Consortium

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/23/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Yung, William
6 Contributor address; City; State; Zip Code
4428 Mockingbird Pkwy Dallas TX 75205

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Chiu, Julio
Contributor address; City; State; Zip Code
404 Willow Glen El Paso TX 79922

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
SEISA Group

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Collins, Timothy R
Contributor address; City; State; Zip Code
1621 Rim Rd El Paso TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Insurance

Employer (See Instructions)
HUB International

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cullers, John S
Contributor address; City; State; Zip Code
7170 Westwind Dr Ste 101 El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

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4 Date

11/24/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Fox, Steve
6 Contributor address; City; State; Zip Code
11165 Gateway West El Paso TX 79935

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)
Executive

9 Employer (See Instructions)
Hoy-Fox Texas Inc

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Goodman, Leonard III
Contributor address; City; State; Zip Code
4911 Meadowlark Dr El Paso TX 79922

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Goodman Financial Group

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Hjalmquist, John
Contributor address; City; State; Zip Code
848 Forest Willow El Paso TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Pizza Properties Inc

Date

11/24/2020

Full name of contributor out-of-state PAC (ID#: _____)
Karlsruher, Mary
Contributor address; City; State; Zip Code
716 Maxie Marie Ave. El Paso TX 79932

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
CSA Design Group

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/24/2020

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

Lowenfield, Clay

6 Contributor address; City; State; Zip Code

4820 Villa Encanto El Paso TX 79922

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Auto dealer

9 Employer (See Instructions)

Casa Automotive Group

Date

11/24/2020

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

Lowenfield, Ronald

Contributor address; City; State; Zip Code

500 Woodland Ave El Paso TX 79922

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Auto Sales

Employer (See Instructions)

Casa Automotive Group

Date

11/24/2020

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

Rogers, J W Jr

Contributor address; City; State; Zip Code

1600 Dede Lane El Paso TX 79902

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

St Regis Airport Properties Inc

Date

11/24/2020

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

Spier, Peter A

Contributor address; City; State; Zip Code

4939 Meadowlark Dr El Paso TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Hunt Companies Inc

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/25/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Barber, Perry O
.....
6 Contributor address; City; State; Zip Code
201 E Main Ste 1500 El Paso TX 79901

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Cottonwood Interests LLC

Date

11/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Gaddy, Lane
.....
Contributor address; City; State; Zip Code
1720 Magoffin Ave El Paso TX 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
W Silver Recycling Inc

Date

11/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Hoy, Robert A
.....
Contributor address; City; State; Zip Code
1107 Rim Road El Paso TX 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Hoy Family Auto Inc

Date

11/25/2020

Full name of contributor out-of-state PAC (ID#: _____)
Palacios, Raymond
.....
Contributor address; City; State; Zip Code
5025 Meadowlark Dr El Paso TX 79922

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Bravo Operations LLC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/26/2020

5 Full name of contributor

Rogers, Isha

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

1505 Rim Rd El Paso TX 79902

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

N/A

Date

11/28/2020

Full name of contributor

Bowles, Donald

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

8144 Walnut Hill Ln Dallas TX 75231

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Advisor

Employer (See Instructions)

Marsh & McLennan Agency

Date

11/28/2020

Full name of contributor

Guerra, Ruben E

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5848 Diamond Point Cir El Paso TX 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Managing Member

Employer (See Instructions)

The Ruben E Guerra Company LLC

Date

11/28/2020

Full name of contributor

Gulbas, Bruce

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

833 Lakeway Dr El Paso TX 79932

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

National Restaurant Supply

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/2020

5 Full name of contributor

Sanders, William P

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

201 E Main 3rd Fl El Paso TX 79901

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Strategic Growth Bancorp Inc

Date

11/29/2020

Full name of contributor

Hernandez, Patrick

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

10936 Coyote Ranch Ln El Paso TX 79934

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/2020

Full name of contributor

Byrne, Patrick

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5400 Tierra Vista El Paso TX 79932

