CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|---|---------------------------------------|--|--|
| 3 CANDIDATE/ | MS / MRS / MR FIRST | MI | OFFICE USE ONLY | |
| OFFICEHOLDER NAME | Hon Donald | R | | |
| | NICKNAME LAST | SUFFIX | Date Received | |
| | Dee Margo | II | 12/4/2020 4:53:00 PM | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; 201 E. Main Dr. Ste 1603 El Paso, Texas 79901-1365 | PITY; STATE; ZIP CODE | | |
| Change of Address | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (915) 213-1105 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ | |
| TREASURER NAME | Mr Oscar Javier | | Date Processed | |
| | NICKNAME LAST | SUFFIX | Date Imaged | |
| | Ornelas | | Date illiaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SU 219 E Mills #3 El Paso, TX 79940 | JITE #; CITY; | STATE; ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (915) 440-0044 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before el | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| | | Reporting Limit | , | |
| 10 PERIOD COVERED | Month Day Year 10/26/2020 | THROUGH 12/03 | Day Year /2020 | |
| 11 ELECTION | ELECTION DATE Month Day Year Primary | ELECTION TYPE Runoff Other | | |
| | 12/12/2020 General | Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |) | |
| | Mayor | Mayor | | |
| GO TO PAGE 2 | | | | |

City Clerk Dept. 2/4/2020 4:57:59 PM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME 15 Filer ID (Ethics Co | | | Filer ID (Ethics Commission Filers) | |
|---------------------------------------|--|--|-------------------------------------|--|
| Hon Donald R Ma | rgo II | | | |
| 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 OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | PLEDG | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY) | \$ | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 155,548.48 | |
| EXPENDITURE TOTALS | 1 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 perju true and correct and includes all inform under Title 15, Election Code. | | |
| | | Donald R Margo II | | |
| | | Signature of Candida | ate or Officeholder | |
| AFFIX NOTARY STAM | P/SEALABOVE | | | |
| Sworn to and subsc | ribed before me, t | by the said Donald R Margo II | , this the 4 | |
| day of Decembe | | to certify which, witness my hand and seal of office. | | |
| | Jo | hn Glendon | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title of officer administering oath | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|--|
| Hon Donald R Margo II | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 137,625.0 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 17,923.48 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ 154,468.9 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 8,465.80 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | NDS \$25.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | A BUSINESS OF C/OH \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | ONTRIBUTIONS \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | TIONS RETURNED \$ |
| | |

| MONE | TARY POLITICAL CONTRIE | BUTIONS | SCHEDULE A1 |
|----------------------------|--|------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this for | orm. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (II | D#:) | 7 Amount of contribution (\$) |
| 10/26/2020 | Insko, Ivo 6 Contributor address; City; 945 Via Monte El Paso TX 79912 | State; Zip Code | 25 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 10/28/2020 | Rosales, Angelica A Contributor address; City; 9612 Gairloch Dr El Paso TX 79925 | State; Zip Code | 100 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 11/03/2020 | AT&T Texas PAC Contributor address; City; 816 Congress Ave Ste 1100 Austin TX | State; Zip Code | 1500 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (I | D#:) | Amount of contribution (\$) |
| 11/03/2020 | Bass, Ben Contributor address; City; 3501 Hueco Ave El Paso TX 79903 | State; Zip Code | 50 |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |

| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: 27 |
|----------------------------|---|------------------------|--------------------------------------|
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID Duran, Frances A | D#:) | 7 Amount of contribution (\$) |
| 11/03/2020 | 6 Contributor address; City; 721 Wellesley Rd El Paso TX 79902 | State; Zip Code | 100 |
| 8 Principal occu | pation / Job title (See Instructions) 9 | Employer (See Instruct | ions) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 11/03/2020 | Goodman, Leonard III Contributor address; City; 4911 Meadowlark Dr El Paso TX 79922 | | 500 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | |
| Date | Full name of contributor out-of-state PAC (ID | D#:) | Amount of contribution (\$) |
| 11/03/2020 | Hutchison, C H Contributor address; City; | State; Zip Code | 100 |
| | 1575 Belvidere St Apt 232 El Paso TX | 79912 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor out-of-state PAC (ID | D#:) | Amount of contribution (\$) |
| 11/03/2020 | Moreno, Monica Contributor address; City; | State; Zip Code | 100 |
| | 2509 Scenic Crest Cir El Paso TX 799 | 30 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | ions) |
| | | | |
| | | | |
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| | | | |
| | | | |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|----------------------------|--|---------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor □ out-of-state PAC Richard Rogers Civic Action Fund | C (ID#:) | 7 Amount of contribution (\$) |
| 11/03/2020 | 6 Contributor address; City; 16251 Dallas Pkwy Addison TX 7500 | State; Zip Code | 500 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | ; (ID#:) | Amount of contribution (\$) |
| 11/03/2020 | Rosales, Joe A Contributor address; City; 9104 Mettler St El Paso TX 79925 | State; Zip Code | 400 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | otions) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 11/03/2020 | Rosales, Jose A Jr Contributor address; City; 8000 Escobar Dr El Paso TX 79907 | State; Zip Code | 1000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 11/03/2020 | Skipworth, Robert A Contributor address; City; 310 N Mesa Ste 600 El Paso TX 799 | State; Zip Code | 250 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
| | ATTACH ADDITIONAL COPIES (| OF THIS SCHEDULE AS N | NEEDED |

| | TARY POLITICAL CONTRI | | SCHEDULE A1 |
|----------------------------|---|-----------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor □ out-of-state PAC Speer, Blanca M | (ID#:) | 7 Amount of contribution (\$) |
| 11/03/2020 | 6 Contributor address; City; 368 Shadow Mountain Dr Apt 121L E | State; Zip Code | 50 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/03/2020 | Speer, James M Jr Contributor address; City; 368 Shadow Mountain Dr Apt 121L E | State; Zip Code | 50 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/04/2020 | Margo, Don R III Contributor address; City; 1123 Rim Road El Paso TX 79902 | State; Zip Code | 5000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructional | ctions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 11/04/2020 | Panahi, John Contributor address; City; 3801 Tularosa El Paso TX 79903 | State; Zip Code | 250 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
| | ATTACH ADDITIONAL COPIES O | DE THIS SCHEDULE AS A | NEEDED |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC Gamboa, Albert Jr | (ID#:) | 7 Amount of contribution (\$) |
| 11/09/2020 | 6 Contributor address; City; 10913 Don January El Paso TX 7993 | State; Zip Code | 1000 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc Tan Contractors LL | |
| Date | Full name of contributor out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 11/09/2020 | Heasley, Robert C Contributor address; City; 3817 Constitution Dr Ste 100 El Paso | State; Zip Code | 1500 |
| Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) N/A | | Employer (See Instruction N/A | tions) |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 11/11/2020 | Holmes, Ned S Contributor address; City; | State; Zip Code | 500 |
| | 55 Waugh Dr Ste 1111 Houston TX | 1 | |
| Principal occup Investments | pation / Job title (See Instructions) | Holmes Investmen | • |
| Date | Full name of contributor out-of-state_PAC | C (ID#:) | Amount of contribution (\$) |
| 11/11/2020 | Hoy, Robert F Contributor address; City; | State; Zip Code | 500 |
| 1575 Belvidere St El Paso TX 79912 | | | |
| Auto Sales | pation / Job title (See Instructions) | Employer (See Instruction Hoy Family Auto | tions) |
| | | | |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/11/2020 | 5 Full name of contributor out-of-state PAC McNellis, Ryan 6 Contributor address; City; | (ID#:) State; Zip Code | 7 Amount of contribution (\$) |
| 11/11/2020 | 460 Rocky Pointe Dr. El Paso TX 79 | • | 1000 |
| 8 Principal occu Executive | pation / Job title (See Instructions) | 9 Employer (See Instruction Wing Daddy's France | • |
| Date | Full name of contributor uut-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 11/11/2020 | Murchison, Robert F Contributor address; City; 5430 Lyndon B Johnson Fwy # 1450 | State; Zip Code Dallas TX 75240 | 1000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction Murchison Capital | |
| Date | Full name of contributor | ; (ID#:) | Amount of contribution (\$) |
| 11/13/2020 | Price, Walter T IV Contributor address; City; | State; Zip Code | 2500 |
| Principal occur | PO Box 1749 Amarillo TX 79105 pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Attorney | , | Amarillo National E | • |
| Date | Full name of contributor | ; (ID#:) | Amount of contribution (\$) |
| 11/15/2020 | Bonilla, Henry Contributor address; City; 1146 19th St NW #350 Washington | State; Zip Code | 500 |
| Principal occupation / Job title (See Instructions) Government Relations Employer (See Instructions) The Normandy Gro | | • | |
| | | | |

