

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

10/5/2020 6:40:33 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 213-1105

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

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

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 440-0044

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
07/01/2020 THROUGH 09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year
11/03/2020

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

Mayor

13 OFFICE SOUGHT (if known)

Mayor

GO TO PAGE 2

City Clerk Dept.
10/6/2020 9:12:10 AM

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Hon Donald R Margo II

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

| | | |
|--------------------------------|---|---------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 64,700.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 164,526.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 76,126.99 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

18 AFFIDAVIT

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

Donald R Margo II
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald R Margo II, this the 6 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.
10/6/2020 9:12:10 AM

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 64,700.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 164,526.65 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

City Clerk Dept.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/08/2020

5 Full name of contributor

Arriola, Benjamin

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

6 Contributor address; City; State; Zip Code

1414 Geronimo El Paso TX 79925

7 Amount of contribution (\$)

2000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Quickstudy Learning Centers Inc

Date

09/22/2020

Full name of contributor

Behrenhausen, Richard

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

Contributor address; City; State; Zip Code

1101 Rim Rd. El Paso TX 79902

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

09/22/2020

Full name of contributor

Bernstein, Michael

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

Contributor address; City; State; Zip Code

1131 Montana El Paso TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor

Birk, Charles A III

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

Contributor address; City; State; Zip Code

135 La Mirada Cir El Paso TX 79932

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

CD Lee Britton

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.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Bloedorn, Donna Mae

6 Contributor address; City; State; Zip Code
2744 Gunison El Paso TX 79904

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Brown, Adin A

Contributor address; City; State; Zip Code
809 Rosinante Rd El Paso TX 79922

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Brown, Irving J

Contributor address; City; State; Zip Code
200 Barlett Dr Ste 105 El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

09/11/2020

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

Contributor address; City; State; Zip Code
1122 Colorado Austin TX 78701

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Lobbyist

Employer (See Instructions)
Verizon Communications

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/17/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Butterworth, Sharon
.....
6 Contributor address; City; State; Zip Code
1059 Los Jardines Cir El Paso TX 79912

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/21/2020

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

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
N/A

Date

08/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Clement, Amy
.....
Contributor address; City; State; Zip Code
6500 Montana Ave, El Paso TX 79925

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
MIMCO Inc

Date

08/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cobb, Holly
.....
Contributor address; City; State; Zip Code
210 E Main Ste 100 El Paso TX 79901

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Coleman, Duane P
.....
6 Contributor address; City; State; Zip Code
5206 Grove East Sunland NM 88063

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

07/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Cory, Greg Lee
.....
Contributor address; City; State; Zip Code
4849 N Mesa El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Banking

Employer (See Instructions)
Western Heritage Bank

Date

09/22/2020

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

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/01/2020

Full name of contributor out-of-state PAC (ID#: _____)
Degroat , Steve
.....
Contributor address; City; State; Zip Code
712 Cervantes Ct El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Wealth Management

Employer (See Instructions)
Lincoln Financial Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/14/2020

