

# 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	<b>OFFICE USE ONLY</b>		
	Hon Donald R					
	NICKNAME	LAST	SUFFIX	Date Received		
	Dee Margo		II	10/26/2020 4:08:38 PM		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked		
<input type="checkbox"/> Change of Address	201 E. Main Dr. Ste 1603 El Paso, Texas 79901-1365					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
	( 915 )	213-1105		Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	Mr	Oscar Javier		Date Imaged		
	NICKNAME	LAST	SUFFIX			
	Ornelas					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	219 E Mills #3 El Paso, TX 79940					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(915 )	440-0044				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	09	25	2020	10	24	2020
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	11	03	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	Mayor			Mayor		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
Hon Donald R Margo II

**15 Filer ID (Ethics Commission Filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

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

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 72,813.12
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 93,715.76
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53,565.29
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 AFFIDAVIT**

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

**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 26 day of October, 2020, to certify which, witness my hand and seal of office.

**Mary Katz**  
\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Hon Donald R Margo II	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 68,325.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,488.12
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	\$ 93,715.76
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	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/25/2020

**5** Full name of contributor

Centelles, Jimena

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

5992 Ojo de Agua Dr El Paso TX 79912

**7** Amount of contribution (\$)

1500

**8** Principal occupation / Job title (See Instructions)

Insurance

**9** Employer (See Instructions)

HUB International

Date

09/28/2020

Full name of contributor

Dipp Metzger, Elizabeth

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

PO Box 36 El Paso TX 79940

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Wealth Management

Employer (See Instructions)

Self employed

Date

09/29/2020

Full name of contributor

Engels, Jan

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

2219 King James Pl El Paso TX 79903

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Becerra, Maria Del Carmen

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

312 Thunderbird El Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**20**

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/29/2020

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

Duncan, Anthony B

6 Contributor address; City; State; Zip Code

10732 Alta Loma El Paso TX 79935

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/29/2020

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

Carleton, Bruce

Contributor address; City; State; Zip Code

10705 Lakewood Ave El Paso TX 79935

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

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

Silva, Elsa

Contributor address; City; State; Zip Code

6015 Escondido El Paso TX 79912

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

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

Knopp, Helen W

Contributor address; City; State; Zip Code

5756 Box Elder Rd El Paso TX 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# SCHEDULE A1

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1 Total pages Schedule A1:  
**20**

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

09/29/2020

5 Full name of contributor

McNutt, Jan Guynes

6 Contributor address;

6153 Los Felinos El Paso TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Knopp, Richard W

Contributor address;

5756 Box Elder Rd El Paso TX 79932

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Baca, Rita

Contributor address;

626 Punto Reyes LN El Paso TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Ware-Asbury, T A Dr

Contributor address;

401 Rio Estancia Dr El Paso TX 79932

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**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  
  
09/29/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arriola, Yolanda  
.....  
**6** Contributor address; City; State; Zip Code  
713 Gary Ln El Paso TX 79922

**7** Amount of contribution (\$)  
  
150

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tinajero, Josie V  
.....  
Contributor address; City; State; Zip Code  
5621 Eagle Point St El Paso TX 79912

Amount of contribution (\$)  
  
200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vera, Robert W MD  
.....  
Contributor address; City; State; Zip Code  
14 Cumberland Cir El Paso TX 79903

Amount of contribution (\$)  
  
200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Hames, Ron A  
.....  
Contributor address; City; State; Zip Code  
1800 N Stanton No 907 El Paso TX 79902

Amount of contribution (\$)  
  
210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/29/2020

**5** Full name of contributor

Gorman, Keith C

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

5025 Country Club Pl El Paso TX 79922

**7** Amount of contribution (\$)

250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Norwich, Frederick M

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

825 Forest Willow El Paso TX 79922

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/2020

Full name of contributor

Abraham, Bryan

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

5401 Tierra Vista Ln El Paso TX 79932

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

Self Employed

Date

09/29/2020

Full name of contributor

Lowenfield, Clay

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

4820 Villa Encanto El Paso TX 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Auto dealer

Employer (See Instructions)

Casa Automotive Group

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

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**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/29/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Herndon, Dealy D