| MONE | ARY POLITICAL CO | NTRIBUTIONS | SCHEDULE A1 |
|----------------------------|--|--|---------------------------------------|
| The | Instruction Guide explains how to com | plete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out- | of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 11/16/2020 | 6 Contributor address; Cit 1529 Snowy Plower El Paso | | 300 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | otions) |
| Date | Full name of contributor | of-state PAC (ID#:) | Amount of contribution (\$) |
| 11/16/2020 | Hunt, Joshua Contributor address; Ci 1101 E Baltimore El Paso TX | ty; State; Zip Code | 2500 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc Hunt Companies Ir | |
| Date | Full name of contributor | of-state PAC (ID#:) | Amount of contribution (\$) |
| 11/18/2020 | Ivey, Claudia Contributor address; Cit 720 Twin Hills Drive El Paso | | 100 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | etions) |
| Date | _ | of-state PAC (ID#:) | Amount of contribution (\$) |
| 11/18/2020 | Perez Giese, Christian Contributor address; Cit 785 Via Mirada Ln El Paso T | • | 1000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |
| | ATTACH ADDITIONAL | COPIES OF THIS SCHEDULE AS N | NEEDED |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|-----------------------------|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC El Paso Association of Firefighters P | ,, | 7 Amount of contribution (\$) |
| 11/19/2020 | 6 Contributor address; City; 3112 Forney Dr El Paso TX 79935 | State; Zip Code | 1500 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | ctions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Good Government Coalition Contributor address; City; 6412 Brandon Ave No 701 Springfiel | State; Zip Code | 4000 |
| Principal occup | Dation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | ; (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Gorman, Patrick Contributor address; City; | State; Zip Code | 1000 |
| | 709 La Cruz Dr El Paso TX 79902 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction Gorman Industrial | · |
| Date | Full name of contributor out-of-state PAC | ; (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Hoover, Sandra S Contributor address; City; | State; Zip Code | 125 |
| | 54 Sun Point Ln El Paso TX 79912 | | |
| Principal occu _l | pation / Job title (See Instructions) | Employer (See Instruc | ttions) |
| | ATTACH ADDITIONAL COPIES | | |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|------------------------------|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | 1 Total pages Schedule A1: | |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor □ out-of-state PAC Hunt, Woody L | (ID#:) | 7 Amount of contribution (\$) |
| 11/19/2020 | 6 Contributor address; City; PO Box 12667 El Paso TX 79913 | State; Zip Code | 5000 |
| 8 Principal occu Chairman | pation / Job title (See Instructions) | 9 Employer (See Instruction Hunt Companies In | |
| Date | Full name of contributor | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Jack & Jean Darbyshire Living Trust Contributor address; City; PO Box 4410 Anthony NM 88021 | State; Zip Code | 50 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Marusich , Colleen Contributor address; City; | State; Zip Code | 50 |
| | 3024 Piedmont Dr. El Paso TX 79902 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Morton, R.A.D. Contributor address; City; 2312 N Virginia El Paso TX 79902 | State; Zip Code | 100 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|-------------------------------|---|--|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 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 Randag, William Jr 6 Contributor address; City; | State; Zip Code | 7 Amount of contribution (\$) 5000 |
| 11/19/2020 | 921 Singing Hills El Paso TX 79912 | от,р от | 3000 |
| 8 Principal occu Insurance | pation / Job title (See Instructions) | 9 Employer (See Instruction Assured Benefits A | |
| Date | _ | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Robison, J Kirk Contributor address; City; 4445 N Mesa Ste 100 El Paso TX 79 | State; Zip Code | 5000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction Pizza Properties In | · |
| Date | Full name of contributor out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Rodriguez, Eduardo A Contributor address; City; 4110 Rio Bravo St Ste 103 El Paso T | State; Zip Code | 500 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) ication Consulting Group |
| Date | Full name of contributor out-of-state PAC | : (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Salome, James J. Contributor address; City; 700 La Cruz Dr El Paso TX 79902 | State; Zip Code | 50 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|---|--|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC Schwartz, Jonathan D. | (ID#:) | 7 Amount of contribution (\$) |
| 11/19/2020 | 6 Contributor address; City; 6006 Balcones Ct Apt 16 El Paso TX | 250 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Schwartz, Josephine P Contributor address; City; 6006 Balcones Ct Apt 16 El Paso TX | State; Zip Code | 200 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Teran , Maria Contributor address; City; 4804 Villa Encanto El Paso TX 7992 | State; Zip Code | 2000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc Sierra Machinery In | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/19/2020 | Wolf, Clinton E Contributor address; City; 5168 Cielo Del Rio PI El Paso TX 799 | State; Zip Code | 2500 |
| Principal occup Attorney | pation / Job title (See Instructions) | Employer (See Instruc Kemp Smith LLP | tions) |
| | ATTACH ADDITIONAL COPIES C | OF THIS SCHEDULE AS N | IEEDED |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|--|-----------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: |
| 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 PAG Zaragoza, Marco A 6 Contributor address; City; 2320 Saint Vrain El Paso TX 79902 | State; Zip Code | 7 Amount of contribution (\$) 500 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Windstar Drilling S | | | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 11/20/2020 | Contributor address; City; 252 Shadow Mountain El Paso TX 7 | State; Zip Code | 100 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | tions) |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 11/20/2020 | Hunt, Joshua Contributor address; City; 1101 E Baltimore El Paso TX 79902 | State; Zip Code | 2500 |
| Principal occupation / Job title (See Instructions) Executive Employer (See Instructions) Hunt Companies I | | | , |
| Date | Full name of contributor | | |
| 11/20/2020 | Keating, William Contributor address; City; 811 McKelligon Dr El Paso TX 7990. | 500 | |
| Principal occupation / Job title (See Instructions) Insurance Employer (See Instructional HUB International | | ctions) | |
| | | | |

