CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			-	
The C/OH Instruction	Gulde explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed;
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mr Joe	R	OFFICE	USEONLY
NAME	\$1.7.17 \$2.50.60.00.00.00.00.00.00.00.00.00.00.00.00		Date Received	
		SUFFIX	CITILO	Env
	Chief Molinar		2020 00	ERK DEPT T 5 PM5:39
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # 4717 Hondo Pass Dr PMB 268	CITY: STATE: ZIP CODE	202000	i a phaigg
Change of Address	L1 Faso, 1 × 79904	3961		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(915) 321-2747		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	Ms/ms/ms first Mrs Kendra	L MI	Receipt #	Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Bray		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT 9003 Virgo Ln El Paso , TX 79904-1000	T / SUITE #; CITY:	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 321-2747	EXTENSION		
9 REPORT TYPE	January 15 30th day before	are election Runoff	15th day afte treasurer app (Officeholder	pointment
	July 15 8th day before	e election Exceeded Modified Reporting Limit		(Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	07/01/2020	тнгоидн 09/24/	2020	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Prime			
	11/03/2020 🗸 Gene	Description practical Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)		
		City Representative	e - District 4	
	GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
Mr Joe R Molinar						
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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
_		TOWNS THE BOAR MON THEASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	es es		1			
17 CONTRIBUTION TOTALS	PLEDGI	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 1.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14393.86			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 10385.67			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 3092.04					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	E \$			
18 AFFIDAVIT						
ROSE R ORTEGA Notary 10 M7843569 My Commission Expires April 20, 2023 April 20, 2023 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. Joe R Molinar						
		Signature of Candida	ste or Officeholder			
Sworn to this subscrit	bed before me, by	the said Joe R Molinar	this the 37 JRW			
Octob	, 20 <u>20</u> , to	Pose MLana	No.L.			
Signaturator officer ad	hinistering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Cor				
Joe R Molinar				
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7142.86			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4. SCHEDULE E: LOANS				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			
	JOE R Molinar SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OR SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

MONE	TARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Mr Joe R Mo			3 Filer ID (Ethics Commission Filers)
4 Date	_	C (ID#:)	7 Amount of contribution (\$)
07/16/2020	Theresa Pacheco 6 Contributor address, City; 5834 Chino Ave. Chino, CA 91710-5	State; Zip Code	100
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID4:)	Amount of contribution (\$)
07/16/2020	Arthur McDaniel Contributor address: City; 4400 Loma De Oro El Paso, TX 7993	State; Zip Code	300
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
Rosalie Audirsch O7/27/2020 Contributor address: City, State; Zip Code 5716 Longview Cir El Paso, TX 79924-1305			200
	pation / Job title (See Instructions)	Employer (See Instruc	
Business Ow	/ner	Innovative Solution	is Team Inc
Date	_	C (ID#))	Amount of contribution (\$)
Rose Ortega O7/27/2020 Contributor address: City, State; Zip Code 5223 Wally Dr El Paso TX 79924-5323			200
		Employer (See Instructions	tions)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	iction guide for additional r	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 4 Date 5 Full name of contributor out-of-state PAC (ID#____ 7 Amount of contribution (\$) Richard Bonart 6 Contributor address; 08/07/2020 City: State, Zip Code 500 6524 Loma De Cristo Dr El Paso TX 79912-7301 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$) Matthew E Unger Contributor address; 08/11/2020 State: Zip Code 200 121 Eadds Apt 1220 Arlington, VA 22202-4724 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#_ Amount of contribution (\$) Robert Jeskey Contributor address; City: State; Zip Code 08/18/2020 60 10448 Bon Aire Dr El Paso, TX 79924-1712 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Out-of-state PAC (ID#_ Amount of contribution (\$) Diane Burke Contributor address: City; State: Zip Code 08/28/2020 50 10749 Rushing Rd El Paso, TX 79924-1216 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Educator Retired ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The instruction Guide explains how to complete this form. 4 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) Elizabeth Vera 6 Contributor address: 08/31/2020 State Zip Code 150 6756 Royal Crest Ct Fontana, CA 92336 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Housewife Housewife Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) TREPAC\Texas Assoc of Realtors PAC Contributor address. 