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Byrne Foods Group LLC

Date

11/30/2020

Full name of contributor

Hunt, Woody L

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

PO Box 12667 El Paso TX 79913

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

Hunt Companies Inc

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

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

Anderson, Sue

6 Contributor address; City; State; Zip Code

4750 River Creek Pl El Paso TX 79922

7 Amount of contribution (\$)

1500

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Diversified Interiors of El Paso

Date

12/01/2020

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

Antcliff Mediation PLLC

Contributor address; City; State; Zip Code

221 N Kansas Ste 609 El Paso TX 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2020

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

Baca, Rita

Contributor address; City; State; Zip Code

626 Punto Reyes Ln El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2020

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

Betty Ruth Wakefield Haley Living Trust

Contributor address; City; State; Zip Code

201 E Main Ste 1603 El Paso TX 79901

Amount of contribution (\$)

20000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

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3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

5 Full name of contributor

Carafano, Patricia

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

9259 WH Burges Dr El Paso TX 79925

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/01/2020

Full name of contributor

Chestnut, James D

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

9406 Oakmont Dr Grand Blanc MI 48439

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

AlixPartners LLP

Date

12/01/2020

Full name of contributor

Coleman, Duane P

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5206 Grove East Sunland Park NM 88063

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2020

Full name of contributor

Dunn, CC Jr

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1321 Hookridge Dr El Paso TX 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

5 Full name of contributor

Fickett, DM

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

1321 Calle Lago Dr El Paso TX 79912

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/01/2020

Full name of contributor

Houghton, E C Jr

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

210 N Campbell St El Paso TX 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Houghton Financial Partners LLC

Date

12/01/2020

Full name of contributor

Hunt, Marion

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

PO Box 12220 El Paso TX 79913

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Managing Member

Employer (See Instructions)

HB GP LLC

Date

12/01/2020

Full name of contributor

Kahn, Stuart

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

740 Via Mirada El Paso TX 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

5 Full name of contributor

Knopp, Helen W

6 Contributor address;

5756 Box Elder Rd El Paso TX 79932

out-of-state PAC (ID#: _____)

City; State; Zip Code

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/01/2020

Full name of contributor

Kotarski, Robert D

Contributor address;

PO Box 221650 El Paso TX 79913

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2020

Full name of contributor

LaMantia, Nicholas

Contributor address;

230 Lombardy El Paso TX 79912

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

L&F Distributors

Date

12/01/2020

Full name of contributor

Lowenfield, Sandra S

Contributor address;

900 Vista Mia Ct El Paso TX 79922

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

600

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

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

Luciano, Donald C

6 Contributor address; City; State; Zip Code

718 Blacker El Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/01/2020

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

Palafox, David M

Contributor address; City; State; Zip Code

2 Williamsburg Dr El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/01/2020

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

Rogers, Dede

Contributor address; City; State; Zip Code

1800 N Stanton No 1103 El Paso TX 79902

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)
Investments

Employer (See Instructions)
Self Employed

Date

12/01/2020

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

Skov, Robert E

Contributor address; City; State; Zip Code

PO Box 310 Clint TX 79836

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Farmer

Employer (See Instructions)
Skov Farms

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2020

5 Full name of contributor

Trubowitsch, Gregory

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

741 Los Miradores El Paso TX 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/02/2020

Full name of contributor

Castro, Richard A

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3332 Wedgewood El Paso TX 79925

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Castro Enterprises Inc

Date

12/02/2020

Full name of contributor

Francis, L Frederick

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

500 N Mesa St El Paso TX 79901

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

WestStar Bank

Date

12/02/2020

Full name of contributor

Hill, G Russell

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1205 Cerrito Grande El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

ScottHulse PC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

12/02/2020

5 Full name of contributor

Lovelady, William

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

PO Box 51 Tornillo TX 79853

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Farmer

9 Employer (See Instructions)

WT Lovelady Farms LP

Date

12/02/2020

Full name of contributor

Wyatt, Troy L

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5706 Mira Grande Dr El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
1