| The | Instruction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: |
|-----------------------------|---|---|--------------------------------------|
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (| (ID#:) | 7 Amount of contribution (\$) |
| 11/22/2020 | 6 Contributor address; City; 1059 Los Jardines El Paso TX 79912 | 100 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/23/2020 | Behrenhausen, Richard A Gen Contributor address; City; 1101 Rim Rd El Paso TX 79902 | State; Zip Code | 500 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc V/A | etions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 11/23/2020 | Burton, Bill Contributor address; City; | State; Zip Code | 500 |
| | 720 Waltham Ct El Paso TX 79922 | | |
| Principal occu Executive | pation / Job title (See Instructions) | Employer (See Instruction Mithoff Burton Part | |
| Date | Full name of contributor out-of-state PAC (| (ID#:) | Amount of contribution (\$) |
| 11/23/2020 | Coon, William Contributor address; City; | State; Zip Code | 200 |
| | 10805 Miller Barber El Paso TX 7993 | 5 | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | otions) |
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| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 | |
|---|--|---|---------------------------------------|--|
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor □ out-of-state PAC Frullo, John | C (ID#:) | 7 Amount of contribution (\$) | |
| 11/23/2020 | 6 Contributor address; City; 7720 University Ave Lubbock TX 794 | State; Zip Code | 1000 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Midtown Printing & | | | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 11/23/2020 | Goldberg, Mona Contributor address; City; 2630 E Yandell Dr El Paso TX 79903 | 250 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 11/23/2020 | Hunt, Woody L Contributor address; City; PO Box 12667 El Paso TX 79913 | State; Zip Code | 5000 | |
| Principal occup Chairman | pation / Job title (See Instructions) | Employer (See Instruction Hunt Companies In | - | |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) | |
| 11/23/2020 | Contributor address; City; | State; Zip Code | 2500 | |
| 16607 Blanco Rd Ste 1405 San Antonio TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) American Consor | | • | | |
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| | The | Instruction Guide explains how to complete this t | form. | 1 Total pages Schedule A1: |
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| Yung, William 6 Contributor address; City; State; Zip Code 4428 Mockingbird Pkwy Dallas TX 75205 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Chiu, Julio Contributor address; City: State; Zip Code 404 Willow Glen EI Paso TX 79922 Principal occupation / Job title (See Instructions) Executive Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Collins, Timothy R Contributor address; City: State: Zip Code Thus International Amount of contribution (\$) Cullers, John S Contributor address; City: State: Zip Code T170 Westwind Dr Ste 101 El Paso TX 79912 | | R Margo II | | 3 Filer ID (Ethics Commission Filers |
| 4428 Mockingbird Pkwy Dallas TX 75205 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Chiu, Julio 11/24/2020 Contributor address; City: State; Zip Code 404 Willow Glen El Paso TX 79922 Principal occupation / Job title (See Instructions) Executive Full name of contributor Collins, Timothy R Contributor address; City: State; Zip Code 500 11/24/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) SEISA Group Amount of contribution (\$) Collins, Timothy R Contributor address; City: State; Zip Code 500 Principal occupation / Job title (See Instructions) Insurance Pate Full name of contributor Out-of-state PAC (ID#: State; Zip Code 500 Cullers, John S Contributor address; City: State; Zip Code 100 Taro Westwind Dr Ste 101 El Paso TX 79912 | | Yung, William | | |
| Date Full name of contributor | 11/23/2020 | | 250 | |
| Chiu, Julio Chiu, Julio Contributor address; City: State: Zip Code 404 Willow Glen El Paso TX 79922 Principal occupation / Job title (See Instructions) Executive Employer (See Instructions) SEISA Group Amount of contribution (\$) Collins, Timothy R Contributor address; City: State: Zip Code 1500 Amount of contribution (\$) Collins, Timothy R Contributor address; City: State: Zip Code 1621 Rim Rd El Paso TX 79902 Principal occupation / Job title (See Instructions) Insurance Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Cullers, John S Contributor address; City: State: Zip Code 100 Amount of contribution (\$) Tullers, John S Contributor address; City: State: Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | otions) |
| 11/24/2020 Contributor address; City; State; Zip Code 1500 | Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| Date Full name of contributor Collins, Timothy R Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Insurance Full name of contributor Date Full name of contributor Cullers, John S Contributor address; City; State; Zip Code HUB International Amount of contribution (\$) Tull name of contributor Cullers, John S Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | 11/24/2020 | Contributor address; City; | State; Zip Code | 1500 |
| Collins, Timothy R Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Insurance Date Full name of contributor Cullers, John S Contributor address; City; State; Zip Code Full name of Contributor Cullers, John S Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 Amount of contribution (\$) | | | | tions) |
| 11/24/2020 Contributor address; City; State; Zip Code 500 1621 Rim Rd El Paso TX 79902 Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) HUB International Amount of contribution (\$) Cullers, John S Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | Date | Full name of contributor | ID#:) | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Insurance Employer (See Instructions) HUB International | 11/24/2020 | | State; Zip Code | 500 |
| Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Cullers, John S Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | | 1621 Rim Rd El Paso TX 79902 | | |
| Cullers, John S Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | _ | | | ctions) |
| 11/24/2020 Contributor address; City; State; Zip Code 7170 Westwind Dr Ste 101 El Paso TX 79912 | Date | Full name of contributor out-of-state PAC (| ID#:) | Amount of contribution (\$) |
| | 11/24/2020 | Contributor address; City; | • | 100 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | X 79912 | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
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| MONET | ARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 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 Fox, Steve 6 Contributor address; City; 11165 Gateway West El Paso TX 79 | State; Zip Code | 7 Amount of contribution (\$) 2500 |
| 8 Principal occu Executive | pation / Job title (See Instructions) | 9 Employer (See Instruction Hoy-Fox Texas Inc.) | |
| Date 11/24/2020 | Full name of contributor out-of-state PAC Goodman, Leonard III Contributor address; City; 4911 Meadowlark Dr El Paso TX 799 | State; Zip Code | Amount of contribution (\$) |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruction Goodman Financia | - |
| Date 11/24/2020 | Full name of contributor ut-of-state PAC Hjalmquist, John Contributor address; City; 848 Forest Willow El Paso TX 79922 | State; Zip Code | Amount of contribution (\$) |
| Principal occup Executive | pation / Job title (See Instructions) | Employer (See Instruc Pizza Properties In | • |
| Date 11/24/2020 | Full name of contributor out-of-state PAC Karlsruher, Mary Contributor address; City; 716 Maxie Marie Ave. El Paso TX 79 | State; Zip Code | Amount of contribution (\$) 500 |
| Principal occup Executive | pation / Job title (See Instructions) | Employer (See Instruc CSA Design Group | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

| | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: 27 |
|--|---|--|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers |
| Hon Donald 4 Date | | | 7 A |
| 4 Date | 5 Full name of contributor out-of-state PAG | C (ID#:) | 7 Amount of contribution (\$) |
| 44/04/0000 | Lowenfield, Clay 6 Contributor address; City; | States Zin Code | 500 |
| 11/24/2020 | 6 Contributor address; City; 4820 Villa Encanto El Paso TX 7992 | State; Zip Code | 500 |
| • • • • • | | I | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instruction Casa Automotive C | · |
| | | | |
| Date | Full name of contributor ut-of-state PAG | C (ID#:) | Amount of contribution (\$) |
| | Lowenfield, Ronald | | |
| 11/24/2020 | Contributor address; City; | , , | 2500 |
| | 500 Woodland Ave El Paso TX 7992 | 22 | |
| | pation / Job title (See Instructions) | Employer (See Instruc | • |
| Auto Sales | | Casa Automotive C | Group |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| | | | |
| | ⊥Rogers J.W.Jr | | |
| 11/24/2020 | Rogers, J W Jr Contributor address; City; | State; Zip Code | 2000 |
| 11/24/2020 | 1 | State; Zip Code | 2000 |
| | Contributor address; City; | State; Zip Code Employer (See Instruc | |
| Principal occu | Contributor address; City; 1600 Dede Lane El Paso TX 79902 | 1 | tions) |
| 11/24/2020 Principal occu Executive | Contributor address; City; 1600 Dede Lane El Paso TX 79902 pation / Job title (See Instructions) | Employer (See Instruction St Regis Airport Pr | tions) operties Inc |
| Principal occu Executive | Contributor address; City; 1600 Dede Lane El Paso TX 79902 pation / Job title (See Instructions) Full name of contributor ut-of-state PAG | Employer (See Instruction St Regis Airport Pr | tions) |
| Principal occu Executive Date | Contributor address; City; 1600 Dede Lane El Paso TX 79902 pation / Job title (See Instructions) | Employer (See Instruction St Regis Airport Pr | tions) operties Inc Amount of contribution (\$) |
| Principal occu Executive | Contributor address; City; 1600 Dede Lane El Paso TX 79902 pation / Job title (See Instructions) Full name of contributor | Employer (See Instruction St Regis Airport Proceedings of the Control of the Cont | tions) operties Inc |
| Principal occu Executive Date 11/24/2020 | Contributor address; City; 1600 Dede Lane El Paso TX 79902 pation / Job title (See Instructions) Full name of contributor | Employer (See Instruction St Regis Airport Proceedings of the Control of the Cont | operties Inc Amount of contribution (\$) 1000 |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 | |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC Barber, Perry O | ; (ID#:) | 7 Amount of contribution (\$) | |
| 11/25/2020 | 6 Contributor address; City; 201 E Main Ste 1500 El Paso TX 799 | State; Zip Code | 1000 | |
| 8 Principal occu Attorney | pation / Job title (See Instructions) | 9 Employer (See Instruction Cottonwood Interest | • | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 11/25/2020 | | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct W Silver Recycing | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 11/25/2020 | Hoy, Robert A Contributor address; City; 1107 Rim Road El Paso TX 79902 | State; Zip Code | 1000 | |
| | | | | |
| Principal occup | pation / Job title (See Instructions) | Hoy Family Auto In | , | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | |
| 11/25/2020 | Palacios, Raymond Contributor address; City; 5025 Meadowlark Dr El Paso TX 799 | State; Zip Code | 2500 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions L | , | |
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| ns how to complete thi | C (ID#:) State; Zip Code 9 Employer (See Instru N/A C (ID#:) State; Zip Code | Amount of contribution (\$) 500 ctions) |
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| City; Paso TX 79902 uctions) or | State; Zip Code 9 Employer (See Instru N/A C (ID#:) State; Zip Code 1 Employer (See Instruction | 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 2500 Amount of contribution (\$) 500 |
| City; Paso TX 79902 uctions) or | State; Zip Code 9 Employer (See Instru N/A C (ID#:) State; Zip Code 1 Employer (See Instruction | 2500 Amount of contribution (\$) 500 ctions) |
| Paso TX 79902 uctions) or □ out-of-state PA City; In Dallas TX 7523 | 9 Employer (See Instru N/A C (ID#:) State; Zip Code 1 Employer (See Instruction | Amount of contribution (\$) 500 ctions) |
| or | N/A C (ID#:) State; Zip Code 1 Employer (See Instruction | Amount of contribution (\$) 500 ctions) |
| City; In Dallas TX 7523 Ictions) | State; Zip Code 1 Employer (See Instruc | 500 ctions) |
| n Dallas TX 7523 | 1 Employer (See Instruc | ctions) |
| | | • |
| or out-of-state PA | | |
| _ | C (ID#:) | Amount of contribution (\$) |
| city; oint Cir El Paso TX | State; Zip Code | 1000 |
| uctions) | Employer (See Instru The Ruben E Gue | • |
| or out-of-state PA | C (ID#:) | Amount of contribution (\$) |
| City; El Paso TX 79932 | State; Zip Code | 3000 |
| uctions) | Employer (See Instru National Restaura | |
| | or out-of-state PA City; El Paso TX 79932 | City; State; Zip Code Class TX 79932 City State PAC (ID#:) |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|--|---|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/28/2020 | 5 Full name of contributor ☐ out-of-state PAC Sanders, William P 6 Contributor address; City; 201 E Main 3rd FI EI Paso TX 79901 | State; Zip Code | 7 Amount of contribution (\$) 1000 |
| 8 Principal occu Executive | pation / Job title (See Instructions) | 9 Employer (See Instruction Strategic Growth B | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 11/29/2020 | Contributor address; City; 10936 Coyote Ranch Ln El Paso TX | State; Zip Code 79934 | 100 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | itions) | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) |
| 11/30/2020 | Byrne, Patrick Contributor address; City; 5400 Tierra Vista El Paso TX 79932 | State; Zip Code | 1000 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction Byrne Foods Ground Byrne | · |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of contribution (\$) |
| 11/30/2020 | Hunt, Woody L Contributor address; City; PO Box 12667 El Paso TX 79913 | State; Zip Code | 5000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction Hunt Companies In | |
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| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 | | | | | |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | | |
| 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 Anderson, Sue 6 Contributor address; City; | 7 Amount of contribution (\$) 1500 | | | |
| 4750 River Creek PI EI Paso TX 79922 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | | | • | | |
| Executive | | Diversified Interiors | S OF ET Paso | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | |
| 12/01/2020 | Antcliff Mediation PLLC Contributor address; City; 221 N Kansas Ste 609 El Paso TX 79 | State; Zip Code | 1000 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | tions) | | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | |
| 12/01/2020 | Baca, Rita Contributor address; City; 626 Punto Reyes Ln El Paso TX 799 | State; Zip Code | 100 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | | | tions) | | |
| Date | Full name of contributor | | | | |
| 12/01/2020 | Betty Ruth Wakefield Haley Living To Contributor address; City; 201 E Main Ste 1603 El Paso TX 79 | 20000 | | | |
| Principal occupation / Job title (See Instructions) Employer (See I | | | ctions) | | |
| | | | | | |

| The Instruction Guide explains how to complete this form. 2 FILER NAME Hon Donald R Margo II 4 Date 5 Full name of contributor Carafano, Patricia 12/01/2020 6 Contributor address; City: State: Zip Code 9259 WH Burges Dr El Paso TX 79925 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Chestnut, James D Contributor address; City: State: Zip Code 9406 Oakmont Dr Grand Blanc MI 48439 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Coleman, Duane P Contributor address: City: State: Zip Code 9406 Oakmont Dr Grand Blanc MI 48439 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Coleman, Duane P Contributor address: City: State: Zip Code 100 State: Zip Code 100 Amount of contribution (\$) Coleman, Duane P Contributor address: City: State: Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (IDE: Amount of contribution (\$) Contributor address: City: State: Zip Code 50 Amount of contribution (\$) Dunn, CC Jr Contributor address: City: State: Zip Code 50 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | SCHEDULE A' |
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| Hon Donald R Margo II 4 Date 5 Full name of contributor out-of-state PAC (IDF: | The | Instruction Guide explains how to complete this | form. | 1 - |
| Carafano, Patricia 12/01/2020 6 Contributor address; City: State: Zip Code 9259 WH Burges Dr El Paso TX 79925 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Chestnut, James D 12/01/2020 9406 Oakmont Dr Grand Blanc MI 48439 Principal occupation / Job title (See Instructions) Amount of contributor (\$) Coleman, Duane P Contributor address; City: State: Zip Code 12/01/2020 Date Full name of contributor Coleman, Duane P Contributor address; City: State: Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Coleman, Duane P Contributor address; City: State: Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City: State: Zip Code 1321 Hookridge Dr El Paso TX 79925 | _ | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 9259 WH Burges Dr El Paso TX 79925 8 Principal occupation / Job title (See Instructions) Date Full name of contributor | | Carafano, Patricia | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Date Full name of contributor | 12/01/2020 | | • | 20 |
| Chestnut, James D Contributor address; City: State: Zip Code 9406 Oakmont Dr Grand Blanc MI 48439 Principal occupation / Job title (See Instructions) Attorney Date Full name of contributor Coleman, Duane P Contributor address; City: State: Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Coleman, Duane P Contributor address; City: State: Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Dunn, CC Jr Contributor address; City: State: Zip Code 1321 Hookridge Dr El Paso TX 79925 | 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | ctions) |
| 12/01/2020 Contributor address; City; State; Zip Code 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) AlixPartners LLP Date Full name of contributor out-of-state PAC (ID#: | Date | | (ID#:) | Amount of contribution (\$) |
| Attorney AlixPartners LLP Full name of contributor | 12/01/2020 | Contributor address; City; | | 500 |
| Coleman, Duane P Contributor address; City; State; Zip Code 100 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Dunn, CC Jr Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | | · | | tions) |
| 12/01/2020 Contributor address; City; State; Zip Code 5206 Grove East Sunland Park NM 88063 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Dunn, CC Jr Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Dunn, CC Jr Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | 12/01/2020 | | State; Zip Code | 100 |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Dunn, CC Jr Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | | 5206 Grove East Sunland Park NM 8 | 88063 | |
| Dunn, CC Jr Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | tions) |
| 12/01/2020 Contributor address; City; State; Zip Code 1321 Hookridge Dr El Paso TX 79925 | Date | out or state 17.0 | (ID#:) | Amount of contribution (\$) |
| | 12/01/2020 | Contributor address; City; | | 50 |
| | Principal occu | | | ctions) |

