

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MS VERONICA
.....
NICKNAME LAST SUFFIX
VERO CARBAJAL

OFFICE USE ONLY

Date Received

10/26/2020 9:00:16 AM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3016 WHEELING AVENUE El Paso
TX 79930

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 490-9463

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MS EMMA C
.....
NICKNAME LAST SUFFIX
KITTY SPALDING

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
920 Blanchard Avenue El Paso TX 79902

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 532-3731

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
09/25/2020 THROUGH 10/24/2020

11 ELECTION

ELECTION DATE

Month Day Year
11/03/2020

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR OF El Paso

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
MS VERONICA CARBAJAL

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,200.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 31462.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9238.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

VERONICA CARBAJAL

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VERONICA CARBAJAL, this the 26 day of October, 2020, to certify which, witness my hand and seal of office.

John Glendon

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

City Clerk Dept.
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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

MS VERONICA CARBAJAL

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20200.91
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 31462.49
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 600.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

5 Full name of contributor

AARON TORRES

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

6 Contributor address; City; State; Zip Code

601 N OREGON, El Paso TX 79901

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

DESIGNER

9 Employer (See Instructions)

NA

Date

10/08/2020

Full name of contributor

ADRIAN CORRES

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

Contributor address; City; State; Zip Code

1001 S 9TH ST, Los Angeles, CA 91801

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

GRAPHIC DESIGNER

Employer (See Instructions)

TRAFFIC CONTROL SPECIALISTS

Date

09/27/2020

Full name of contributor

ADRIAN MARQUEZ

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

Contributor address; City; State; Zip Code

3020 WHEELING, El Paso TX 79930

Amount of contribution (\$)

60

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

RIVERBEND DEVELOPMENT

Date

10/20/2020

Full name of contributor

ADRIANA GONZALEZ

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

Contributor address; City; State; Zip Code

144 SHELBY RIDGE, El Paso TX 79912

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

EMT

Employer (See Instructions)

LOYAL SOURCE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

5 Full name of contributor

ALBA DOMINGUEZ

6 Contributor address;

974 BELLISSIMO CT, EL PASO TX 79932

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

City; State; Zip Code

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

UMC

Date

10/20/2020

Full name of contributor

ALBERTO DURAN

Contributor address;

3243 LOUISVILLE, El Paso TX 79930

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DIGITAL MEDIA

Employer (See Instructions)

SELF

Date

10/09/2020

Full name of contributor

ALDO LOPEZ

Contributor address;

460 FERRERA CT, POMONA CA 91766

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

City; State; Zip Code

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

SADDLEBACK COLLEGE

Date

10/12/2020

Full name of contributor

ALEJANDRO MONTOYA

Contributor address;

249 COLUMBIA AVE, El Paso TX 79907

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

City; State; Zip Code

Amount of contribution (\$)

45

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

5 Full name of contributor

ALEJANDRO TIJERINA

6 Contributor address;

1316 W MISSOURI, El Paso TX 79902

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

City; State; Zip Code

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

INSURANCE AGENT

9 Employer (See Instructions)

LORENA VALENZUELA

Date

10/21/2020

Full name of contributor

ALEX MAYER

Contributor address;

800 MISSISSIPPI, El Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

UTEP

Date

10/09/2020

Full name of contributor

ALEXA CORREA

Contributor address;

4775 CUMBERLAND CIR, El Paso TX 79903

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

City; State; Zip Code

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

OFFICE CLERK

Employer (See Instructions)

REYES & REYES

Date

10/21/2020

Full name of contributor

ALEXANDRA OCAMPO

Contributor address;

109 RODGERS RD, FAIRFIELD CT

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

HR DIRECTOR

Employer (See Instructions)

CHCACT

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

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

ALICIA DEJONG DAVIS

6 Contributor address; City; State; Zip Code

4101 N STANTON, EI Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/24/2020

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

ALLYSON SIWIK

Contributor address; City; State; Zip Code

PO Box 91, TYRONE NM 88065

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

GILA RESOURCES INFO PROJECT

Date

10/05/2020

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

ALYSSA ORTEGA

Contributor address; City; State; Zip Code

1844 LYMAN DUTTON CIRCLE, EI Paso TX 79936

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

TRAINING SPECIALIST

Employer (See Instructions)

NEXT INSURANCE

Date

10/11/2020

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

AMELIA FURROW

Contributor address; City; State; Zip Code

516 FEWEL, EI Paso TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PARALEGAL

Employer (See Instructions)

TRLA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

ANA LAUREL

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

6 Contributor address; City; State; Zip Code

217 S. PEKING, MCALLEN TX 78501

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

TRLA

Date

10/03/2020

Full name of contributor

ANA TIFFANY CASTILLO

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

Contributor address; City; State; Zip Code

1447 SHELBY RIDGE, EI PASO TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

SUBSTITUTE TEACHER

Employer (See Instructions)

EPISD

Date

10/17/2020

Full name of contributor

ANACANI GONZALEZ

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

Contributor address; City; State; Zip Code

4544 LOMA COLORADA CT, EL PASO TX 79934

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

GENERAL DYNAMICS

Date

10/17/2020

Full name of contributor

ANALICIA BANALES

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

Contributor address; City; State; Zip Code

306 MCGOWEN, HOUSTON TX 77006

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

PROGRAM MANAGER

Employer (See Instructions)

HOUSTON FOOD BANK

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

5 Full name of contributor

ANDREA DOMINGUEZ

6 Contributor address;

9809 CORNUS LANE, El Paso TX 79925

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

City; State; Zip Code

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

SECURITY ANALYST

9 Employer (See Instructions)

PRUDENTIAL

Date

10/19/2020

Full name of contributor

ANDREA TIRRES

Contributor address;

3401 HIXSON, El Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

INSTRUCTOR

Employer (See Instructions)

UTEP

Date

10/01/2020

Full name of contributor

ANDRES LOPEZ

Contributor address;

11613 JOHN WEIR, El Paso TX 79936

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

City; State; Zip Code

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

DIRECTOR, LASALLIAN MISSION

Employer (See Instructions)

CATHEDRAL HIGH SCHOOL

Date

10/07/2020

Full name of contributor

ANDREW WEBSTER

Contributor address;

1315 N FLORENCE, El Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2020

5 Full name of contributor

ANGELA LUCERO

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

6 Contributor address; City; State; Zip Code

10100 SUMATRA, EI Paso TX 79925

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

LIBRARIAN

9 Employer (See Instructions)

UTEP

Date

10/21/2020

Full name of contributor

ANGELICA URBINA

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

Contributor address; City; State; Zip Code

8321 EDGEMERE, EL PASO TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

EPISD

Date

10/11/2020

Full name of contributor

ANTHONY MENDOZA

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

Contributor address; City; State; Zip Code

3558 E GLEN DRIVE, EI Paso TX 79936

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/09/2020

Full name of contributor

ANTONIO HERNANDEZ

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

Contributor address; City; State; Zip Code

11909 WILLOWMIST, EL PASO TX 79936

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

CARE PROVIDER

Employer (See Instructions)

ALLEGRE HOME HEALTH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2020

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

ARELI CHACON-SILVA

6 Contributor address; City; State; Zip Code

8037 CARPENTER DR, El Paso TX 79915

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

FACULTY

9 Employer (See Instructions)

UTEP

Date

10/24/2020

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

ARMIDA MORENO

Contributor address; City; State; Zip Code

3937 FLAMINGO, El Paso TX 79902

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

TENET

Date

10/21/2020

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

AUDRIANA APODACA

Contributor address; City; State; Zip Code

521 COTTON BLOSSOM, El Paso TX 79922

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NURSE PRACTITIONER

Employer (See Instructions)

LSDF

Date

10/22/2020

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

BEATRIZ LUCERO

Contributor address; City; State; Zip Code

8076 CARPENTER, El Paso TX 79915

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

UTEP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

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

BERNADETTE ARENIVAS

6 Contributor address; City; State; Zip Code

6628 RIDGE TOP, El Paso TX 79904

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

IMPLEMENTATION SPECIALIST

9 Employer (See Instructions)

ADP

Date

10/22/2020

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

BLANCA ENRIQUEZ

Contributor address; City; State; Zip Code

1391 WHIRLAWAY, EL PASO TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

URBAN STRATEGIES

Date

10/03/2020

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

BRAD JACOBSON

Contributor address; City; State; Zip Code

4769 EXCALIBUR, El Paso TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

UTEP

Date

10/20/2020

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

BRIAN SIEVE

Contributor address; City; State; Zip Code

5515 ALABAMA, El Paso TX 79904

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PASTOR

Employer (See Instructions)