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

Dipp, Suzanne

6 Contributor address; City; State; Zip Code

PO Box 55 El Paso TX 79940

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Sizu Environ Development

Date

08/10/2020

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

Ellis, Oren

Contributor address; City; State; Zip Code

1575 Belvidere Apt 130 El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

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

Gladstein, Jay

Contributor address; City; State; Zip Code

5464 Cactus Hill El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

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

Gladstein, Mimi R

Contributor address; City; State; Zip Code

5464 Cactus Hill El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

07/03/2020

5 Full name of contributor

Goldfarb , Amy

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

6 Contributor address; City; State; Zip Code

800 La Mancha El Paso TX 79922

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

Full name of contributor

Gomez, Joe

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

Contributor address; City; State; Zip Code

608 Cinnamon Teal El Paso TX 79932

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor

Goodrich, John

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

Contributor address; City; State; Zip Code

4750 Portsmouth Blvd El Paso TX 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/18/2020

Full name of contributor

Gragg, Steven

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

08/27/2020

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

Guerrero , Rosa

6 Contributor address; City; State; Zip Code

3815 Savannah Ave El Paso TX 79930

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/09/2020

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

Gulbas, Bruce

Contributor address; City; State; Zip Code

833 Lakeway Dr El Paso TX 79932

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

National Restaurant Supply

Date

09/22/2020

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

Heasley, Robert C

Contributor address; City; State; Zip Code

3817 Constitution Dr Ste 100 El Paso TX 79922

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

09/22/2020

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

Hill, G Russell

Contributor address; City; State; Zip Code

1205 Cerrito Grande El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

ScottHulse PC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

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

Hinojosa, Jose A Jr

6 Contributor address; City; State; Zip Code

1337 Belvidere Sr El Paso TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

08/04/2020

Horak, Charles

Contributor address; City; State; Zip Code

8900 Mettler Dr. El Paso TX 79925

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/22/2020

Horak, Charles

Contributor address; City; State; Zip Code

8900 Mettler Dr. El Paso TX 79925

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

09/22/2020

Howell, Nancy McNight

Contributor address; City; State; Zip Code

452 Borealis Ln El Paso TX 79912

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/08/2020

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

Hunt , Joshua

6 Contributor address; City; State; Zip Code

1101 E Baltimore Dr El Paso TX 79902

7 Amount of contribution (\$)

2500

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Hunt Companies Inc

Date

08/26/2020

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

Hunt , Woody

Contributor address; City; State; Zip Code

P.O. Box 12667 El Paso TX 79913

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

Hunt Companies Inc

Date

09/22/2020

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

James, Frank T

Contributor address; City; State; Zip Code

700 West Paisano El Paso TX 79901

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/01/2020

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

Johnson, Travis

Contributor address; City; State; Zip Code

201 E Main Ste 1600 El Paso TX 79901

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Keats, Matthew M
.....
6 Contributor address; City; State; Zip Code
200 W Sunset Rd El Paso TX 79922

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lauterbach, Steve
.....
Contributor address; City; State; Zip Code
712 Yorkshire Ct El Paso TX 79922

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lawrence, Joseph F
.....
Contributor address; City; State; Zip Code
5709 Mira Grande El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lehr, Lance P
.....
Contributor address; City; State; Zip Code
6928 La Cadena Dr El Paso, TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:
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2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Lemaster, David J
6 Contributor address; City; State; Zip Code
209 Villa Serena El Paso TX 79922

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)
Best Efforts

9 Employer (See Instructions)
Best Efforts

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson LLP
Contributor address; City; State; Zip Code
PO Box 17428 Austin TX 78760

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lowenfield, Sandra S
Contributor address; City; State; Zip Code
900 Vista Mia El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Best efforts

Employer (See Instructions)
Best efforts

Date

08/11/2020

Full name of contributor out-of-state PAC (ID#: _____)
Lucas, Scott
Contributor address; City; State; Zip Code
689 Stone Canyon Dr Las Cruces NM

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)
Investments

Employer (See Instructions)
Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

08/02/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Lujan, Steve
6 Contributor address; City; State; Zip Code
3337 Taylor Ave El Paso TX 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/17/2020

Full name of contributor out-of-state PAC (ID#: _____)
Marusich , Colleen
Contributor address; City; State; Zip Code
3024 Piedmont Dr. El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
McGlasson, Dan E
Contributor address; City; State; Zip Code
4508 20th St N Arlington, VA 22207

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
McGlohon, David J
Contributor address; City; State; Zip Code
1649 Bessemer El Paso TX 79936

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Meyer, R Bruce
.....
6 Contributor address; City; State; Zip Code
813 Forest Willow Cir El Paso TX 79922

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
Meyer , Marcus
.....
Contributor address; City; State; Zip Code
6500 Montana Ave, El Paso TX 79925

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
MIMCO Inc

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Moore, Russell I
.....
Contributor address; City; State; Zip Code
8000 Craftsbury Ln McKinney TX 75071

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/21/2020

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

Amount of contribution (\$)

2800

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Bravo Operations LLC

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.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