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

12/02/2020

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

Foster, Paul L

7 Contributor address; City; State; Zip Code

123 W Mills Ave Ste 600 El Paso TX 79901

8 Amount of Contribution \$

3031.48

9 In-kind contribution description

Advertising

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Executive

11 Employer (FOR NON-JUDICIAL) (See Instructions)

FSW Investments Management LLC

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

12/03/2020

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

Mithoff Burton Partners

Contributor address; City; State; Zip Code

123 W Mills Ste 500 El Paso TX 79901

Amount of Contribution \$

14892

In-kind contribution description

Advertising

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)

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

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/2020		5 Payee name First Data			
6 Amount (\$) 13.26		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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	
Date 10/27/2020		Payee name First Data			
Amount (\$) 0.18		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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	
Date 10/28/2020		Payee name El Paso Mail & Print Services			
Amount (\$) 3508.1		Payee address; City; State; Zip Code 1144 Vista De Oro Ste A El Paso TX 79935			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Postcards & doorhangers		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2020		5 Payee name Encinas, Trisha			
6 Amount (\$) 10280		7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Digital		
	(c) <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 10/28/2020		Candidate / Officeholder name Sunflower Bank			
Amount (\$) 60		Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Bank fees		
	<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 10/29/2020		Candidate / Officeholder name First Data			
Amount (\$) 2.45		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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			
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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2020		5 Payee name First Data			
6 Amount (\$) 0.09		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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 11/01/2020		Payee name Cygnal LLC			
Amount (\$) 9403.18		Payee address; City; State; Zip Code 1600 K St NW Ste 350 Washington DC			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Text campaign		
	<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 11/03/2020		Payee name El Paso Mail & Print Services			
Amount (\$) 492.27		Payee address; City; State; Zip Code 1144 Vista De Oro Ste A El Paso TX 79935			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push cards		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2020	5 Payee name Encinas, Trisha	
6 Amount (\$) 6250	7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description GOTV campaign
	(c) <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 11/03/2020	Payee name First Data	
Amount (\$) 29.9	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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 11/03/2020	Payee name Sunflower Bank	
Amount (\$) 30	Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/2020	5 Payee name Valenzuela, Sofia	
6 Amount (\$) 2000	7 Payee address; City; State; Zip Code 12798 Trollope Dr El Paso TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Voter contact
	(c) <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 11/04/2020	Payee name Sunflower Bank	
Amount (\$) 30	Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank fees
	<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 11/05/2020	Payee name First Data	
Amount (\$) 1.85	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/06/2020		5 Payee name Encinas, Trisha			
6 Amount (\$) 1960		7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email campaign		
	(c) <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 11/06/2020		Payee name First Data			
Amount (\$) 174.57		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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 11/09/2020		Payee name First Data			
Amount (\$) 5.05		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/09/2020		5 Payee name Octopus Advertising Group			
6 Amount (\$) 4668.2		7 Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Newspaper		
	(c) <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	
Date 11/09/2020		Payee name Sunflower Bank			
Amount (\$) 30		Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Bank fees		
	<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	
Date 11/10/2020		Payee name Episcopo, Peter			
Amount (\$) 1000		Payee address; City; State; Zip Code 5432 La Estancia Cir El Paso TX 79932			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Catering - Election day watch		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/2020		5 Payee name First Data			
6 Amount (\$) 88.53		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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 11/13/2020		Payee name Octopus Advertising Group			
Amount (\$) 15710		Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Television		
	<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 11/13/2020		Payee name Sunflower Bank			
Amount (\$) 30		Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Bank fees		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2020	5 Payee name First Data	
6 Amount (\$) 104.93	7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Credit card processing fees
	(c) <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 11/16/2020	Candidate / Officeholder name The Ornelas Firm PLLC	
Amount (\$) 2500	Payee address; City; State; Zip Code 219 E Mills #3 El Paso TX 79940	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Campaign finance compliance
	<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 11/17/2020	Candidate / Officeholder name First Data	
Amount (\$) 16.88	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2020		5 Payee name First Data			
6 Amount (\$) 73.76		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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 11/19/2020		Payee name First Data			
Amount (\$) 0.18		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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 11/19/2020		Payee name Sunflower Bank			
Amount (\$) 16		Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Bank fees		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2020	5 Payee name Encinas, Trisha	
6 Amount (\$) 4000	7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign manager
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 11/20/2020	Payee name First Data	
Amount (\$) 31.3	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 11/23/2020	Payee name Encinas, Trisha	
Amount (\$) 6100	Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/23/2020		5 Payee name First Data			
6 Amount (\$) 300.88		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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	
Date 11/23/2020		Payee name Nasica, Murphy			
Amount (\$) 9434.3		Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailer		
	<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	
Date 11/23/2020		Payee name Nasica, Murphy			
Amount (\$) 2000		Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Voter outreach consulting		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 11/23/2020	5 Payee name Sunflower Bank	
6 Amount (\$) 60	7 Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank fees
	(c) <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 11/24/2020	Payee name All Print	
Amount (\$) 2114.1	Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stationary, signs, bumper stickers
	<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 11/24/2020	Payee name First Data	
Amount (\$) 2.65	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/24/2020		5 Payee name Nasica, Murphy			
6 Amount (\$) 693.67		7 Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Doorhangers		
	(c) <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	
Date 11/25/2020		Payee name First Data			
Amount (\$) 256.64		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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	
Date 11/25/2020		Payee name Octopus Advertising Group			
Amount (\$) 6900		Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Radio & newspaper		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 11/25/2020		5 Payee name Sunflower Bank			
6 Amount (\$) 30		7 Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Bank fees		
	(c) <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 11/27/2020		Payee name First Data			
Amount (\$) 499.11		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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 11/30/2020		Payee name First Data			
Amount (\$) 164.22		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Credit card processing fees		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18		2 FILER NAME Hon Donald R Margo II		3 Filer ID (Ethics Commission Filers)	
4 Date 12/01/2020		5 Payee name First Data			
6 Amount (\$) 0.98		7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Credit card processing fees		
	(c) <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	
Date 12/01/2020		Payee name Nasica, Murphy			
Amount (\$) 16891.44		Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailer		
	<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	
Date 12/01/2020		Payee name Octopus Advertising Group			
Amount (\$) 36021.4		Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Media buy, newspaper		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2020	5 Payee name Sunflower Bank	
6 Amount (\$) 60	7 Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank fees
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/02/2020	Payee name Encinas, Trisha	
Amount (\$) 10200	Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Runoff GOTV
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