MCC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME
MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date
10/09/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
BRIANA STONE
6 Contributor address; City; State; Zip Code
210 ROSEMARY HOLLOW, BUDA TX 78610

7 Amount of contribution (\$)
150

8 Principal occupation / Job title (See Instructions)
ATTORNEY

9 Employer (See Instructions)
STATE AGENCY

Date
10/08/2020

Full name of contributor out-of-state PAC (ID#: _____)
BRIANA STONE
Contributor address; City; State; Zip Code
210 ROSEMARY HOLLOW, BUDA TX 78610

Amount of contribution (\$)
50

Principal occupation / Job title (See Instructions)
ATTORNEY

Employer (See Instructions)
STATE AGENCY

Date
10/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
BRISA REGALADO
Contributor address; City; State; Zip Code
14267 SPANISH POINT, EI Paso TX 79938

Amount of contribution (\$)
20

Principal occupation / Job title (See Instructions)
MANAGER

Employer (See Instructions)
GECU

Date
10/19/2020

Full name of contributor out-of-state PAC (ID#: _____)
BRYAN MONROE
Contributor address; City; State; Zip Code
10316 BON AIRE, EI Paso TX 79924

Amount of contribution (\$)
5

Principal occupation / Job title (See Instructions)
NA

Employer (See Instructions)
NA

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/2020

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

CAITLIN CARCERANO

6 Contributor address; City; State; Zip Code

1606 COAL SE, ALBUQUERQUE NM 87106

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASSISTANT

9 Employer (See Instructions)

SW LINE CONSTRUCTORS

Date

10/18/2020

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

CARLOS CARDENAS

Contributor address; City; State; Zip Code

717 E San Antonio, El Paso TX 79901

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

10/09/2020

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

CARLOS FLORES

Contributor address; City; State; Zip Code

833 CLOUDBURST, El Paso TX 79912

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/11/2020

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

CARLOS GOMEZ

Contributor address; City; State; Zip Code

6357 BEA MARTINEZ, El Paso TX 79932

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

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

CARLOS HERREJON

6 Contributor address; City; State; Zip Code

10413 LAMBDA DR, EI Paso TX 79924

7 Amount of contribution (\$)

5

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/18/2020

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

CARLOS HUMPHREYS

Contributor address; City; State; Zip Code

2518 RICHMOND, EI Paso TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

LIBRARIAN

Employer (See Instructions)

EPCC

Date

10/20/2020

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

CARLOS HUMPHREYS

Contributor address; City; State; Zip Code

2518 RICHMOND, EI Paso TX 79930

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

LIBRARIAN

Employer (See Instructions)

EPCC

Date

10/20/2020

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

CARLOS RODRIGUEZ

Contributor address; City; State; Zip Code

1516 EL GRECO CIR, EI Paso TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

CAREGIVER

Employer (See Instructions)

APC HOMEMAKER

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

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

CARMEN RODRIGUEZ

6 Contributor address; City; State; Zip Code

1809 GEORGIA PLACE, EI Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

10/07/2020

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

CARMEN RODRIGUEZ

Contributor address; City; State; Zip Code

1809 GEORGIA PLACE, EI Paso TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

10/22/2020

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

CARRIE SAVAGE

Contributor address; City; State; Zip Code

6540 82ND AVE, MERCER ISLAND WA 98040

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

COO

Employer (See Instructions)

CHAMPION ADVOCACY FUND

Date

10/22/2020

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

CASSANDRA FLORES

Contributor address; City; State; Zip Code

3821 SUNRISE, EI Paso TX 79904

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

DIGITAL SPECIALIST

Employer (See Instructions)

RMP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

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

CASSIE TOULET-CRUMP

6 Contributor address; City; State; Zip Code

1200 BELVIDERE, EL PASO TX 79912

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/06/2020

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

CATALINA GARCIA

Contributor address; City; State; Zip Code

PO Box 821388-314, DALLAS TX 75382

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

SELF

Date

10/21/2020

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

CATHERINE GANNASCOLI

Contributor address; City; State; Zip Code

2215 EL PASEO, LAS CRUCES NM 88001

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

LA SEMILLA

Date

10/17/2020

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

CECILIA GARZA

Contributor address; City; State; Zip Code

1317 FM 2294, SANTA ELENA TX 78591

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

GARZA-MARTINEZ LLP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

5 Full name of contributor

CECILIA OLIVAS

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

6 Contributor address; City; State; Zip Code

3429 AURORA, El Paso TX 79930

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

NURSE PRACTITIONER

9 Employer (See Instructions)

PLFSOM

Date

10/20/2020

Full name of contributor

CECILIA OLIVAS

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

Contributor address; City; State; Zip Code

3429 AURORA, El Paso TX 79930

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

NURSE PRACTITIONER

Employer (See Instructions)

TEXAS TECH

Date

10/23/2020

Full name of contributor

CELIA AGUILAR

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

Contributor address; City; State; Zip Code

208 E CROSBY, El Paso TX 79902

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

SUBSTITUTE TEACHER

Employer (See Instructions)

YISD

Date

10/03/2020

Full name of contributor

CHARLES VILLANUEVA

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

Contributor address; City; State; Zip Code

1403 DEVONSHIRE, El Paso TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/2020

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

CHARLOTTE MCCANN

6 Contributor address; City; State; Zip Code

3202 SUNNY LANE, AUSTIN TX 78731

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

GRANT WRITER

9 Employer (See Instructions)

TRLA

Date

10/22/2020

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

CHRIS HOLGUIN

Contributor address; City; State; Zip Code

1618 CHARLES OWENS, El Paso TX 79936

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

COACHING ASSOCIATE

Employer (See Instructions)

LA CLIPPERS

Date

10/18/2020

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

CHRISTIAN RIOS

Contributor address; City; State; Zip Code

3348 BOSHAM, El Paso TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

GRAPHIC DESIGNER

Employer (See Instructions)

HANDGARDS INC

Date

10/19/2020

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

CHRISTINA GARCIA

Contributor address; City; State; Zip Code

504 AMUR WAY, El Paso TX 79907

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

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

6 Contributor address; City; State; Zip Code
7501 VISTA ALLEGRE, ALBUQUERQUE NM 87120

7 Amount of contribution (\$)

30

8 Principal occupation / Job title (See Instructions)
PROGRAM MANAGER

9 Employer (See Instructions)
VA

Date

10/22/2020

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

Contributor address; City; State; Zip Code
7501 VISTA ALEGRE, ALBUQUERQUE NM 87120

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)
PROGRAM MANAGER

Employer (See Instructions)
VA

Date

10/21/2020

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

Contributor address; City; State; Zip Code
7501 VISTA ALEGRE, ALBUQUERQUE NM 87120

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)
PROGRAM MANAGER

Employer (See Instructions)
VA

Date

10/21/2020

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

Contributor address; City; State; Zip Code
8814 MT ELBERT, El Paso TX 79904

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)
NA

Employer (See Instructions)
NA

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

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

CLIFFORD JONES

6 Contributor address; City; State; Zip Code

1259 OHIO, El Paso TX 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

PROFESSOR

9 Employer (See Instructions)

UTEP

Date

10/06/2020

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

CORINA GAMEZ

Contributor address; City; State; Zip Code

11034 OASIS, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

09/29/2020

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

CRISTINA RIVERA

Contributor address; City; State; Zip Code

3809 W CHOLLA, PHOENIX AZ 85029

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

INSTITUTO POWER

Date

10/10/2020

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

CRYSTAL MORAN

Contributor address; City; State; Zip Code

5811 SANDPIPER, SANTA TERESA NM 88008

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DISEASE MANAGEMENT

Employer (See Instructions)