| MONE | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC Fickett, DM | (ID#:) | 7 Amount of contribution (\$) |
| 12/01/2020 | 6 Contributor address; City; 1321 Calle Lago Dr El Paso TX 7991 | State; Zip Code | 100 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | etions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | Contributor address; City; 210 N Campbell St El Paso TX 79901 | State; Zip Code | 1000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc Houghton Financia | · |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | Hunt, Marion Contributor address; City; | State; Zip Code | 1000 |
| | PO Box 12220 El Paso TX 79913 | | |
| Managing M | eation / Job title (See Instructions) ember | Employer (See Instruction HB GP LLC | tions) |
| Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | Kahn, Stuart Contributor address; City; | State; Zip Code | 100 |
| | 740 Via Mirada El Paso TX 79922 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instruc | ctions) |
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| MONET | ARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC Knopp, Helen W | (ID#:) | 7 Amount of contribution (\$) |
| 12/01/2020 | 6 Contributor address; City; 5756 Box Elder Rd El Paso TX 79932 | State; Zip Code | 100 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | Contributor address; City; PO Box 221650 El Paso TX 79913 | State; Zip Code | 100 |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruc | tions) |
| Date | | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | LaMantia, Nicholas Contributor address; City; 230 Lombardy El Paso TX 79912 | State; Zip Code | 2000 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction L&F Distributors | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 12/01/2020 | Lowenfield, Sandra S Contributor address; City; 900 Vista Mia Ct El Paso TX 79922 | State; Zip Code | 600 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction N/A | tions) |
| | | | |

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

| MONET | ARY POLITICAL CONTRIB | BUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (IE Luciano, Donald C | 7 Amount of contribution (\$) | |
| 12/01/2020 | 6 Contributor address; City; 718 Blacker El Paso TX 79902 | State; Zip Code | 100 |
| 8 Principal occu | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 12/01/2020 | | State; Zip Code | 100 |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | ions) |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) |
| 12/01/2020 | p | State; Zip Code | 2500 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor out-of-state PAC (IE | D#:) | Amount of contribution (\$) |
| 12/01/2020 | Skov, Robert E Contributor address; City; PO Box 310 Clint TX 79836 | State; Zip Code | 500 |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| | | | |
| | | | |
| | | | |
| | | | |

| MONET | TARY POLITICAL CONTRI | BUTIONS | SCHEDULE A1 |
|---|--|---|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC Trubowitsch, Gregory | (ID#:) | 7 Amount of contribution (\$) |
| 12/01/2020 | 6 Contributor address; City; 741 Los Miradores El Paso TX 79912 | State; Zip Code | 250 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | _ | (ID#:) | Amount of contribution (\$) |
| Castro, Richard A 12/02/2020 Contributor address; City; State; Zip Code 3332 Wedgewood El Paso TX 79925 | | | 2500 |
| Principal occup Executive | pation / Job title (See Instructions) | Employer (See Instruc Castro Enterprises | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 12/02/2020 | Francis, L Frederick Contributor address; City; 500 N Mesa St El Paso TX 79901 | State; Zip Code | 5000 |
| Principal occup Executive | pation / Job title (See Instructions) | Employer (See Instruction WestStar Bank | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 12/02/2020 | Hill, G Russell Contributor address; City; 1205 Cerrito Grande El Paso TX 799 | State; Zip Code | 500 |
| Principal occup Attorney | pation / Job title (See Instructions) | Employer (See Instruction ScottHulse PC | tions) |
| | | | |

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 | | | | | |
|--|---|--|---------------------------------------|--|--|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | | |
| 2 FILER NAME Hon Donald | R Margo II | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 12/02/2020 | 5 Full name of contributor out-of-state PAC Lovelady, William 6 Contributor address; City; PO Box 51 Tornillo TX 79853 | State; Zip Code | 7 Amount of contribution (\$) 500 | | |
| 8 Principal occu Farmer | pation / Job title (See Instructions) | 9 Employer (See Instruction WT Lovelady Farm | | | |
| Date | Full name of contributor | C (ID#:) | Amount of contribution (\$) | | |
| 12/02/2020 | Contributor address; City; 5706 Mira Grande Dr El Paso TX 79 | State; Zip Code | 100 | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| Date | Full name of contributor | State; Zip Code | Amount of contribution (\$) | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| Date | Full name of contributor | C (ID#:) State; Zip Code | Amount of contribution (\$) | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruc | tions) | | |
| | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A2: |
|---|--|-------------|--|
| 2 FILER NAMI | E | | 3 Filer ID (Ethics Commission Filers) |
| Hon Donald | d R Margo II | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ |
| 5 Date | 5 Date 6 Full name of contributor | | 8 Amount of Solution \$ In-kind contribution description Advertising 3031.48 |
| 12/02/2020 | 7 Contributor address; City; State; | Zip Code | 3031.46 |
| | 123 W Mills Ave Ste 600 El Paso TX 7990 |)1 | Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occ | rupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | er (FOR NON-JUDICIAL)(See Instructions) estments Management LLC |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| Date | Mithoff Burton Partners Contribution \$ descri | | Contribution \$ description Advertising |
| 12/03/2020 | Contributor address; City; State; | Zip Code | 14892 |
| | 123 W Mills Ste 500 El Paso TX 79901 | | Check if travel outside of Texas. Complete Schedule T. |
| Principal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 0 2 FILER NAME Filer ID (Ethics Commission Filers) Hon Donald R Margo II 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: Amount 9 In-kind contribution of Pledge \$ 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 Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor In-kind contribution out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#: description Pledge \$ City; State; Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| LOANS | | | SCHEDULE E |
|--|--|---|--|
| The | Instruction Guide explains how to comple | ete this form. | Total pages Schedule E: 0 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Hon Donald R | Margo II | | |
| 1 TOTAL OF UI | NITEMIZED LOANS | | \$ |
| Date of loan | 7 Name of lender ☐ out-of-state F | PAC (ID#:) | 9 Loan Amount (\$) |
| Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate |
| Y N | | | 11 Maturity date |
| 12 Principal occupat | ion / Job title (See Instructions) | 13 Employer (See Instructions) | <u> </u> |
| 14 Description of Co | llateral | 15 Check if personal fund account (See Instruct | ds were deposited into political |
| none | T | account (See instruct | , I |
| 6 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; City; | State; Zip Code | |
| Principal Occupa | ition (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate |
| Y N | | | Maturity date |
| Principal occupat | ion / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Col | lateral | Check if personal fundaccount (See Instruct | ds were deposited into political ions) |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | |
| not applicable | | | |
| Principal Occupat | tion (See Instructions) | Employer (See Instructions) | |
| If I | ATTACH ADDITIONAL COPI | ES OF THIS SCHEDULE AS NEE | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to d | complete this form. | | |
|--|--|---------------------|---------------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | _ |
| 18 | Hon Donald R Margo II | | | |
| 4 Date | 5 Payee name | | | |
| 10/26/2020 | First Data | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 13.26 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF | | | <u> </u> | |
| EXPENDITURE | | <u></u> | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 10/27/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 0.18 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF EXPENDITURE | | | | |
| EXI ENDITORE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | = |
| 10/28/2020 | El Paso Mail & Print Services | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 3508.1 | 1144 Vista De Oro Ste A El Paso TX | 79935 | | |
| | Category (See Categories listed at the top of this schedule) | Description | 1 | |
| PURPOSE | Advertising Expense | Postcards & de | oornangers | |
| OF EXPENDITURE | | | | |
| | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| | | | | _ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District Other (enter a category not

| Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | , |
|---|---|
| 3 Filer ID (Ethics Commission Filers) | 4 |

| Gredit Gard'i ayment | The Instruction Guide explains how to | complete this form. | | | |
|---|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Payee name | | | | |
| 10/28/2020 | Encinas, Trisha | | | | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code | | | |
| 10280 | 3128 Don Maynard El Paso TX 7993 | 38 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | Advertising Expense | Digital | | | |
| OF EXPENDITURE | | | | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name H | Office sought Office held | | | |
| Date | Payee name | | | | |
| 10/28/2020 | Sunflower Bank | | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | | |
| 60 | 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 | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought Office held | | | |
| Date | Payee name | | | | |
| 10/29/2020 | First Data | | | | |
| Amount (\$) | Payee address; | City; State; Zip Code | | | |
| 2.45 | 5565 Glenridge Connector NE Ste 2 | 000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Credit card processing fees | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought Office held | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED | | | |
| Forms provided by Texas Eth | hics Commission www.ethics.state.tx | us Revised 1/1/202 | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics | s Commission Filers) | |
|--|--|-----------------|-----------------------------|----------------------|--|
| 18 | Hon Donald R Margo II | | | | |
| 4 Date | 5 Payee name | | 1 | | |
| 10/30/2020 | First Data | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 0.09 | 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | 5 | |
| OF EXPENDITURE | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living | g expense | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| 11/01/2020 | Cygnal LLC | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 9403.18 | 1600 K St NW Ste 350 Washington D | OC | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Advertising Expense | Text campaigi | n | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OF | 1 | | | | |
| Date | Payee name | | | | |
| 11/03/2020 | El Paso Mail & Print Services | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 492.27 | 1144 Vista De Oro Ste A El Paso TX | 79935 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Advertising Expense | Push cards | | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| expenditure to benefit C/OF | 1 | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

aries/Wages/Contract Labor Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to o | omplete this form. | |
|--|--|--------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 18 | Hon Donald R Margo II | | |
| 4 Date | 5 Payee name | | |
| 11/03/2020 | Encinas, Trisha | 0'' | 7: 0 1 |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 6250 | 3128 Don Maynard El Paso TX 7993 | 8 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Advertising Expense | GOTV campai | ign |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/03/2020 | First Data | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 29.9 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/03/2020 | Sunflower Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 30 | 1400 16th St Ste 250 Denver CO 802 | 202 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Accounting/Banking | Bank fees | |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY '' !' | Candidate / Officeholder name | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OF | | Office Sougrit | Office field |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| | The Instruction Guide explains how to o | complete this form. | |
|--|---|-----------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | <u> </u> |
| 11/03/2020 | Valenzuela, Sofia | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 2000 | 12798 Trollope Dr El Paso TX 79928 | 3 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Voter contact | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/04/2020 | Sunflower Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 30 | 1400 16th St Ste 250 Denver CO 802 | 202 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Accounting/Banking | Bank fees | |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/05/2020 | First Data | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 1.85 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card pro | ocessing fees |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| | The Instruction Guide explains how to c | complete this form. | | |
|--|--|---------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | Hon Donald R Margo II 5 Payee name | | | |
| 11/06/2020 | Encinas, Trisha | | | |
| 6 Amount (\$) | | City; | State: | Zip Code |
| θ Amount (Φ) | 7 Payee address; | City, | State, | Zip Code |
| 1960 | 3128 Don Maynard El Paso TX 7993 | 8 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Advertising Expense | Email campaig | gn | |
| OF | | | | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 11/06/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 174.57 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF EXPENDITURE | | | | |
| EXI ENDITORE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 11/09/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 5.05 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF EXPENDITURE | | | | |
| LXI ENDITORE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