Date 12/02/2020	Payee name First Data	
Amount (\$) 198.83	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 18	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2020	5 Payee name Sunflower Bank	
6 Amount (\$) 30	7 Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank fees
	(c) <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	
Amount (\$)	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Date	Office held	
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/02/2020	6 Payee name Mithoff Burton Partners
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7 Amount (\$) 758	8 Payee address; 123 W Mills Ste 500 El Paso TX 79901	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Media and campaign consulting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/02/2020	Payee name Mithoff Burton Partners
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Amount (\$) 5260	Payee address; 123 W Mills Ste 500 El Paso TX 79901	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Production, website, content & printed media
	<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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
----------------------------------------	----------------------------------------------	----------------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/02/2020	6 Payee name Octopus Advertising Group
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7 Amount (\$) 823.8	8 Payee address; 212 E Mills Ste C El Paso TX 79901	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/02/2020	Payee name Zepol Media Partners
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Amount (\$) 1624	Payee address; 825 3rd St Alamosa CO 81101	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital and print media
	<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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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|-------------------------------------------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--------------------------------------------------------------------	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	----------------------------------------

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	----------------------------------------

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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
---------------------------------------	----------------------------------------------	----------------------------------------------

4 Date 11/06/2020	5 Payee name El Paso County Elections Dept
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6 Amount (\$) 25 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 500 E San Antonio Ste 314 El Paso, TX 79901 City; State; Zip Code
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Map
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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
------------------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Hon Donald R Margo II	3 Filer ID (Ethics Commission Filers)
----------------------------------------------	----------------------------------------------	----------------------------------------------

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
-------------------------------------------	------------------------------------------------------------------------	----------------------------------------------------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Hon Donald R Margo II

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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