El Paso FIRST

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/27/2020

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

CYNTHIA BERNAL

6 Contributor address; City; State; Zip Code

PO Box 12283, El Paso TX 79913

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

RETAIL

9 Employer (See Instructions)

SIGNATURE MEDICAL UNIFORMS

Date

10/21/2020

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

CYNTHIA RENTERIA

Contributor address; City; State; Zip Code

139 TOBIN PLACE, El Paso TX 79905

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

INSTRUCTOR

Employer (See Instructions)

CENTER FOR EMPLOYMENT TRAINING

Date

10/23/2020

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

DAMIAN ANDRADE

Contributor address; City; State; Zip Code

3407 ALAMEDA, El Paso TX 79905

Amount of contribution (\$)

35

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

ESTELA'S THRIFT SHOP

Date

10/11/2020

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

DANIEL ARIZPE

Contributor address; City; State; Zip Code

8308 SOLAR PLACE, El Paso TX 79904

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

LIFEGUARD

Employer (See Instructions)

YMCA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2020

5 Full name of contributor

DANIEL ARIZPE

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

6 Contributor address; City; State; Zip Code

8308 SOLAR PLACE, EI Paso TX 79904

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

LIFEGUARD

9 Employer (See Instructions)

YMCA

Date

10/23/2020

Full name of contributor

DANIEL BACA

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

Contributor address; City; State; Zip Code

1917 E RIO GRANDE, EI Paso TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/16/2020

Full name of contributor

DANIEL MIRANDA

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

Contributor address; City; State; Zip Code

1865 KARL WYLER, EI Paso TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

TEACHING ASSISTANT

Employer (See Instructions)

UTEP

Date

10/24/2020

Full name of contributor

DANIELA DWYER

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

Contributor address; City; State; Zip Code

1700 BIG PINE KEY, WESLACO TX 78596

Amount of contribution (\$)

30

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

DANIELA LASTRA

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

6 Contributor address; City; State; Zip Code

2532 ALTURA, El Paso TX 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/05/2020

Full name of contributor

DANIELA LASTRA

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

Contributor address; City; State; Zip Code

2532 ALTURA, El Paso TX 79930

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

09/26/2020

Full name of contributor

DAVID SCHMADER

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

Contributor address; City; State; Zip Code

140 W. CASTELLANO, EL PASO TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

WRITER

Employer (See Instructions)

SELF

Date

10/15/2020

Full name of contributor

DEBRA KELLY

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

Contributor address; City; State; Zip Code

1511 RIM RD, El Paso TX 79902

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

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

DESIREE ALVAREZ

6 Contributor address; City; State; Zip Code

7301 BENSON DR, El Paso TX 79915

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

FOOD SERVICE

9 Employer (See Instructions)

HANNA BANANA

Date

10/18/2020

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

DESIREE MILLER

Contributor address; City; State; Zip Code

14241 SMOKY POINT, El Paso TX 79938

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/08/2020

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

DESIREE RANGEL

Contributor address; City; State; Zip Code

721 Del Mar, El Paso TX 79932

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/20/2020

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

DESIREE RIOS

Contributor address; City; State; Zip Code

210 PASODALE, EL PASO TX 79907

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

CLERK

Employer (See Instructions)

TNT TOOLING

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

5 Full name of contributor

DIANA JUAREZ

6 Contributor address;

805 SOMERSET, EL PASO TX 79912

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

City; State; Zip Code

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

SOFTWARE DEVELOPER

9 Employer (See Instructions)

PRUDENTIAL FINANCIAL

Date

10/07/2020

Full name of contributor

DIANA STILLMAN

Contributor address;

660 FRONTERA, EL PASO TX 79922

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DATA BASE MAINTAINER

Employer (See Instructions)

AMERICANA EXCHANGE

Date

10/16/2020

Full name of contributor

DIANA STILLMAN

Contributor address;

660 FRONTERA, EL PASO TX 79922

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DATABASE MAINTAINER

Employer (See Instructions)

AMERICANA EXCHANGE

Date

10/04/2020

Full name of contributor

DIEGO CARLOS

Contributor address;

510 RANDOLPH, El Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

EPISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/01/2020

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

DIEGO DE LA TORRE

6 Contributor address; City; State; Zip Code

6396 CALLE AZUL WAY, EL PASO TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/11/2020

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

DOMINIQUE HUERTA

Contributor address; City; State; Zip Code

2929 TYLER, El Paso TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

INTERN

Employer (See Instructions)

UTEP

Date

10/06/2020

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

EAN PUHLMAN

Contributor address; City; State; Zip Code

1621 DICK RITTER, El Paso TX 79936

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

USHER

Employer (See Instructions)

EP CHIHUAHUAS

Date

10/16/2020

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

EDGAR PICAZO

Contributor address; City; State; Zip Code

3418 PERSHING, El Paso TX 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

SERVER

Employer (See Instructions)

AZUL ARENA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

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

EDGAR PICAZO

6 Contributor address; City; State; Zip Code

3418 PERSHING, El Paso TX 79903

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

SERVER

9 Employer (See Instructions)

AZUL ARENA

Date

10/04/2020

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

EDUARDO ARELLANO

Contributor address; City; State; Zip Code

7344 DESIERTO AZUL, EL PASO TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

UTEP

Date

10/09/2020

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

EDWARD SOSA

Contributor address; City; State; Zip Code

5701 LOS CERRITOS, El Paso TX 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/19/2020

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

ELAINE RENTERIA

Contributor address; City; State; Zip Code

10636 CAUSEWAY, El Paso TX 79935

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

YISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

5 Full name of contributor

ELISA DOBLER

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

6 Contributor address; City; State; Zip Code

2145 SEA PALM, El Paso TX 79936

7 Amount of contribution (\$)

35

8 Principal occupation / Job title (See Instructions)

COUNSELOR

9 Employer (See Instructions)

UTEP

Date

10/15/2020

Full name of contributor

EMILY DESANTOS

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

Contributor address; City; State; Zip Code

1600 N RESLER, El Paso TX 79911

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

PUBLIC RELATIONS

Employer (See Instructions)

SISD

Date

09/26/2020

Full name of contributor

ERIC CHAVEZ

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

Contributor address; City; State; Zip Code

11701 BELL TOWER DRIVE, El Paso TX 79936

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

ADJUNCT PROFESSOR

Employer (See Instructions)

EPCC

Date

10/20/2020

Full name of contributor

ERICA CENTENO

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

Contributor address; City; State; Zip Code

7940 CRESCENT MOON, El Paso TX 79933

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

EPISD

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

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

ERICK NEVAREZ

6 Contributor address; City; State; Zip Code

5716 CHEROKEE CT, EI Paso TX 79924

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/03/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, EI Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

Date

10/23/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, EI Paso TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

Date

10/20/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, EI Paso TX 79912

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

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

EVAN CARCERANO

6 Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, El Paso TX 79912

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

9 Employer (See Instructions)

FOSSIL

Date

10/13/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, El Paso TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

Date

10/15/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, El Paso TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

Date

10/05/2020

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

EVANGELINA BALDERRAMA

Contributor address; City; State; Zip Code

725 HEMPSTEAD, El Paso TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

CLAIMS

Employer (See Instructions)

NATIONAL LLOYDS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME
MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date
10/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
EVANGELINA BALDERRAMA
.....
6 Contributor address; City; State; Zip Code
725 HEMPSTEAD, EI Paso TX 79912

7 Amount of contribution (\$)
25

8 Principal occupation / Job title (See Instructions)
CLAIMS

9 Employer (See Instructions)
NATIONAL LLOYDS

Date
10/11/2020

Full name of contributor out-of-state PAC (ID#: _____)
FRANCES VALDEZ
.....
Contributor address; City; State; Zip Code
942 HILLSTAR, HOUSTON TX 77009

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)
EXECUTIVE DIRECTOR

Employer (See Instructions)
HOUSTON IN ACTION

Date
10/07/2020

Full name of contributor out-of-state PAC (ID#: _____)
GABE AVILA
.....
Contributor address; City; State; Zip Code
3148 EDGEROCK, EL PASO TX 79935