**6** Contributor address; City; State; Zip Code  
2903 Tarry Trl Austin TX 78703

**7** Amount of contribution (\$)  
  
500

**8** Principal occupation / Job title (See Instructions)  
Historian

**9** Employer (See Instructions)  
Self Employed

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Salom, George Jr

Contributor address; City; State; Zip Code  
807 S El Paso St El Paso TX 79901

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)  
Real Estate

Employer (See Instructions)  
Salom Investments of El Paso

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Huffman, Randy

Contributor address; City; State; Zip Code  
101 Calle Cuesta El Paso TX 79912

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)  
Essential Fire Protection Systems Inc

Date  
  
09/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Chiu, Julio

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

Amount of contribution (\$)  
  
1500

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)  
SEISA Group

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/29/2020

**5** Full name of contributor

Rogers, Dede

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

1800 N Stanton No 1103 El Paso TX 79902

**7** Amount of contribution (\$)

5000

**8** Principal occupation / Job title (See Instructions)

Investments

**9** Employer (See Instructions)

Self Employed

Date

09/29/2020

Full name of contributor

El Paso Association of Fire Fighters Local 51 PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3112 Forney El Paso TX 79935

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

10/01/2020

Full name of contributor

Carl, Elizabeth R

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

6841 Pino Real El Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/10/2020

Full name of contributor

Cano, Beatrice

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/10/2020

**5** Full name of contributor

Cano, Mary

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

**7** Amount of contribution (\$)

10

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Provencio, Sylvia M

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2020

Full name of contributor

De Leon, Aaron

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2020

Full name of contributor

Soza, Cindee M

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100

626 Punto Reyes Ln El Paso TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/01/2020

**5** Full name of contributor

Dunham, Mark A

**6** Contributor address;

6400 Via De Albur Ct El Paso TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/01/2020

Full name of contributor

Vera, Martha O

Contributor address;

14 Cumberland Cir El Paso TX 79903

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2020

Full name of contributor

Olson, Matilde P

Contributor address;

3419 Wyoming Ave El Paso TX 79903

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2020

Full name of contributor

Brown, Monica

Contributor address;

1077 Los Jardines Dr El Paso TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/01/2020

**5** Full name of contributor

Gough, C P

**6** Contributor address;

4931 Meadowlark El Paso TX 79922

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

**7** Amount of contribution (\$)

250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/01/2020

Full name of contributor

Group 1 Automotive Inc PAC

Contributor address;

800 Gessner Ste 500 Houston TX 77024

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

10/04/2020

Full name of contributor

Jimenez, David F MD

Contributor address;

5340 El Paso Dr El Paso TX 79905

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

University Medical Center

Date

10/06/2020

Full name of contributor

Gonzalez, Benjamin

Contributor address;

422 Butte Cir El Paso TX 79902

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/07/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Wingett, Gerald

**6** Contributor address; City; State; Zip Code

8528 Mountain Willow Dr El Paso TX 79904

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/08/2020

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

Dick, James A III

Contributor address; City; State; Zip Code

PO Box 1856 El Paso TX 79950

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/08/2020

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

Binyon, Nicholas C

Contributor address; City; State; Zip Code

4583 Weeping Willow Dr El Paso TX 79922

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/08/2020

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

Craige, Branch

Contributor address; City; State; Zip Code

910 Cincinnati Ave El Paso TX 79902

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/08/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Thomas, Althon F Gen

**6** Contributor address; City; State; Zip Code

616 Espina Dulce El Paso TX 79912

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

Retired

**9** Employer (See Instructions)

N/A

Date

10/08/2020

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

Texas Assoc of Realtors PAC

Contributor address; City; State; Zip Code

PO Box 2246 Austin TX 78768

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

N/A

Date

10/09/2020

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

Spurbeck, William MD

Contributor address; City; State; Zip Code

5340 El Paso Dr Ste M El Paso TX 79905

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Self employed

Date

10/13/2020

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

Kuykendall, Randy

Contributor address; City; State; Zip Code

10225 Buckwood El Paso TX 79925

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

El Paso Trade School

**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.  
10/26/2020 4:16:46 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20**