08/17/2020

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

Perry , Karl

6 Contributor address; City; State; Zip Code

141 Camino Barranca El Paso TX 79912

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

KPPP investments Inc

Date

09/22/2020

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

Pina, Rudy

Contributor address; City; State; Zip Code

10952 Sombra Verde El Paso TX 79935

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/10/2020

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

Powers, Peggy

Contributor address; City; State; Zip Code

900 Broadmoor Dr El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Rumstick Point LLC

Date

09/17/2020

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

Ramirez, Michael

Contributor address; City; State; Zip Code

1051 Villa Linda Way El Paso TX 79932

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

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

Retta, Hector E

6 Contributor address; City; State; Zip Code

818 Blacker Ave El Paso TX 79902

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Capital Bank SSB

Date

09/22/2020

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

Ridley, Mary Florence

Contributor address; City; State; Zip Code

3537 Rankin Dallas TX 75205

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Best efforts

Employer (See Instructions)

Best efforts

Date

09/22/2020

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

Rindt, John M.

Contributor address; City; State; Zip Code

4770 River Creek El Paso TX 79922

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

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

Rodriguez, Laura

Contributor address; City; State; Zip Code

10260 Bermuda Ave El Paso TX 79925

Amount of contribution (\$)

250

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.

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:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Rogers, Isha
.....
6 Contributor address; City; State; Zip Code
1505 Rim Rd El Paso TX 79902

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Roth, Timothy P Dr
.....
Contributor address; City; State; Zip Code
6301 El Risco Dr El Paso TX 79912

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2020

Full name of contributor out-of-state PAC (ID#: _____)
Sanders, Bill
.....
Contributor address; City; State; Zip Code
201 E Main 3rd Fl El Paso TX 79901

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Strategic Growth Bancorp Inc

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Schwartz, Jonathan D. Jr
.....
Contributor address; City; State; Zip Code
6006 Balcones Ct Apt 16 El Paso TX 79912

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

City Clerk Dept.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/22/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Schwartz, Josephine P
6 Contributor address; City; State; Zip Code
6006 Balcones Ct No 16 El Paso TX 79912

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Skov, Robert E
Contributor address; City; State; Zip Code
PO Box 310 Clint TX 79836

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Farmer

Employer (See Instructions)
Skov Farms

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Steele, Thad Jr
Contributor address; City; State; Zip Code
1004 Star Ridge Pl El Paso TX 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
T & T Staff Management Inc

Date

09/22/2020

Full name of contributor out-of-state PAC (ID#: _____)
Stockton, Larry A
Contributor address; City; State; Zip Code
413 San Clemente El Paso TX 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
Best efforts

Employer (See Instructions)
Best efforts

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.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

07/09/2020

5 Full name of contributor

Tejeda, Elena

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

6 Contributor address; City; State; Zip Code

6365 Calle Placido El Paso TX 79912

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Community volunteer

9 Employer (See Instructions)

N/A

Date

07/21/2020

Full name of contributor

Teran , Maria

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

Contributor address; City; State; Zip Code

4804 Villa Encanto El Paso TX 79922

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Sierra Machinery Inc

Date

09/22/2020

Full name of contributor

Wakefield, Betty R

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

Contributor address; City; State; Zip Code

1575 Belvidere St Apt 117 El Paso TX 79912

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

N/A

Date

09/13/2020

Full name of contributor

Walker, Mark C

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

Contributor address; City; State; Zip Code

749 Los Miradores El Paso TX 79912

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Dickinson Wright

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.
10/6/2020 9:12:10 AM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/03/2020

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

Whitaker, Gil

6 Contributor address; City; State; Zip Code

2700 University Blvd W Ste A-1 Jacksonville FL 32217

7 Amount of contribution (\$)

5000

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self Employed

Date

09/22/2020

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

Zepeda, Yolanda H

Contributor address; City; State; Zip Code

21 Via Placita El Paso TX 79927

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.
10/6/2020 9:12:10 AM

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

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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)

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.
10/6/2020 9:12:10 AM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.
10/6/2020 9:12:10 AM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
10/6/2020 9:12:10 AM

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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/03/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 29.9 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/06/2020 | | Payee name First Data | | | |
| Amount (\$) 4.95 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/09/2020 | | Payee name All Print | | | |
| Amount (\$) 1028.38 | | Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Yard signs | | |
| | <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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City Clerk Dept.
10/6/2020 9:12:10 AM