Amount of contribution (\$)
15

Principal occupation / Job title (See Instructions)
FIELD ORGANIZER

Employer (See Instructions)
TEXAS Democratic Party

Date
10/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
GABRIEL HERNANDEZ
.....
Contributor address; City; State; Zip Code
3473 RISING SUN, EI Paso TX 79936

Amount of contribution (\$)
25

Principal occupation / Job title (See Instructions)
TEACHER

Employer (See Instructions)
SISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME
MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date
10/18/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
GEOFF RIPS
.....
6 Contributor address; City; State; Zip Code
1311 ARDENWOOD, AUSTIN TX 78722

7 Amount of contribution (\$)
50

8 Principal occupation / Job title (See Instructions)
NA

9 Employer (See Instructions)
NA

Date
10/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
GEOFF RIPS
.....
Contributor address; City; State; Zip Code
1311 ARDENWOOD, AUSTIN TX 78722

Amount of contribution (\$)
10

Principal occupation / Job title (See Instructions)
DEVELOPMENT DIRECTOR

Employer (See Instructions)
TRLA

Date
10/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
GEORGE EDISON
.....
Contributor address; City; State; Zip Code
1001 ROBINSON, EI Paso TX 79902

Amount of contribution (\$)
25

Principal occupation / Job title (See Instructions)
NA

Employer (See Instructions)
NA

Date
10/12/2020

Full name of contributor out-of-state PAC (ID#: _____)
GRACIELA MARTINEZ
.....
Contributor address; City; State; Zip Code
2400 FLETCHER, EI Paso TX 79936

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)
COORDINATOR

Employer (See Instructions)
TRLA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

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

HANNAH ABRAM

6 Contributor address; City; State; Zip Code

165 W CASTELLANO, EL PASO TX 79912

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

UMC

Date

10/14/2020

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

HEATHER KETON

Contributor address; City; State; Zip Code

841 GOMEZ ROAD, El Paso TX 79932

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/24/2020

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

HELEN ROBERY

Contributor address; City; State; Zip Code

2901 GOLD, El Paso TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

EPCC

Date

10/14/2020

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

HENRY HUERTA

Contributor address; City; State; Zip Code

12416 CORINTHIA DR, WHITTIER CA 90601

Amount of contribution (\$)

27

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/09/2020

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

HERLINDA E GONZALEZ

6 Contributor address; City; State; Zip Code

4800 N STANTON, El Paso TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/06/2020

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

INGO THOMAS

Contributor address; City; State; Zip Code

11009 LOMA GRANDE DRIVE, El Paso TX 79934

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

WEB DEVELOPER

Employer (See Instructions)

CITY OF El Paso

Date

10/21/2020

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

INGO THOMAS

Contributor address; City; State; Zip Code

11009 LOMA GRANDE, El Paso TX 79934

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

WEB DEVELOPER

Employer (See Instructions)

CITY OF El Paso

Date

10/18/2020

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

IRMA MORALES

Contributor address; City; State; Zip Code

11812 PUEBLO CARMEL WAY, El Paso TX 79936

Amount of contribution (\$)

5.09

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/04/2020

5 Full name of contributor

ISABEL BRIONES

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

6 Contributor address; City; State; Zip Code

1401 ADOLPH CARSON PLACE, EI Paso TX 79936

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/07/2020

Full name of contributor

ISIDRO TORRES

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

Contributor address; City; State; Zip Code

1801 ED WHITE WAY, EI Paso TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

INTERIM ED

Employer (See Instructions)

NAMI

Date

10/20/2020

Full name of contributor

JACLYN BERGER

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

Contributor address; City; State; Zip Code

4904 VISTA GRANDE, EI Paso TX 79922

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

PROGRAM COORDINATOR

Employer (See Instructions)

UTEP

Date

10/20/2020

Full name of contributor

JAMES SAUNDERS

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

Contributor address; City; State; Zip Code

305 TEXAS OAK, ALPINE TX 79830

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

AISD

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/06/2020

5 Full name of contributor

JANE FUCHS

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

6 Contributor address; City; State; Zip Code

10905 SIERRA VERDE TRAIL, AUSTIN TX 78759

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

TRLA

Date

10/21/2020

Full name of contributor

JARED CHUMSAE

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

Contributor address; City; State; Zip Code

617 WESTVIEW, EL PASO TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

FACULTY

Employer (See Instructions)

UTEP & EPCC

Date

10/22/2020

Full name of contributor

JEROME WESEVICH

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

Contributor address; City; State; Zip Code

1004 SUMMIT DR NE, ALBUQUERQUE NM 87106

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

Date

10/09/2020

Full name of contributor

JESSE MAYNES

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

Contributor address; City; State; Zip Code

1990 DANA BREE, El Paso TX 79936

Amount of contribution (\$)

30

Principal occupation / Job title (See Instructions)

REGIONAL MARKETING DIRECTOR

Employer (See Instructions)

NEW AMERICAN FUNDING

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2020

5 Full name of contributor

JESSE SEGER

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

6 Contributor address; City; State; Zip Code

15791 BEAR CREEK PKWY, REDMOND WA 98052

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

SPUR GROUP

Date

10/18/2020

Full name of contributor

JESSICA CENICEROS

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

Contributor address; City; State; Zip Code

3127 FEDERAL, EI Paso TX 79930

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/14/2020

Full name of contributor

JESSICA JIMENEZ

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

Contributor address; City; State; Zip Code

1762 GREEN GATE WAY, EI Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

DISTRICT MANAGER

Employer (See Instructions)

PAPAYA

Date

10/22/2020

Full name of contributor

JESSICA JIMENEZ

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

Contributor address; City; State; Zip Code

1762 GREEN GATE WAY, EI Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

DISTRICT MANAGER

Employer (See Instructions)

PAPAYA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

5 Full name of contributor

JESUS VALDEZ

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

6 Contributor address; City; State; Zip Code

4800 CASETA, El Paso TX 79922

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

NA

Date

10/20/2020

Full name of contributor

JESUS VALDEZ

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

Contributor address; City; State; Zip Code

4800 CASETA, El Paso TX 79922

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/21/2020

Full name of contributor

JESUS VASQUEZ

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

Contributor address; City; State; Zip Code

1609 ST. JOHNS DR, El Paso TX 79903

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

IHSMARKIT

Date

09/26/2020

Full name of contributor

JOCELYN MARTINEZ

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

Contributor address; City; State; Zip Code

2720 GOLD AVE, El Paso TX 79930

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

TENET

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

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

JOHN RUFFIER

6 Contributor address; City; State; Zip Code

12281 ROBERTA LYNN, El Paso TX 79936

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

09/28/2020

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

JOHN WHITELAW

Contributor address; City; State; Zip Code

2901 PIEDMONT, El Paso TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/01/2020

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

JONATHAN AYALA

Contributor address; City; State; Zip Code

2630 ADAMS MILL RD NW, Washington DC 20009

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PROJECT COORDINATOR

Employer (See Instructions)

GW UNIVERSITY

Date

10/20/2020

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

JONATHAN AYALA

Contributor address; City; State; Zip Code

2630 ADAMS MILL RD, NW, Washington DC 20009

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

PROJECT COORDINATOR

Employer (See Instructions)

GW UNIVERSITY

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2020

5 Full name of contributor

JORGE GOMEZ

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

6 Contributor address; City; State; Zip Code

5525 N STANTON, El Paso TX 79912

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

PROFESSOR

9 Employer (See Instructions)

EPCC

Date

10/20/2020

Full name of contributor

JOSE MUNOZ

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

Contributor address; City; State; Zip Code

945 S MESA HILLS, El Paso TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/10/2020

Full name of contributor

JOSE QUINTERO

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

Contributor address; City; State; Zip Code

9513 FALKIRK, El Paso TX 79925

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/07/2020

Full name of contributor

JOSE R RODRIGUEZ CAMPAIGN

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

Contributor address; City; State; Zip Code

911 DALLAS, El Paso TX 79901

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

TX STATE SENATE

Employer (See Instructions)

STATE OF TEXAS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/01/2020

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

JUAN BENITEZ

6 Contributor address; City; State; Zip Code

800 ARGENTINA, El Paso TX 79903

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/07/2020

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

JUAN SALAZAR

Contributor address; City; State; Zip Code

7365 IRONWOOD, El Paso TX 79915

Amount of contribution (\$)