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2020

5 Full name of contributor

Terrell, Bill

6 Contributor address;

34 Cielo Vista Anthony NM 88021

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

7 Amount of contribution (\$)

2000

8 Principal occupation / Job title (See Instructions)

Chief Administrator

9 Employer (See Instructions)

El Paso Trade School

Date

10/15/2020

Full name of contributor

Kell, William

Contributor address;

6529 Calle Bonita Ln El Paso TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2020

Full name of contributor

Gilmer, Allen L

Contributor address;

1119 Redbud Trail Austin TX 78746

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Investment Advisor

Employer (See Instructions)

Enverus Inc

Date

10/16/2020

Full name of contributor

McCrary, Ryan

Contributor address;

528 Willow Glen El Paso TX 79922

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/16/2020

**5** Full name of contributor

Brown, Will C

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

845 Forest Willow Cir El Paso TX 79922

**7** Amount of contribution (\$)

400

**8** Principal occupation / Job title (See Instructions)

Executive

**9** Employer (See Instructions)

Sonny Brown & Associates

Date

10/16/2020

Full name of contributor

Lucio, Albert

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

9005 Stone Creek Pl Dallas TX 75243

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

Date

10/20/2020

Full name of contributor

Marusich, Colleen

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3024 Piedmont El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2020

Full name of contributor

Vann, Elizabeth Janie

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

7012 Toluca Dr El Paso TX 79912

Amount of contribution (\$)

50

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:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Veliz, Elizabeth J  
.....  
**6** Contributor address; City; State; Zip Code  
9220 McCabe Dr El Paso TX 79925

**7** Amount of contribution (\$)  
  
200

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
McWright, Jamie  
.....  
Contributor address; City; State; Zip Code  
1307 Kinney Ave Austin TX 78704

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tankersley, Justin  
.....  
Contributor address; City; State; Zip Code  
14810 Bramblewood Houston TX 77079

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lilly, Ann Morgan  
.....  
Contributor address; City; State; Zip Code  
700 Blacker Ave El Paso TX 79902

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
N/A

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

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Chestnut, James D

**6** Contributor address; City; State; Zip Code

9406 Oakmont Dr Grand Blanc MI 48439

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

Attorney

**9** Employer (See Instructions)

AlixPartners LLP

Date  
  
10/20/2020

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

Myers, Michael B

Contributor address; City; State; Zip Code

420 Lechuguilla Ct El Paso TX 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Restaurateur

Employer (See Instructions)

Ardivino's Wine, Gourmet & Gifts Inc

Date  
  
10/20/2020

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

Holmes, Ned S

Contributor address; City; State; Zip Code

55 Waugh Dr Ste 1111 Houston TX 77007

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Holmes Investments Inc

Date  
  
10/20/2020

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

Bencomo, Jennifer

Contributor address; City; State; Zip Code

5151 Thornton El Paso TX 79932

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Managing Member

Employer (See Instructions)

Fitness Resorts 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.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Castro, Richard A

**6** Contributor address; City; State; Zip Code

3332 Wedgewood El Paso TX 79925

**7** Amount of contribution (\$)

2500

**8** Principal occupation / Job title (See Instructions)

Executive

**9** Employer (See Instructions)

Castro Enterprises Inc

Date

10/20/2020

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

Robison, J Kirk

Contributor address; City; State; Zip Code

4445 N Mesa Ste 100 El Paso TX 79902

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Pizza Properties

Date

10/21/2020

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

Krier, Cynthia T

Contributor address; City; State; Zip Code

13423 Blanco Rd No 131 San Antonio TX 78248

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2020

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

Melendez, Susan

Contributor address; City; State; Zip Code

6832 Imperial Ridge Dr 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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/23/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Stocker, Timothy A

**6** Contributor address; City; State; Zip Code

407 Rio Estancia Dr El Paso TX 79932

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/23/2020

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

Keisling, Kim

Contributor address; City; State; Zip Code

5701 Vista Linda El Paso TX 79932

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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

Navarro, Robert

Contributor address; City; State; Zip Code

6213 Pinehurst El Paso TX 79912

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/23/2020

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

Neumann, Roxann

Contributor address; City; State; Zip Code

4006 Betsy Ln Houston TX 77027

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**20**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/23/2020