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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/13/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 31.9 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/16/2020 | | Payee name The Ornelas Firm PLLC | | | |
| Amount (\$) 1440 | | Payee address; City; State; Zip Code 219 E Mills #3 El Paso TX 79940 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Campaign finance compliance | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/20/2020 | | Payee name First Data | | | |
| Amount (\$) 14.4 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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10/6/2020 9:12:10 AM

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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/20/2020 | | 5 Payee name Encinas, Trisha | | | |
| 6 Amount (\$) 4000 | | 7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description Campaign manager | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/22/2020 | | Payee name Target Point Consulting | | | |
| Amount (\$) 18000 | | Payee address; City; State; Zip Code 66 Canal Center PI Ste 555 Alexandria VA 22314 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Polling expense | | Description Survey & analysis | | |
| | <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 07/22/2020 | | Payee name Sunflower Bank | | | |
| Amount (\$) 30 | | Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Bank fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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City Clerk Dept.
10/6/2020 9:12:10 AM

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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/23/2020 | | 5 Payee name City of El Paso | | | |
| 6 Amount (\$) 500 | | 7 Payee address; City; State; Zip Code 300 N Campbell El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | 8 (a) Category (See Categories listed at the top of this schedule) Fees | | (b) Description Ballot filing 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 | | Office sought Office held | |
| Date 07/24/2020 | | Payee name First Data | | | |
| Amount (\$) 3.73 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 07/27/2020 | | Payee name First Data | | | |
| Amount (\$) 0.13 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|---|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/27/2020 | | 5 Payee name Mustang Enterprises LLC | | | |
| 6 Amount (\$) 170.72 | | 7 Payee address; City; State; Zip Code 4011 Commerce St Dallas TX 75226 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Parking | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 07/27/2020 | | Payee name Mustang Enterprises LLC | | | |
| Amount (\$) 70.36 | | Payee address; City; State; Zip Code 4011 Commerce St Dallas TX 75226 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Parking | | |
| | <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 08/03/2020 | | Payee name First Data | | | |
| Amount (\$) 29.9 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/04/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 2.8 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/05/2020 | | Payee name First Data | | | |
| Amount (\$) 8.53 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/06/2020 | | Payee name First Data | | | |
| Amount (\$) 5.04 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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: 20 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/10/2020 | 5 Payee name First Data | |
| 6 Amount (\$) 0.1 | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Credit card processing fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|--|
| Date 08/11/2020 | Payee name First Data | |
| Amount (\$) 7.06 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card processing fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|--|
| Date 08/12/2020 | Payee name First Data | |
| Amount (\$) 0.17 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card processing fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/13/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 165.1 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/14/2020 | | Payee name First Data | | | |
| Amount (\$) 0.25 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/14/2020 | | Payee name Encinas, Trisha | | | |
| Amount (\$) 6050 | | Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Voter contact | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 20 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/14/2020 | 5 Payee name All Print | |
| 6 Amount (\$) 3085.13 | 7 Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Yard signs |
| | (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 08/14/2020 | Payee name Encinas, Trisha | |
| Amount (\$) 650 | Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Voter contact |
| | <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 08/18/2020 | Payee name First Data | |
| Amount (\$) 14.35 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card processing fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/19/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 0.62 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/20/2020 | | Payee name First Data | | | |
| Amount (\$) 0.08 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/20/2020 | | Payee name All Print | | | |
| Amount (\$) 2570.94 | | Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Yard signs | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/24/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 88.58 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/26/2020 | | Payee name First Data | | | |
| Amount (\$) 0.1 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/27/2020 | | Payee name First Data | | | |
| Amount (\$) 1.25 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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: 20 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/28/2020 | 5 Payee name Encinas, Trisha | |
| 6 Amount (\$) 4000 | 7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description Campaign manager |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--------------------------------|
| Date 09/01/2020 | Payee name Octopus Advertising Group | |
| Amount (\$) 90354 | Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Voter contact |
| | <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 09/01/2020 | Payee name Sunflower Bank | |
| Amount (\$) 60 | Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Bank fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/03/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 187.59 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/04/2020 | | Payee name First Data | | | |
| Amount (\$) 0.08 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/04/2020 | | Payee name Octopus Advertising Group | | | |
| Amount (\$) 2706.25 | | Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description Political consulting | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/04/2020 | | 5 Payee name Encinas, Trisha | | | |