30

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

EPSSLC

Date

10/10/2020

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

JUDY ACKERMAN

Contributor address; City; State; Zip Code

3344 EILEEN, El Paso TX 79904

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

09/26/2020

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

JUSTINO HERRERA

Contributor address; City; State; Zip Code

3713 RIVERA AVE, El Paso TX 79905

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2020

5 Full name of contributor

KAITY ROSS

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

6 Contributor address; City; State; Zip Code

1640 CLARENCE AVE, LAKEWOOD OHIO 44107

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

LEGAL ASSISTANT

9 Employer (See Instructions)

SELF

Date

10/23/2020

Full name of contributor

KAREN BECKNER

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

Contributor address; City; State; Zip Code

17576 S SKYRIDGE, MT VERNON WA 98274

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

09/26/2020

Full name of contributor

KAREN MARTINEZ

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

Contributor address; City; State; Zip Code

1409 PASEO DEL SUR COURT, EI Paso TX 79928

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

BILLER

Employer (See Instructions)

MINERVA GENETICA

Date

10/17/2020

Full name of contributor

KAREN MEJIA

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

Contributor address; City; State; Zip Code

182 MONTGOMERY, NEWBURGH NY 12550

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

ASSISTANT DIRECTOR

Employer (See Instructions)

1199 SEIU TEF

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/2020

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

KATHERINE NAKAJIMA

6 Contributor address; City; State; Zip Code

104 DUBLIN DR, LUTHERVILLE MD, 21093

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/21/2020

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

KENNETH BELL

Contributor address; City; State; Zip Code

1115 CATALINA WAY, EI Paso TX 79925

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

FIELD ORGANIZER

Employer (See Instructions)

FAIR SHOT TEXAS

Date

10/20/2020

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

KENNETH RAMIREZ

Contributor address; City; State; Zip Code

664 S EASTMAN, Los Angeles CA 90023

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

CALPAL

Date

10/11/2020

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

KIERRA ROBINSON

Contributor address; City; State; Zip Code

2313 CAMPFIRE LANE, EI Paso TX 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

ADMINISTRATIVE ASSISTANT

Employer (See Instructions)

IDEA PUBLIC SCHOOLS

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME
MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date
10/08/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
KISTEN NIGRO
6 Contributor address; City; State; Zip Code
5660 BURNING TREE, EL PASO TX 79912

7 Amount of contribution (\$)
50

8 Principal occupation / Job title (See Instructions)
PROFESSOR

9 Employer (See Instructions)
UTEP

Date
10/06/2020

Full name of contributor out-of-state PAC (ID#: _____)
KRISTI LAI
Contributor address; City; State; Zip Code
4717 ROSINANTE, EL PASO TX 79922

Amount of contribution (\$)
5

Principal occupation / Job title (See Instructions)
HOUSEWIFE

Employer (See Instructions)
SELF

Date
10/05/2020

Full name of contributor out-of-state PAC (ID#: _____)
LARRY GAINOR
Contributor address; City; State; Zip Code
140 W CASTELLANO, EL PASO TX 79912

Amount of contribution (\$)
1500

Principal occupation / Job title (See Instructions)
LIBRARIAN

Employer (See Instructions)
SAN JACINTO COLLEGE

Date
10/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
LARRY GAINOR
Contributor address; City; State; Zip Code
140 W CASTELLANO, EL PASO TX 79912

Amount of contribution (\$)
100

Principal occupation / Job title (See Instructions)
LIBRARIAN

Employer (See Instructions)
SAN JACINTO COLLEGE

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

LAURA CAUDILLO

6 Contributor address;

589 CABRINI CIRCLE, EI Paso TX 79938

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

City; State; Zip Code

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

CARE QUALITY

Date

10/05/2020

Full name of contributor

LILLIAN SANCHEZ

Contributor address;

1115 ARIZONA, EI Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

UMC

Date

10/07/2020

Full name of contributor

LORNA GOMEZ

Contributor address;

6407 FRANKLIN VIEW, EI Paso TX 79912

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

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/18/2020

Full name of contributor

LUIS JACQUEZ

Contributor address;

8104 BETHANY, EI Paso TX 79925

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

BCFS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2020

5 Full name of contributor

LUIS PACHECO

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

6 Contributor address; City; State; Zip Code

10824 IVANHOE, El Paso TX 79935

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/03/2020

Full name of contributor

LUIS PEREA

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

Contributor address; City; State; Zip Code

265 S ARROYO PARKWAY, PASADENA CA 91105

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/09/2020

Full name of contributor

LUPE DIAZ

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

Contributor address; City; State; Zip Code

10507 COZUMEL, El Paso TX 79925

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

VOLUNTEER COORDINATOR

Employer (See Instructions)

HUMANE SOCIETY

Date

09/26/2020

Full name of contributor

MADDIE VIDALES

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

Contributor address; City; State; Zip Code

13685 LARTINGTON ST, EL PASO TX 79928

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

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

MADISON ANDERSON

6 Contributor address; City; State; Zip Code

10145 CAMWOOD, EL PASO TX 79925

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/21/2020

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

MALU GONZALEZ

Contributor address; City; State; Zip Code

505 ROSINANTE, EL PASO TX 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/01/2020

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

MANUEL CAMACHO

Contributor address; City; State; Zip Code

3104 HICKMAN, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

METER TESTER

Employer (See Instructions)

EP ELECTRIC

Date

10/22/2020

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

MANUEL CAMACHO

Contributor address; City; State; Zip Code

3104 HICKMAN, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

METER TESTER

Employer (See Instructions)

EI Paso ELECTRIC

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

MARGARET BARNES

6 Contributor address;

4222 N STANTON, El Paso TX 79902

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

City; State; Zip Code

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

TRLA

Date

09/26/2020

Full name of contributor

MARGARET BARNES

Contributor address;

4222 STANTON, El Paso TX 79902

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

City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

Date

10/21/2020

Full name of contributor

MARGIE APODACA

Contributor address;

4009 GIBSON VECK, El Paso TX 79922

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

City; State; Zip Code

Amount of contribution (\$)

3

Principal occupation / Job title (See Instructions)

CT TECH

Employer (See Instructions)

DEL SOL MEDICAL CENTER

Date

10/22/2020

Full name of contributor

MARIA PLACENCIA

Contributor address;

7613 PLAZA TAURINA, EL PASO TX 79912

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

City; State; Zip Code

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SECRETARY

Employer (See Instructions)

UTEP

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/2020

5 Full name of contributor

MARIAH MENDOZA

6 Contributor address;

236 COLUMBIA AVE, El Paso TX 79907

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

City; State; Zip Code

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/18/2020

Full name of contributor

MARILYN GUIDA

Contributor address;

7465 STONY HILL DR, El Paso TX 79904

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

City; State; Zip Code

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

10/02/2020

Full name of contributor

MARILYN GUIDA

Contributor address;

7465 STONY HILL, El Paso TX 79904

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

10/18/2020

Full name of contributor

MARK DELGADO

Contributor address;

870 TURRENTINE, EL PASO TX 79925

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

City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/2020

5 Full name of contributor

MARSHA LABODDA

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

6 Contributor address; City; State; Zip Code

11331 GENE SARAZEN, EL PASO TX 79936

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

NA

Date

10/20/2020

Full name of contributor

MARTIN BENCOMO

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

Contributor address; City; State; Zip Code

2105 LOUISIANA, EI Paso TX 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

GRAPHIC DESIGNER

Employer (See Instructions)

UMC

Date

10/22/2020

Full name of contributor

MAURICIO LOPEZ

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

Contributor address; City; State; Zip Code

1044 FRAY PLACE, EI Paso TX 79907

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/02/2020

Full name of contributor

MEGAN ANGUIANO

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

Contributor address; City; State; Zip Code

3716 MOBILE, EI Paso TX 79930

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

PHARMACY TECH

Employer (See Instructions)