nting Expense Travel Out Of District
laries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
|---|--|-----------------|---------------------------------------|
| 18 | Hon Donald R Margo II | | , |
| 4 Date | 5 Payee name | | |
| 11/09/2020 | Octopus Advertising Group | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 4669.2 | 212 E Mills Ste C El Paso TX 79901 | | |
| 4668.2 | 212 E WIIIS SIE C EI Paso 1X 79901 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Advertising Expense | Newspaper | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/09/2020 | Sunflower Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 30 | 1400 16th St Ste 250 Denver CO 802 | 202 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Accounting/Banking | Bank fees | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | 1 | _ | |
| Date | Payee name | | |
| | | | |
| 11/10/2020 | Episcopo, Peter | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 1000 | 5432 La Estancia Cir El Paso TX 799 | 32 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Food | Catering - Elec | ction day watch |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | 1 | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | , | | |
|---|---|-----------------------|-------------------------------|--------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics | Commission Filers) | | |
| 18 | Hon Donald R Margo II | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 11/13/2020 | First Data | | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | | |
| 88.53 | 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | | | |
| OF EXPENDITURE | | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | C | Office held | | |
| Date | Payee name | | | | | |
| 11/13/2020 | Octopus Advertising Group | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| 15710 | 212 E Mills Ste C El Paso TX 79901 | | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | | |
| PURPOSE | Advertising Expense | Television | | | | |
| OF EXPENDITURE | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | xpense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | | |
| expenditure to benefit C/Oh | | | | | | |
| Date | Payee name | | | | | |
| 11/13/2020 | Sunflower Bank | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| 30 | 1400 16th St Ste 250 Denver CO 802 | 202 | | | | |
| | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Bank fees | | | | |
| PURPOSE OF | | Dank 1000 | | | | |
| EXPENDITURE | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | xpense | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | (| Office held | | |
| | ATTACH ADDITIONAL CODIES OF THIS | SCHEDIII E VS VIE | EDED. | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|---|-----------------------------|-----------------------------------|------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Com | nmission Filers) |
| 18 | Hon Donald R Margo II | | | |
| 4 Date | 5 Payee name | | | |
| 11/16/2020 | First Data | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Z | ip Code |
| 104.93 | 5565 Glenridge Connector NE Ste 2 | 000 Atlanta GA | 30342 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | Accounting/Banking | Credit card pro | ocessing fees | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living exper | nse |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Offic | e held |
| Date | Payee name | | | |
| 11/16/2020 | The Ornelas Firm PLLC | | | |
| Amount (\$) | Payee address; | City; | State; Z | ip Code |
| 2500 | 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 fina | ance compliance | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Offic | e held |
| Date | Payee name | | | |
| 11/17/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; Z | ip Code |
| 16.88 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card pro | ocessing fees | |
| LA LABITORE | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expen | nse |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | ce held |
| Complete ONLY if direct expenditure to benefit C/Oh | | Onice sought | Ollik | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| | The instruction Guide explains now to d | complete this form. | |
|--|---|-----------------------|---------------------------------------|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) |
| 18 | Hon Donald R Margo II | | |
| 4 Date | 5 Payee name | | |
| 11/18/2020 | First Data | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 73.76 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/19/2020 | First Data | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 0.18 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/19/2020 | Sunflower Bank | | |
| 11/13/2020 | Sumower Bank | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 16 | 1400 16th St Ste 250 Denver CO 802 | 202 | |
| | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Bank fees | |
| PURPOSE OF | | Dank lees | |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Onesalata ONESCE E | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | Office sought | Office field |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | FDFD |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|--|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 18 | Hon Donald R Margo II | | |
| 4 Date | 5 Payee name | | |
| 11/20/2020 | Encinas, Trisha | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 4000 | 3128 Don Maynard El Paso TX 7993 | 88 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Salaries/Wages/Contract Labor | Campaign ma | ınager |
| OF EXPENDITURE | | | |
| | (c) Chaely if travel autoide of Tayon Complete Schoolyle T | Objects # Asset | to TV office believe their recovers |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 11/20/2020 | First Data | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 31.3 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| | Cotomony (O O. to assissa listed at the ten of this called at the | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Accounting/Banking | Credit card pre | ocessing fees |
| PURPOSE OF EXPENDITURE | | | ocessing fees |
| OF | | Credit card pro | ocessing fees in, TX, officeholder living expense |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | |
| OF EXPENDITURE Complete ONLY if direct | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | in, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | in, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | in, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | in, TX, officeholder living expense |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 11/23/2020 | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha | Credit card pro | in, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 11/23/2020 Amount (\$) | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 Category (See Categories listed at the top of this schedule) | Credit card processing Check if Aust Office sought City; Description | in, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/23/2020 Amount (\$) 6100 PURPOSE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 | Credit card processing Check if Aust Office sought City; | in, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/23/2020 Amount (\$) 6100 | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 Category (See Categories listed at the top of this schedule) | Credit card processing Check if Aust Office sought City; Description | in, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/23/2020 Amount (\$) 6100 PURPOSE OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 Category (See Categories listed at the top of this schedule) | Credit card processing Check if Aust Office sought City; Barrier Description Digital | in, TX, officeholder living expense Office held |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/23/2020 Amount (\$) 6100 PURPOSE OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 Category (See Categories listed at the top of this schedule) Advertising Expense | Credit card processing Check if Aust Office sought City; Barrier Description Digital | Office held State; Zip Code |
| OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/23/2020 Amount (\$) 6100 PURPOSE OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Encinas, Trisha Payee address; 3128 Don Maynard El Paso TX 7993 Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name | Credit card pro | Office held State; Zip Code |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to o | complete this form. | | |
|--|--|---------------------|---------------------------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 18 | Hon Donald R Margo II | | | |
| 4 Date | 5 Payee name | | | |
| 11/23/2020 | First Data | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 300.88 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF EXPENDITURE | | | | |
| | (c) Charlette and barries of Tanas Country Schadule T | | | |
| | Check if travel outside of Texas. Complete Schedule T. | | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held | |
| Date | Payee name | | | |
| 11/23/2020 | Nasica, Murphy | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 9434.3 | 815-A Brazos St Ste 304 Austin TX 78701 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Advertising Expense | Mailer | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 11/23/2020 | Nasica, Murphy | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 2000 | 815-A Brazos St Ste 304 Austin TX 7 | 78701 | | |
| | Category (See Categories listed at the top of this schedule) | Description | a conculting | |
| PURPOSE OF | Consulting Expense | Voter outreach | Consulting | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | |
| expenditure to benefit C/Oł | | Silles sought | Since hold | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDUI F AS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ries/Wages/Contract Labor

Other (enter a category not listed above)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

Travel In District
Travel Out Of District

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | | |
|--|--|---------------------|-----------------------------|----------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics | S Commission Filers) | |
| 18 | Hon Donald R Margo II | | | | |
| 4 Date | 5 Payee name | | | | |
| 11/23/2020 | Sunflower Bank | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 60 | 1400 16th St Ste 250 Denver CO 80202 | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE | Accounting/Banking | Bank fees | | | |
| OF EXPENDITURE | | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| 11/24/2020 | All Print | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 2114.1 | 7230-D Gateway East El Paso TX 79 | 9915 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Advertising Expense | Stationary, sig | jns, bumper s | tickers | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| | - | | | | |
| 11/24/2020 | First Data | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 2.65 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | | |
| OF EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held | |
| Complete ONLY if direct expenditure to benefit C/Oh | | Onice sought | | Office field | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| | The Instruction Guide explains how to c | 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 | 5 Payee name | | <u>I</u> | |
| 11/24/2020 | Nasica, Murphy | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 693.67 | 815-A Brazos St Ste 304 Austin TX 7 | 78701 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Doorhangers | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 11/25/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 256.64 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card processing fees | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 11/25/2020 | Octopus Advertising Group | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| 6900 | 212 E Mills Ste C El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Radio & news | paper | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

rig Expense Travel Out Of District ites/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| ., | The Instruction Guide explains how to o | complete this form. | | |
|--|--|---------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics | Commission Filers) |
| 18 4 Date | Hon Donald R Margo II 5 Payee name | | | |
| 11/25/2020 | Sunflower Bank | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| (+) | | - | , | , |
| 30 | 1400 16th St Ste 250 Denver CO 802 | 202 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Accounting/Banking | Bank fees | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | (| Office held |
| Date | Payee name | | | |
| 11/27/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 499.11 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing fees | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | (| Office held |
| | | | | |
| Date | Payee name | | | |
| 11/30/2020 | First Data | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 164.22 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Accounting/Banking | Credit card pro | ocessing tees | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OF | 1 | | | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

| Credit Card Fayment | The Instruction Guide explains how to o | complete this form. | | |
|---|--|---------------------------------|-------------------------------|--------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 12/01/2020 | First Data | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 0.98 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Credit card pro | ocessing fees | |
| OF EXPENDITURE | | • | J | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | tin, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 12/01/2020 | Nasica, Murphy | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 16891.44 | 815-A Brazos St Ste 304 Austin TX 7 | 78701 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Advertising Expense | Mailer | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | C | Office held |
| Date | Payee name | | | |
| 12/01/2020 | Octopus Advertising Group | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| 36021.4 | 212 E Mills Ste C El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Media buy, ne | wspaper | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living e | expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| | ATTACH ADDITIONAL CODIES OF THIS | SCHEDIII E VS NEE | EDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form