| 6 Amount (\$) 8050 | | 7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Voter contact | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 09/04/2020 | | Payee name The Ornelas Firm PLLC | | | |
| Amount (\$) 3000 | | Payee address; City; State; Zip Code 219 E Mills #3 El Paso TX 79940 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Campaign finance compliance | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 09/08/2020 | | Payee name First Data | | | |
| Amount (\$) 180.88 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/09/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 159.7 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/10/2020 | | Payee name First Data | | | |
| Amount (\$) 165.79 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/11/2020 | | Payee name First Data | | | |
| Amount (\$) 5 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/14/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 37.3 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/15/2020 | | Payee name First Data | | | |
| Amount (\$) 33.68 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/15/2020 | | Payee name Valenzuela, Sofia | | | |
| Amount (\$) 434 | | Payee address; City; State; Zip Code 12798 Trollope Dr El Paso TX 79928 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Voter contact | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/16/2020 | | 5 Payee name First Data | | | |
| 6 Amount (\$) 1.91 | | 7 Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | | (b) Description Credit card processing fees | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/17/2020 | | Payee name First Data | | | |
| Amount (\$) 0.9 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/18/2020 | | Payee name First Data | | | |
| Amount (\$) 15.87 | | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Credit card processing fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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: 20 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/19/2020 | 5 Payee name Anaya, Hazael | |
| 6 Amount (\$) 1250 | 7 Payee address; City; State; Zip Code 11696 Norman Montion El Paso TX 79936 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Production |
| | (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 09/19/2020 | Payee name Mithoff Burton | |
| Amount (\$) 1250 | Payee address; City; State; Zip Code 123 W Mills Ave Ste 500 El Paso TX 79901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Camera rental |
| | <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 09/21/2020 | Payee name First Data | |
| Amount (\$) 0.23 | Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | Description Credit card processing fees |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 20 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/21/2020 | 5 Payee name The Ornelas Firm PLLC | |
| 6 Amount (\$) 2500 | 7 Payee address; City; State; Zip Code 219 E Mills #3 El Paso TX 79940 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Campaign finance compliance |
| | (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 09/22/2020 | Payee name APC Publishing LLC | |
| Amount (\$) 1899 | Payee address; City; State; Zip Code 500 W Overland Ave Ste 250 El Paso TX 79901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Production |
| | <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 09/22/2020 | Payee name Diaz, Victor | |
| Amount (\$) 1200 | Payee address; City; State; Zip Code 1821 Lyman Dutton El Paso TX 79936 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | Description Voter outreach |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|---|--|--|
| 1 Total pages Schedule F1: 20 | | 2 FILER NAME Hon Donald R Margo II | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 09/23/2020 | | 5 Payee name Encinas, Trisha | | | |
| 6 Amount (\$) 4000 | | 7 Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description Campaign manager | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 09/24/2020 | | Payee name Octopus Advertising Group | | | |
| Amount (\$) 5000 | | Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Voter contact | | |
| | <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 09/24/2020 | | Payee name Sunflower Bank | | | |
| Amount (\$) 30 | | Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting/Banking | | Description Bank fees | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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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: 0 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

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

| | |
|----------------------|---|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code |
|----------------------|---|

| | | |
|------------------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

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

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

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

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|---------------------|------------------------------------|--|
| 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

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F4: 0 | 2 FILER NAME Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

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

| | | | | |
|----------------------|-------------------------|-------|--------|----------|
| 7 Amount (\$) | 8 Payee address; | City; | State; | Zip Code |
|----------------------|-------------------------|-------|--------|----------|

| | | |
|------------------------------|------------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|------------------------------------|--|

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

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

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

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|----------------------------|------------------------------------|--|
| 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 Hon Donald R Margo II | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 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 |
| 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 |
| 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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10/6/2020 9:12:10 AM

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

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

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

Date

Name of person from whom amount is received

Amount (\$)

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

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

Date

Name of person from whom amount is received

Amount (\$)

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

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

Date

Name of person from whom amount is received

Amount (\$)

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

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

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

Hon Donald R Margo II

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder

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10/6/2020 9:12:10 AM