WALMART

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/2020

5 Full name of contributor

MERLYN HEYMAN

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

6 Contributor address; City; State; Zip Code

1200 GALLOWAY, El Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/12/2020

Full name of contributor

MERRICK MENESES

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

Contributor address; City; State; Zip Code

3412 DORNOCH ST, EL PASO TX 79925

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/22/2020

Full name of contributor

MIAFAITH CANDELARIA

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

Contributor address; City; State; Zip Code

12273 KIT CARSON, El Paso TX 79936

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

CHEMIST

Employer (See Instructions)

KINDER MORGAN

Date

10/19/2020

Full name of contributor

MICHAEL BORUNDA

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

Contributor address; City; State; Zip Code

601 S MESA HILLS, El Paso TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

ACADEMIC ADVISOR

Employer (See Instructions)

NMSU

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2020

5 Full name of contributor

MICHAEL LARSON

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

6 Contributor address; City; State; Zip Code

12301 BILL MITCHELL, El Paso TX 79938

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

TEACHER

9 Employer (See Instructions)

DEPT OF DEFENSE

Date

10/12/2020

Full name of contributor

MICHAEL VASQUEZ

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

Contributor address; City; State; Zip Code

10168 BERMUDA AVE, El Paso TX 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/07/2020

Full name of contributor

MICHAEL WYATT

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

Contributor address; City; State; Zip Code

2906 SILVER, El Paso TX 79930

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

El Paso COUNTY

Date

10/10/2020

Full name of contributor

MIREYA DOMINGUEZ

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

Contributor address; City; State; Zip Code

10553 CANDLEWOOD AVENUE, EL PASO TX 79925

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

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

NANCY JOY SCHULER

6 Contributor address; City; State; Zip Code

3031 WHEELING, El Paso TX 79930

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/02/2020

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

NATHANIEL NORTON

Contributor address; City; State; Zip Code

119 CONWAY, CARLISLE PA 17013

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

Date

10/17/2020

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

NORA GONZALEZ

Contributor address; City; State; Zip Code

620 N LEE TREVINO, El Paso TX 79907

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

LEGAL ASSISTANT

Employer (See Instructions)

Santa Fe DREAMERS

Date

10/21/2020

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

NORMA CHAVEZ

Contributor address; City; State; Zip Code

824 BOLIVIA, El Paso TX 79903

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/12/2020

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

NORMA PRISCILLA CHAVEZ

6 Contributor address; City; State; Zip Code

824 BOLIVIA ST, El Paso TX 79903

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

NA

Date

09/26/2020

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

NUBIA LEGARDA

Contributor address; City; State; Zip Code

3512 MONROE, El Paso TX 79930

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

NURSE ASSISTANT

Employer (See Instructions)

GUILLEN TX STATE VETS HOSPITAL

Date

10/01/2020

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

NYDIA REVELES

Contributor address; City; State; Zip Code

10856 LOMA DEL NORTE, El Paso TX 79934

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/21/2020

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

PAMELA BROWN

Contributor address; City; State; Zip Code

4213 PARKWOOD, AUSTIN TX 78722

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/2020

5 Full name of contributor

PATRICIA MEDICI

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

6 Contributor address; City; State; Zip Code

1319 N OREGON, El Paso TX 79902

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

HAL MARCUS GALLERY

Date

10/21/2020

Full name of contributor

PATRICIA MONTERREY

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

Contributor address; City; State; Zip Code

1508 PINTORESCO, EL PASO TX 79935

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SOCIAL WORKER

Employer (See Instructions)

EPISD

Date

10/18/2020

Full name of contributor

PATRICIA WHITE

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

Contributor address; City; State; Zip Code

10525 TEXWOOD AVE, EL PASO TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/22/2020

Full name of contributor

PAULETTE VILLA

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

Contributor address; City; State; Zip Code

12089 Van Gogh, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

SELLER

Employer (See Instructions)

THE CLASSROOM UNIFORMS

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

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

PAULINA ALMANZA

6 Contributor address; City; State; Zip Code

1219 PROSPECT, EI Paso TX 79902

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

TRLA

Date

10/20/2020

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

PAULINA ALMANZA

Contributor address; City; State; Zip Code

1219 PROSPECT, EI Paso TX 79902

Amount of contribution (\$)

25.99

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

Date

10/04/2020

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

PEDRO BLANDON

Contributor address; City; State; Zip Code

1337 DESERT CANYON DR, EI Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

HCA

Date

10/12/2020

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

PEGGY HINKLE

Contributor address; City; State; Zip Code

8517 HOPEWELL DR, EI Paso TX 79925

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

IBCLC

Employer (See Instructions)

SELF

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/04/2020

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

PETER STEVENSON

6 Contributor address; City; State; Zip Code

5148 TIMBERWOLF, EI Paso TX 79903

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/22/2020

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

RACHEL LEGGETT

Contributor address; City; State; Zip Code

1018 SECOND ST, SW, NEW PHILADELPHIA OH 44660

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

VIDEOGRAPHER

Employer (See Instructions)

OHIO STATE

Date

10/10/2020

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

RACHEL LUJAN

Contributor address; City; State; Zip Code

1520 BUD ALLIN, EI Paso TX 79935

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

YISD

Date

10/15/2020

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

RAQUEL ROJO

Contributor address; City; State; Zip Code

641 DAVENTRY CT, EL PASO TX 79928

Amount of contribution (\$)

44

Principal occupation / Job title (See Instructions)

OCCUPATIONAL THERAPIST

Employer (See Instructions)

DOD

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/2020

5 Full name of contributor

RENEE TREVINO

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

6 Contributor address; City; State; Zip Code

510 DEVINE ST, San Antonio TX 78210

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

TRLA

Date

10/24/2020

Full name of contributor

RICARDO MARRUFO

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

Contributor address; City; State; Zip Code

3302 LIMERICK, El Paso TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

INSTRUCTOR

Employer (See Instructions)

EPCC

Date

10/19/2020

Full name of contributor

RICHARD PROVENCIO

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

Contributor address; City; State; Zip Code

6213 CADIZ, El Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/21/2020

Full name of contributor

ROBERT GAUDET

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

Contributor address; City; State; Zip Code

12828 COZY COVE, El Paso TX 79938

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

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

ROCIO FIERRO-PEREZ

6 Contributor address; City; State; Zip Code

4433 N STANTON, El Paso TX 79902

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

FIELD MANAGER

9 Employer (See Instructions)

TX FREEDOM NETWORK

Date

10/21/2020

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

ROSA MAKWANA

Contributor address; City; State; Zip Code

1385 LOMA VERDE, El Paso TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/20/2020

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

ROSEMARY NEILL

Contributor address; City; State; Zip Code

901 MESITA, El Paso TX 79902

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

10/01/2020

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

RUBY MONTANA

Contributor address; City; State; Zip Code

3402 CRAIGO AVE, El Paso TX 79904

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

LECTURER

Employer (See Instructions)

UTEP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/05/2020

5 Full name of contributor

RUBY MONTANA

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

6 Contributor address; City; State; Zip Code

3402 CRAIGO, El Paso TX 79904

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)

LECTURER

9 Employer (See Instructions)

UTEP

Date

10/05/2020

Full name of contributor

RYAN MULLENIX

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

Contributor address; City; State; Zip Code

10747 BYWOOD, El Paso TX 79935

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

YISD

Date

10/18/2020

Full name of contributor

SABRINA BUSTILLOS

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

Contributor address; City; State; Zip Code

136 VILLA NUEVA PL, El Paso TX 79907

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/24/2020

Full name of contributor

SALVADOR CARDENAS

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

Contributor address; City; State; Zip Code

14108 GHOST FLOWER, HORIZON CITY TX 79928

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

AGENT

Employer (See Instructions)

REALTOR

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
69

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/02/2020

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

SAMANTHA COONEY

6 Contributor address; City; State; Zip Code

848 MELROSE COURT El Paso TX 79932

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

GRADUATE ASSISTANT

9 Employer (See Instructions)

UNM

Date

10/08/2020

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

SARAH OBERMAN

Contributor address; City; State; Zip Code

4101 HUECO, El Paso TX 79903

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

COURTESY CLERK

Employer (See Instructions)