**5** Full name of contributor

Myers, H Keith

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

833 Forest Willow El Paso TX 79922

**7** Amount of contribution (\$)

300

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/23/2020

Full name of contributor

Moye, John E

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

800 BlanchaRd Ave El Paso TX 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Thunderbird Partners

Date

10/23/2020

Full name of contributor

Francis , Frederick

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

500 North Mesa St El Paso TX 79901

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

WestStar Bank

Date

10/23/2020

Full name of contributor

Nau, John L III

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

7777 Washington Ave Houston TX 77007

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

Silver Eagle Distributors LP

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**20**

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 Date  
  
10/23/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
El Paso Chapter Associated General Contractors  
6 Contributor address; City; State; Zip Code  
810 E Yandell Ste B El Paso TX 79902

7 Amount of contribution (\$)  
  
2500

8 Principal occupation / Job title (See Instructions)  
PAC

9 Employer (See Instructions)  
N/A

Date  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
El Paso Municipal Police Officers Assoc PAC  
Contributor address; City; State; Zip Code  
747 E San Antonio Ste 103 El Paso TX 79901

Amount of contribution (\$)  
  
5000

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)  
N/A

Date  
  
10/23/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
El Paso Assoc of Builders PAC  
Contributor address; City; State; Zip Code  
6046 Surety Dr El Paso TX 79905

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)  
N/A

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.  
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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
2

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/25/2020

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

Summit Indigo EP LLC

7 Contributor address; City; State; Zip Code

325 N Kansas St El Paso TX 79901

8 Amount of Contribution \$

1090.67

9 In-kind contribution description

Fundraising expenses

Check if travel outside of Texas. Complete Schedule T.

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

Hotel

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

N/A

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

09/30/2020

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

Summit Indigo EP LLC

Contributor address; City; State; Zip Code

325 N Kansas St El Paso TX 79901

Amount of Contribution \$

998.19

In-kind contribution description

Fundraising expenses

Check if travel outside of Texas. Complete Schedule T.

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

Hotel

Employer (FOR NON-JUDICIAL) (See Instructions)

N/A

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.

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
2

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10/01/2020

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

Summit Indigo EP LLC

7 Contributor address; City; State; Zip Code

325 N Kansas St El Paso TX 79901

8 Amount of Contribution \$

1306.88

9 In-kind contribution description

Fundraising expenses

Check if travel outside of Texas. Complete Schedule T.

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

Hotel

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

N/A

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

10/20/2020

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

Summit Indigo EP LLC

Contributor address; City; State; Zip Code

325 N Kansas St El Paso TX 79901

Amount of Contribution \$

1092.38

In-kind contribution description

Fundraising expenses

Check if travel outside of Texas. Complete Schedule T.

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

Hotel

Employer (FOR NON-JUDICIAL) (See Instructions)

N/A

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.  
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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule B:

**0**

**2** FILER NAME

Hon Donald R Margo II

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES

\$

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of Pledge \$

**9** In-kind contribution description

**7** Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

City Clerk Dept.  
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# 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.  
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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.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/25/2020		<b>5</b> Payee name First Data			
<b>6</b> Amount (\$) 1.93		<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Credit card processing fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 09/28/2020		Payee name First Data			
Amount (\$) 47.94		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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 09/29/2020		Payee name First Data			
Amount (\$) 16.8		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule F1: <b>15</b>	<b>2</b> FILER NAME <b>Hon Donald R Margo II</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/29/2020</b>	<b>5</b> Payee name <b>Mustang Enterprises LLC</b>	
<b>6</b> Amount (\$) <b>70.36</b>	<b>7</b> Payee address; City; State; Zip Code <b>4011 Commerce St Dallas TX 75226</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental Expense</b>	<b>(b)</b> Description <b>Parking</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date <b>09/30/2020</b>	Payee name <b>First Data</b>	
Amount (\$) <b>7.21</b>	Payee address; City; State; Zip Code <b>5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Credit card processing fees</b>
	<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 <b>10/01/2020</b>	Payee name <b>First Data</b>	
Amount (\$) <b>0.27</b>	Payee address; City; State; Zip Code <b>5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Credit card processing fees</b>
	<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.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/05/2020		<b>5</b> Payee name First Data			
<b>6</b> Amount (\$) 63.4		<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Credit card processing fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/06/2020		Payee name First Data			
Amount (\$) 0.18		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/07/2020		Payee name First Data			
Amount (\$) 7.24		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/07/2020		<b>5</b> Payee name Sunflower Bank			
<b>6</b> Amount (\$) 30		<b>7</b> Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Bank fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/07/2020		Payee name El Paso Mail & Print Services			
Amount (\$) 16027.94		Payee address; City; State; Zip Code 1144 Vista De Oro Ste A El Paso TX 79935			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Mailer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/08/2020		Payee name First Data			
Amount (\$) 6.68		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule F1: <b>15</b>		<b>2</b> FILER NAME <b>Hon Donald R Margo II</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/08/2020</b>		<b>5</b> Payee name <b>El Paso Billboard Trucks</b>			
<b>6</b> Amount (\$) <b>3000</b>		<b>7</b> Payee address; City; State; Zip Code <b>3601 Meribeth Ln El Paso TX 79938</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Billboards</b>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10/08/2020</b>		Payee name <b>El Paso Mail &amp; Print Services</b>			
Amount (\$) <b>135.31</b>		Payee address; City; State; Zip Code <b>1144 Vista De Oro Ste A El Paso TX 79935</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Push cards</b>		
	<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 <b>10/09/2020</b>		Payee name <b>First Data</b>			
Amount (\$) <b>8.54</b>		Payee address; City; State; Zip Code <b>5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Credit card processing fees</b>		
	<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.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/09/2020	<b>5</b> Payee name Sunflower Bank	
<b>6</b> Amount (\$) 60	<b>7</b> Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Bank fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2020	Payee name Encinas, Trisha	
Amount (\$) 7280	Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2020	Payee name Octopus Advertising Group	
Amount (\$) 10130	Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Production & broadcast
	<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.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/13/2020		<b>5</b> Payee name First Data			
<b>6</b> Amount (\$) 19.45		<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Credit card processing fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/13/2020		Payee name Mustang Enterprises LLC			
Amount (\$) 140.72		Payee address; City; State; Zip Code 4011 Commerce St Dallas TX 75226			
<b>PURPOSE OF EXPENDITURE</b>	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		
Candidate / Officeholder name Office sought Office held					
Date 10/14/2020		Payee name First Data			
Amount (\$) 138.9		Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>PURPOSE OF EXPENDITURE</b>	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		
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.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/14/2020	<b>5</b> Payee name Sunflower Bank	
<b>6</b> Amount (\$) 30	<b>7</b> Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Bank fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 10/14/2020	Payee name All Print	
Amount (\$) 3339.95	Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signage & fundraising materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 10/14/2020	Payee name Octopus Advertising Group	
Amount (\$) 5000	Payee address; City; State; Zip Code 212 E Mills Ste C El Paso TX 79901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Production & broadcast
	<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.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/15/2020	<b>5</b> Payee name First Data
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<b>6</b> Amount (\$) 67.27	<b>7</b> Payee address; 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Credit card processing fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/2020	Payee name Sunflower Bank
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Amount (\$) 30	Payee address; 1400 16th St Ste 250 Denver CO 80202	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 10/15/2020	Payee name Paso del Norte Publishing
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Amount (\$) 960	Payee address; 1801 Texas Ave El Paso TX 79901	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print
	<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.

<b>1</b> Total pages Schedule F1: <b>15</b>		<b>2</b> FILER NAME <b>Hon Donald R Margo II</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/15/2020</b>		<b>5</b> Payee name <b>El Paso Mail &amp; Print Services</b>			
<b>6</b> Amount (\$) <b>21866.72</b>		<b>7</b> Payee address; City; State; Zip Code <b>1144 Vista De Oro Ste A El Paso TX 79935</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Mailer</b>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>10/16/2020</b>		Payee name <b>First Data</b>			
Amount (\$) <b>189.46</b>		Payee address; City; State; Zip Code <b>5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Credit card processing fees</b>		
	<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 <b>10/16/2020</b>		Payee name <b>Sunflower Bank</b>			
Amount (\$) <b>30</b>		Payee address; City; State; Zip Code <b>1400 16th St Ste 250 Denver CO 80202</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank fees</b>		
	<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.