| | The instruction Guide explains now to t | complete this form. | |
|---|--|-----------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | | | 3 Filer ID (Ethics Commission Filers) |
| 18 | Hon Donald R Margo II | | |
| 4 Date | 5 Payee name | | |
| 12/01/2020 | Sunflower Bank | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 60 | 1400 16th St Ste 250 Denver CO 802 | 202 | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Accounting/Banking | Bank fees | |
| OF EXPENDITURE | | | |
| EXI ENDITORE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, 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 | | |
| 12/02/2020 | Encinas, Trisha | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 10200 | 3128 Don Maynard El Paso TX 7993 | 8 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Pescription Runoff GOTV | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/02/2020 | First Data | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 198.83 | 5565 Glenridge Connector NE Ste 20 | 000 Atlanta GA | 30342 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card pro | ocessing fees |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ng Expense Travel In District
ing Expense Travel Out Of District
other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | | |
|--|--|---------------------|---------------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 18 | Hon Donald R Margo II | | | |
| 4 Date | 5 Payee name | | | |
| 12/02/2020 | Sunflower Bank | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code | |
| 30 | 1400 16th St Ste 250 Denver CO 80 | 202 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Accounting/Banking | Bank fees | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Chock if Aust | tin, TX, officeholder living expense | |
| | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder living expense | _ |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | _ |
| expenditure to benefit C/OF | 1 | | | |
| Data | Payoo namo | | | _ |
| Date | Payee name | | | |
| | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | |
| .,, | , | - 3, | , , , | |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | , | | | |
| OF | | | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Aust | tin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED | _ |
| | | | | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Contributions/Donations Made B Candidate/Officeholder/Politica | | kpense Travel Out Of District //ages/Contract Labor Other (enter a category not listed above) |
|---|--|--|
| | The Instruction Guide explains how to o | complete this form. |
| 1 Total pages Schedule F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 2 | Hon Donald R Margo II | |
| 4 TOTAL OF UNITED | IZED UNPAID INCURRED OBLIGATION | \$ \$ |
| 5 Date | 6 Payee name | |
| 12/02/2020 | Mithoff Burton Partners | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zip Code |
| 758 | 123 W Mills Ste 500 El Paso TX 7990 | 01 |
| 9 TYPE OF EXPENDITURE | Political Non-Po | litical |
| 10 | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| PURPOSE OF | Consulting Expense | Media and campaign consulting |
| EXPENDITURE | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/Oh | | Office sought Office held |
| Date | Payee name | |
| 12/02/2020 | Mithoff Burton Partners | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| 5260 | 123 W Mills Ste 500 El Paso TX 799 | 01 |
| TYPE OF EXPENDITURE | Political Non-Po | blitical |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Production, website, content & printed media |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | | Office sought Office held |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEEDED |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| Candidate/Officeholder/Politica | | aries/Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|----------------------------|---|
| | The Instruction Guide explains ho | w 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 UNITER | MIZED UNPAID INCURRED OBLIGAT | TIONS | \$ |
| 5 Date | 6 Payee name | | |
| 12/02/2020 | Octopus Advertising Group | | |
| 7 Amount (\$) | 8 Payee address; | City; | State; Zip Code |
| 823.8 | 212 E Mills Ste C El Paso TX 799 | 901 | |
| 9 TYPE OF EXPENDITURE | Political N | on-Political | |
| 10 PURPOSE OF | (a) Category (See Categories listed at the top of this sched Advertising Expense | (b) Description Newspaper | |
| EXPENDITURE | (c) Check if travel outside of Texas. Complete Schedu | le T. Check if Au | stin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 12/02/2020 | Zepol Media Partners | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 1624 | 825 3rd St Alamosa CO 81101 | | |
| TYPE OF EXPENDITURE | Political | Ion-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched Advertising Expense | Description Digital and p | orint media |
| | Check if travel outside of Texas. Complete Sched | ule T. Check if A | ustin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF T | HIS SCHEDUI F AS NE | EEDED |
| | | COEDOLE NO NE | |

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| TI | ne Instruction Guide explains how to complete this form. | 1 Total pages Schedule F3: |
|------------------------|---|---------------------------------------|
| FILER NAME Hon Donald | R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 1 Date | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; City | y; 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 | z; State; Zip Code |
| | Description of investment | |
| | Amount of investment (\$) | |
| | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| | The Instruction Guide explains how | to complete this form. | |
|--|--|------------------------|---|
| 1 Total pages Schedule F4: | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEM | IZED EXPENDITURES CHARGED TO A | CREDIT CARD | \$ |
| 5 Date | 6 Payee name | | |
| 7 Amount (\$) | 8 Payee address; | City; | State; Zip Code |
| 9 TYPE OF EXPENDITURE | Political No. | on-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | (b) Description | |
| | (c) Check if travel outside of Texas. Complete Schedule | T. Check if A | ustin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| TYPE OF EXPENDITURE | Political No | on-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu | e) Description | |
| | Check if travel outside of Texas. Complete Schedule | eT. Check if A | austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| | ATTACH ADDITIONAL CODIES OF TH | IS SCHEDIII E AS NI | EDED |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District

Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

| ordan darar aymon | 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 | | | | |
| 6 Amount (\$) 25 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) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living ex | pense | |
| 9 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 | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name | Office sought | , | Office held | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living ex | pense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | DED | | |

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

The Instruction Guide explains how to complete this form

| | The instruction odice explains now 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 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living ex | pense |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sought | (| Office held |
| expenditure to benefit C/O | | | | |
| Date | Business name | | | |
| | | | | |
| Amount (\$) | Business address; | City; | State; | Zip Code |
| | | | | |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | | | | |
| EXI ENSITORE | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, | , TX, officeholder living exp | pense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | (| Office held |
| expenditure to benefit C/O | Н | | | |
| Date | Business name | | | |
| | | | | |
| Amount (\$) | Business address; | City; | State; | Zip Code |
| , , , | , | J., | Ctato, | p |
| | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | | | | |
| OF EXPENDITURE | | | | |
| EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living ex | pense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | (| Office held |
| expenditure to benefit C/O | | Coc coag | | J |
| | | | | |
| | ATTACH ADDITIONAL CODIES CTT. | | DED | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | DED | |
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SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---------------------------------|----------------------|---------------|------------------|
| 1 Total pages Schedule I: | ² FILER NAME Hon Donald R Margo II | | 3 Filer ID | (Ethics Co | mmission Filers) |
| 4 Date | 5 Payee name | | | | |
| 6 Amount (\$) | 7 Payee address; | City | | State | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See required.) | ; instructions regar | ding type of | information |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City | | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regar | rding type of | information |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City | | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | instructions regar | rding type of | information |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City | | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See required.) | ∍ instructions regar | rding type of | information |
| | | | | | |

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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 Sche | dule K: |
|---------------|---|------------------------|----------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics | s Commission Filers) |
| Hon Donald I | R Margo II | | |
| 4 Date | 5 Name of person from whom amount is received | | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State | te; 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; Sta | | |
| | 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; Stat | te; 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; Sta | | |
| | Purpose for which amount is received Check if | political contribution | returned to filer |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED | |

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: | | | |
|---------------------------------|--|---------------------------------------|--|--|--|
| 2 FILER NAME Hon Donald R Margo | II | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Name of Contributor / Corp | oration or Labor Organization / Pledgor / Payee | | | | |
| 5 Contribution / Expenditure | eported on: | | | | |
| | | Cabadula D | | | |
| Schedule A2 | | Schedule D Schedule F1 | | | |
| Schedule F2 | Schedule F4 Schedule G Schedule H | Schedule COH-UC Schedule B-SS | | | |
| 6 Dates of travel 7 N | ame of person(s) traveling | | | | |
| 8 [| eparture city or name of departure location | | | | |
| 9 [| estination city or name of destination location | | | | |
| 10.14 | 44 D | | | | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference | r, seminar, or other event) | | | |
| Name of Contributor / Corp | oration or Labor Organization / Pledgor / Payee | | | | |
| Contribution / Expenditure | eported 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 | ame of person(s) traveling | | | | |
| 1 | eparture city or name of departure location | | | | |
| [| estination city or name of destination location | | | | |
| Means of transportation | Purpose of travel (including name of conference | e, seminar, or other event) | | | |
| | | | | | |
| Name of Contributor / Corp | oration or Labor Organization / Pledgor / Payee | | | | |
| Contribution / Expenditure i | eported 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 | ame of person(s) traveling | | | | |
| ı | eparture city or name of departure location | | | | |
| [| estination city or name of destination location | | | | |
| Means of transportation | Purpose of travel (including name of conference | e, seminar, or other event) | | | |
| | The second secon | | | | |
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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" •• | | | | |
|---|---|---|---------------------------------------|--|
| _ | C/OH N | NAME | 2 Filer ID (Ethics Commission Filers) | |
| Н | Hon Donald R Margo II | | | |
| 3 | SIGNATURE | | | |
| | | | | |
| | ing a re | 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 | | |
| ļ | | WHO IS NOT AN OFFICEHOLDER splete 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 | | | |
| 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 treasu | | | · - | |
| file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required reports of the income from political contributions, or assets purchased with cal contributions or interest or other income from political contributions. | | | | |
| | | | Signature of Officeholder | |