SPROUTS

Date

10/11/2020

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

SASHA COBOS

Contributor address; City; State; Zip Code

6938 ALTO REY, El Paso TX 79912

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/17/2020

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

SHANNON CONNELLY

Contributor address; City; State; Zip Code

811 WINTER, El Paso TX 79902

Amount of contribution (\$)

45

Principal occupation / Job title (See Instructions)

ADMINISTRATOR

Employer (See Instructions)

UTEP

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/23/2020

5 Full name of contributor

SHARON CHEN

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

6 Contributor address; City; State; Zip Code

1526 17TH AVE EAST, SEATTLE WA 98112

7 Amount of contribution (\$)

20.83

8 Principal occupation / Job title (See Instructions)

CONSULTANT

9 Employer (See Instructions)

SELF

Date

10/06/2020

Full name of contributor

SHIRLEY WHELEN

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

Contributor address; City; State; Zip Code

7304 PARKLAND, EI PASO TX 79925

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/05/2020

Full name of contributor

SONIA RAYKA

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

Contributor address; City; State; Zip Code

2667 INDIANOLA, COLUMBUS OH 43202

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/22/2020

Full name of contributor

SONIA REBELES

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

Contributor address; City; State; Zip Code

1320 MADRID, TORRANCE CA 90501

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

SELF

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/2020

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

SORAYA HANSHEW

6 Contributor address; City; State; Zip Code

632 MOONDALE DR, EL PASO TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

HANSHEW LAW FIRM

Date

10/22/2020

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

STEPHANIE FRESCAS-MACIAS

Contributor address; City; State; Zip Code

610 PROSPECT, EI Paso TX 79902

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

PUBLICIST

Employer (See Instructions)

CINCO PUNTOS PRESS

Date

10/06/2020

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

STEPHANIE TOWNSEND-ALLALA

Contributor address; City; State; Zip Code

3501 HAMILTON, EI Paso TX 79930

Amount of contribution (\$)

95

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TOWNSEND-ALLALA FIRM

Date

10/15/2020

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

STEPHEN ELISESSER

Contributor address; City; State; Zip Code

1541 DESIERTO RICO, EL PASO TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

POLICY ADVISOR

Employer (See Instructions)

EI Paso COUNTY

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/04/2020

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

6 Contributor address; City; State; Zip Code
10220 RIDGEWOOD, EL PASO TX 79925

7 Amount of contribution (\$)

20

8 Principal occupation / Job title (See Instructions)
NA

9 Employer (See Instructions)
NA

Date

10/07/2020

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

Contributor address; City; State; Zip Code
1132 RANGER, El Paso TX 79907

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)
COUNSELOR

Employer (See Instructions)
CARRASCO JOB CORPS

Date

10/18/2020

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

Contributor address; City; State; Zip Code
14224 RAINBOW POINT, El Paso TX 79938

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)
NA

Employer (See Instructions)
NA

Date

10/23/2020

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

Contributor address; City; State; Zip Code
12452 ROBERT DAHL, El Paso TX 79938

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
INSTRUCTOR

Employer (See Instructions)
EPCC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/2020

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

SYLVIA SEARFOSS

6 Contributor address; City; State; Zip Code

829 DELEON, El Paso TX 79912

7 Amount of contribution (\$)

30

8 Principal occupation / Job title (See Instructions)

RN

9 Employer (See Instructions)

TENET

Date

10/20/2020

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

THERESA PROVENCIO

Contributor address; City; State; Zip Code

9909 SUEZ, El Paso TX 79925

Amount of contribution (\$)

75

Principal occupation / Job title (See Instructions)

COMPUTER ENGINEER

Employer (See Instructions)

CCDC-DAC

Date

09/30/2020

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

THOMAS SPIECZNY

Contributor address; City; State; Zip Code

920 Blanchard Ave, El Paso TX 79902

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

09/26/2020

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

TIERRA SOLIS

Contributor address; City; State; Zip Code

1736 PREAKNESS AVE, El Paso TX 79928

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

LECTURER

Employer (See Instructions)

UTEP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/26/2020

5 Full name of contributor

TIERRA SOLIS

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

6 Contributor address; City; State; Zip Code

1736 PREAKNESS AVE, El Paso TX 79928

7 Amount of contribution (\$)

35

8 Principal occupation / Job title (See Instructions)

LECTURER

9 Employer (See Instructions)

UTEP

Date

10/08/2020

Full name of contributor

TIMOTHY AQUIALINA

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

Contributor address; City; State; Zip Code

1004 KERN, El Paso TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NURSE ANESTHETIST

Employer (See Instructions)

SELF

Date

10/15/2020

Full name of contributor

TIYI SMITH

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

Contributor address; City; State; Zip Code

5425 CORSICANA, El Paso TX 79924

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

EPISD

Date

10/21/2020

Full name of contributor

TRACY FIGUEROA

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

Contributor address; City; State; Zip Code

6253 STRASBOURG, Corpus Christi TX 78414

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/07/2020

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

VALEO-REHAB PLLC

6 Contributor address; City; State; Zip Code

4601 HONDO PASS, EI Paso TX 79904

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

HEALTH

9 Employer (See Instructions)

NA

Date

10/23/2020

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

VALERIE HOLGUIN

Contributor address; City; State; Zip Code

1618 CHARLES OWENS, EI Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

PRODUCTION ASSISTANT

Employer (See Instructions)

KVIA

Date

10/02/2020

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

VANESSA CARREON

Contributor address; City; State; Zip Code

1590 DAVINCI ST, EL PASO TX 79936

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

SALES ADVOCATE

Employer (See Instructions)

TARGET

Date

10/19/2020

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

VANESSA MARTINEZ

Contributor address; City; State; Zip Code

673 MARY STUART DR, EI Paso TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

UTEP

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/27/2020

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

VENESSA SANTIESTEBAN

6 Contributor address; City; State; Zip Code

3100 AURORA, EI Paso TX 79930

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

NA

9 Employer (See Instructions)

NA

Date

10/18/2020

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

VERONICA CARRILLO

Contributor address; City; State; Zip Code

126 E CALIFORNIA, EI Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

SECURITY ANALYST

Employer (See Instructions)

UTEP

Date

10/21/2020

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

VERONICA CARRILLO

Contributor address; City; State; Zip Code

1026 CALIFORNIA, EI Paso TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

IMPLEMENTATION CONSULTANT

Employer (See Instructions)

ULTIMATE SOFTWARE

Date

10/20/2020

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

VICTOR ESPINOSA

Contributor address; City; State; Zip Code

10264 VALLE RICO DR, SOCORRO TX 79927

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/2020

5 Full name of contributor

VICTOR GUERRERO

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

6 Contributor address; City; State; Zip Code

2500 ALTURA, El Paso TX 79930

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

MARKETER

9 Employer (See Instructions)

PRIVATE

Date

10/23/2020

Full name of contributor

VICTORIA BEN

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

Contributor address; City; State; Zip Code

1001 KELLY WAY, El Paso TX 79902

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

YISD

Date

10/20/2020

Full name of contributor

VICTORIA CASTRO

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

Contributor address; City; State; Zip Code

4416 LOMA SUAVE LN, El Paso TX 79934

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

RESEARCH ASSISTANT

Employer (See Instructions)

UTEP

Date

09/29/2020

Full name of contributor

VONA VAN CLEEF

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

Contributor address; City; State; Zip Code

4800 N STANTON, El Paso TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

5 Full name of contributor out-of-state PAC (ID#: C00686832)
WAY TO LEAD TEXAS

6 Contributor address; City; State; Zip Code
2828 N CENTRAL AVE, STE 1014, PHOENIX AZ 85004

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)
PAC

9 Employer (See Instructions)

Date

10/06/2020

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

Contributor address; City; State; Zip Code
9909 SUEZ, El Paso TX 79925

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)
GEOPHYSICIST

Employer (See Instructions)
US DEPT. OF THE INTERIOR

Date

10/01/2020

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

Contributor address; City; State; Zip Code
2441 TIERRA CAFE, El Paso TX 79938

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)
MEDIA SPECIALIST

Employer (See Instructions)
SELF

Date

10/20/2020

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

Contributor address; City; State; Zip Code
3100 LOUISVILLE, El Paso TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
ADMINISTRATIVE ASSISTANT