<b>1</b> Total pages Schedule F1: <b>15</b>	<b>2</b> FILER NAME <b>Hon Donald R Margo II</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/16/2020</b>	<b>5</b> Payee name <b>Encinas, Trisha</b>	
<b>6</b> Amount (\$) <b>7300</b>	<b>7</b> Payee address; City; State; Zip Code <b>3128 Don Maynard El Paso TX 79938</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Digital</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>10/16/2020</b>	Candidate / Officeholder name <b>Diaz, Victor</b>	
Amount (\$) <b>1200</b>	Office sought <b>1821 Lyman Dutton Cir El Paso TX 79936</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Voter outreach &amp; sign posting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Office held		
Date <b>10/16/2020</b>	Candidate / Officeholder name <b>Montalvo, Abraham</b>	
Amount (\$) <b>400</b>	Office sought <b>1409 Lost Pines Ln El Paso TX 79936</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Voter outreach &amp; sign posting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/19/2020		<b>5</b> Payee name First Data			
<b>6</b> Amount (\$) 38.09		<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Credit card processing fees		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2020		Payee name Sunflower Bank			
Amount (\$) 46		Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202			
<b>PURPOSE OF EXPENDITURE</b>	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	
Date 10/20/2020		Payee name All Print			
Amount (\$) 2056.75		Payee address; City; State; Zip Code 7230-D Gateway East El Paso TX 79915			
<b>PURPOSE OF EXPENDITURE</b>	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 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.

<b>1</b> Total pages Schedule F1: <b>15</b>	<b>2</b> FILER NAME <b>Hon Donald R Margo II</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/20/2020</b>	<b>5</b> Payee name <b>Octopus Advertising Group</b>	
<b>6</b> Amount (\$) <b>8088.24</b>	<b>7</b> Payee address; City; State; Zip Code <b>212 E Mills Ste C El Paso TX 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Production &amp; broadcast</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/21/2020</b>	Payee name <b>First Data</b>	
Amount (\$) <b>15.86</b>	Payee address; City; State; Zip Code <b>5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Credit card processing fees</b>
	<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 <b>10/21/2020</b>	Payee name <b>Ryan Data &amp; Research</b>	
Amount (\$) <b>300</b>	Payee address; City; State; Zip Code <b>PO Box 202675 Austin TX 78720</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling expense</b>	Description <b>Voter data</b>
	<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.

<b>1</b> Total pages Schedule F1: 15	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/22/2020	<b>5</b> Payee name First Data	
<b>6</b> Amount (\$) 43.23	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Credit card processing fees
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 10/23/2020	Payee name First Data	
Amount (\$) 5.32	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta GA 30342	
<b>PURPOSE OF EXPENDITURE</b>	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 10/23/2020	Payee name Sunflower Bank	
Amount (\$) 16	Payee address; City; State; Zip Code 1400 16th St Ste 250 Denver CO 80202	
<b>PURPOSE OF EXPENDITURE</b>	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 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.

<b>1</b> Total pages Schedule F1: 15		<b>2</b> FILER NAME Hon Donald R Margo II		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/23/2020		<b>5</b> Payee name The Ornelas Firm PLLC			
<b>6</b> Amount (\$) 1500		<b>7</b> Payee address; City; State; Zip Code 219 E Mills #3 El Paso TX 79940			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Campaign finance compliance		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/2020		Payee name Encinas, Trisha			
Amount (\$) 4000		Payee address; City; State; Zip Code 3128 Don Maynard El Paso TX 79938			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Campaign manager		
	<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			
<b>PURPOSE OF EXPENDITURE</b>	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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# 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.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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<br>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.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	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.

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

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

# SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME Hon Donald R Margo II	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

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

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

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

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

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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10/26/2020 4:16:46 PM



# 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)

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

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

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

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

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

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
**0**

2 FILER NAME

Hon Donald R Margo II

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

Hon Donald R Margo II

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder

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