Employer (See Instructions)
VISION CONSULTANTS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2020

5 Full name of contributor

ZULEMA MACIAS

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

6 Contributor address; City; State; Zip Code

4641 LARKSPUR, El Paso TX 79924

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

TEACHER

9 Employer (See Instructions)

EPISD

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 0	
2 FILER NAME MS VERONICA CARBAJAL		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2020	5 Payee name ACT BLUE	
6 Amount (\$) 197.29	7 Payee address; City; State; Zip Code PO Box 441146, SOMERVILLE MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	(b) Description SERVICE CHARGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/17/2020	Payee name ALLPRINT OF EL PASO	
Amount (\$) 140.62	Payee address; City; State; Zip Code 7230 GATEWAY EAST, EI Paso TX 79915	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/23/2020	Payee name ALLPRINT OF EL PASO	
Amount (\$) 281.23	Payee address; City; State; Zip Code 7230 GATEWAY EAST, EI Paso TX 79915	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description PUSH CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2020	5 Payee name BRYAN MONROE	
6 Amount (\$) 400	7 Payee address; City; State; Zip Code 10316 BON AIRE DR, El Paso TX 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES	(b) Description CAMPAIGN STAFF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF El Paso
Date 10/07/2020	Payee name BRYAN MONROE	
Amount (\$) 350	Payee address; City; State; Zip Code 10316 BON AIRE DR, El Paso TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES	Description CAMPAIGN STAFF
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF El Paso
Date 09/23/2020	Payee name BRYAN MONROE	
Amount (\$) 250	Payee address; City; State; Zip Code 10316 BON AIRE DR, El Paso TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES	Description CAMPAIGN STAFF
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF El Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2020	5 Payee name DISPLAY SERVICES	
6 Amount (\$) 108.25	7 Payee address; City; State; Zip Code 821 N RAYNOR, EI Paso TX 79903	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN SIGN
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/09/2020	Payee name DISPLAY SERVICES INC	
Amount (\$) 34.64	Payee address; City; State; Zip Code 821 N RAYNOR, EI Paso TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN SIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/06/2020	Payee name DOMINIC CHACON	
Amount (\$) 600	Payee address; City; State; Zip Code 5525 PLAINVIEW DR, EL PASO TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES	Description CAMPAIGN STAFF
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2020	5 Payee name ENTRAVISION	
6 Amount (\$) 2252.5	7 Payee address; City; State; Zip Code 5426 N MESA, EI Paso TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description TV COMMERCIAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/22/2020	Payee name KVIV RADIO	
Amount (\$) 400	Payee address; City; State; Zip Code 6060 SURETY DRIVE, EI Paso TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description RADIO ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/13/2020	Payee name EI Paso MAIL & PRINT SERVICE	
Amount (\$) 1407.25	Payee address; City; State; Zip Code 1144 VISTA DE ORO, EI Paso TX 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING SERVICE	Description CAMPAIGN MATERIAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13		2 FILER NAME MS VERONICA CARBAJAL		3 Filer ID (Ethics Commission Filers)	
4 Date 10/08/2020		5 Payee name EI Paso MAIL & PRINT SERVICE			
6 Amount (\$) 11219.96		7 Payee address; City; State; Zip Code 1144 VISTA DE ORO, EI Paso TX 79935			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description CAMPAIGN MATERIALS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	
Date 10/01/2020		Payee name EI Paso MAIL & PRINT SERVICE			
Amount (\$) 2427.29		Payee address; City; State; Zip Code 1144 VISTA DE ORO, EI Paso TX 79935			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description CAMPAIGN MATERIALS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	
Date 09/25/2020		Payee name FACEBOOK			
Amount (\$) 25		Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ONLINE CAMPAIGN ADS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
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4 Date 09/30/2020	5 Payee name FACEBOOK
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6 Amount (\$) 35	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso	Office held
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Date 10/05/2020	Payee name FACEBOOK
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Amount (\$) 50	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso	Office held
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Date 09/28/2020	Payee name FACEBOOK
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Amount (\$) 50	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/08/2020	5 Payee name FACEBOOK	
6 Amount (\$) 75	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/07/2020	Payee name FACEBOOK	
Amount (\$) 75	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/13/2020	Payee name FACEBOOK	
Amount (\$) 125	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2020	5 Payee name FACEBOOK	
6 Amount (\$) 175	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/20/2020	Payee name FACEBOOK	
Amount (\$) 214.65	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 09/28/2020	Payee name FACTOR PRINTS	
Amount (\$) 757.75	Payee address; City; State; Zip Code 4400 CHESTER AVE, EI Paso TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CAMPAIGN MASKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13		2 FILER NAME MS VERONICA CARBAJAL		3 Filer ID (Ethics Commission Filers)	
4 Date 10/02/2020		5 Payee name GOOGLE			
6 Amount (\$) 17.06		7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY, Mountain View CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description SERVICE FEE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	
Date 10/15/2020		Payee name GOOGLE			
Amount (\$) 350		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PARKWAY, Mountain View CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description ONLINE CAMPAIGN ADS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	
Date 10/07/2020		Payee name GRACIELA BLANDON			
Amount (\$) 300		Payee address; City; State; Zip Code 1337 DESERT CANYON, EI Paso TX 79912			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES		Description CAMPAIGN STAFF		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Veronica Carbajal		Office sought MAYOR OF EI Paso	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/07/2020	5 Payee name GRACIELA BLANDON	
6 Amount (\$) 250	7 Payee address; City; State; Zip Code 1337 DESERT CANYON, EI Paso TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES	(b) Description CAMPAIGN STAFF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/23/2020	Payee name IDEA SPREADERS	
Amount (\$) 364.8	Payee address; City; State; Zip Code 3580 OXCART RUN, EI Paso TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description DIGITAL CAMPAIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/23/2020	Payee name IPI INFORMATION IN THE PUBLIC INTEREST	
Amount (\$) 1500	Payee address; City; State; Zip Code 471 LOVELLA WAY, SACRAMENTO CA 95819	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description AIR TIME
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2020	5 Payee name IPI INFORMATION IN THE PUBLIC INTEREST	
6 Amount (\$) 1500	7 Payee address; City; State; Zip Code 471 LOVELLA WAY, SACRAMENTO CA 95819	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description AIRTIME PURCHASE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/01/2020	Payee name JEAN-CARLO TIRADO	
Amount (\$) 350	Payee address; City; State; Zip Code 12285 ROBERTA LYNNE, EI Paso TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES	Description CAMPAIGN STAFF
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/08/2020	Payee name KVIA TV	
Amount (\$) 4998	Payee address; City; State; Zip Code 4140 RIO BRAVO, EI Paso TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TV COMMERCIAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2020	5 Payee name ONESTREAM LIVE	
6 Amount (\$) 39	7 Payee address; City; State; Zip Code TAPIOLA CENTER TOWER TAPIONTORI 1, ESPOO, FINLAND	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VIDEO LIVE STREAMING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/13/2020	Payee name SQUARESPACE	
Amount (\$) 28.15	Payee address; City; State; Zip Code 8 CLARKSON ST, New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN WEBSITE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date 10/02/2020	Payee name United States POSTAL SERVICE	
Amount (\$) 98	Payee address; City; State; Zip Code 3011 E YANDELL, EL PASO TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2020	5 Payee name ZOOM	
6 Amount (\$) 15.99	7 Payee address; City; State; Zip Code 55 ALMADEN BLVD, San Jose CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description CAMPAIGN COMMUNICATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/24/2020	6 Payee name DOMINIC CHACON
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7 Amount (\$) 600	8 Payee address; 5525 PLAINVIEW DR, EL PASO TX 79924	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES	(b) Description CAMPAIGN STAFF
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Veronica Carbajal	Office sought MAYOR OF EI Paso	Office held
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Date	Payee name
------	------------

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 0	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

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

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

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

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
--	--	--

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

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

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

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

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

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: 0
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2 FILER NAME MS VERONICA CARBAJAL	3 Filer ID (Ethics Commission Filers)
---	--

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME
MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

MS VERONICA CARBAJAL

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder

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