09/03/2020 State, Zip Code 3000 P.O. Box 2246 Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) **PAC Fund** PAC Fund Date Full name of contributor Out-of-state PAC (ID#) Amount of contribution (\$) El Paso Municipal Police Officers Assoc - EPMPOA Contributor address; City: State; Zip Code 09/10/2020 2000 747 E. San Antonio Suite 103 El Paso, TX 79901-2557 Principal occupation / Job title (See Instructions) Employer (See Instructions) PAC Fund PAC Fund Date Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) Fernando Hernandez Contributor address: City, State; Zip Code 09/10/2020 100 8409 Dyer St El Paso, TX 79904 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner Business Owner** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1; The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#_ Adriana Hernandez 6 Contributor address: 09/10/2020 City, State; Zip Code 100 8409 Dyer St El Paso, TX 79904 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Business Owner Business Owner** Full name of contributor Date Out-of-state PAC (ID#: Amount of contribution (\$) Robert J Coleman Contributor address: 09/21/2020 State; Zip Code 200 9437 E. B. Taulbee Dr El Paso, TX 79924-6004 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Geraldine T Hayes Contributor address: City: State: Zip Code 09/23/2020 50 9209 Igoe PI El Paso, TX 79924-6939 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Educator Retired Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Isabel J Alarcon Contributor address: City; State: Zip Code 09/23/2020 40 2609 Ceylon Dr El Paso, TX 79925-5321 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Cutomer Service Representative** Unknown ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ТІ	ne instruction Gulde explains how to complete this for	m.	1 Total pages Schedule A2:	
2 FILER NAM			3 Filer ID (Ethics Commission Filers)	
Mr Joe R M	lolinar			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#) Kaleb Warnock 09/14/2020 7 Contributor address: City, State, Zip Code 5129 Roger Maris El Paso, TX 79924			8 Amount of general description description Billboard Rental 5000 Check if travel outside of Texas. Complete Schedule Texas. (FOR NON-JUDICIAL) (See Instructions)	
Business O	upation / Job title (FOR NON-JUDICIAL) (See Instructions) WNEF	Business		
12 Contributor's	principal occupation (FOR JUDICIAL)		stor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#) Mark-Thomas Bray 09/19/2020 Contributor address; City, State; Zip Code 9003 Virgo Lane El Paso, TX 79904-1000			Amount of Contribution \$ tn-kind contribution description Billboard Rental 2142.86 Advertising Check if travel outside of Texas, Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Program Ma		SAWTST	, LLC	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
16	ATTACH ADDITIONAL COPIES OF T			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 0 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#:_ 8 Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code _ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:_ of Pledge \$ 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 Amount of Full name of pledgor out-of-state PAC (ID# In-kind contribution Pledge \$ description City; State; Zip Code Pledgor address: City; Check If travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor Out-of-state PAC (ID#___ Pledge \$ description State; Zip Code Pledgor address: City Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E		
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Mr Joe R Molina	ır		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan	7 Name of lander out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
YN			11 Maturity date		
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collateral Check if personal fun account (See Instruc			ds were deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address; City, State; Zip Code					
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state F	PAC (*D#)	Loan Amount (\$)		
is lender a financial	Lender address, City;	State; Zip Code	Interest rate		
Institution?			Maturity date		
Principal occupation	/ Job title (See Instructions)	Emplayer (See Instructions)			
Description of Collate	eral	Check if personal fund account (See Instruction	is were deposited into political ons)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
, not confinct to	Guarantor address; City;	State; Zip Code			
not applicable Principal Occupation	(See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEE			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Foes Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic Credi Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/V	pense /ages/Contract Labor	Travel Out Of Distr Other (enter a cate	ict gory not listed above)
Ground an aprilan		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1	2 FILER N	AME			3 Filer ID (Ethi	cs Commission Filers)
8	Mr Joe F	R Molinar				
4 Date	5 Payee na	me				
07/15/2020	Northga	te El Paso Post Office				
6 Amount (\$)	7 Payee ac			City	State;	Zip Code
19.55	5249 Sa	inders Ave. El Paso, T	ΓX 7992	4-9998		
8	(a) Categor	y (See Categories listed at the top of this	schadule)	(b) Description		
PURPOSE	Advertis	ing Expense		Postal Service	es - Mailing	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete Se	chedule T	Check If Aust	lin, TX, officeholder livin	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
07/23/2020	GoDadd	ly.com LLC				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
5.17	14455 N	. Hayden Rd Suite 21	9 Scotts	sdale, Arizona	85260	
	1	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE	Advertisi	ing Expense		Registration o	f Domain Na	me
OF EXPENDITURE						
		Check if travel outside of Texas, Complete Sc	chedule T	Check if Austl	In, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	100	Office held
Date	Payee na	me	-			
07/23/2020	State Fa	rm Bank				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
400	P.O. Box	23025 Columbus, Ga	a 31902	-3025		
		(See Categories listed at the top of this so	:hedule)	Description		
PURPOSE	Accounti	ng/Banking		Credit card pay	yment	
OF EXPENDITURE						
EXPENDITURE						
		Check if travel outside of Texas, Complete Sci	hedule T	Check if Austin	n, TX, afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NFF	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (nature or present and instead phone)

Contributions/Donations Made 5 Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		rpense Vages/Contract Labor	Travel Out Of Distr. Other (onler a cate)	ct jory not listed above)
1 Total pages Schedule F1	2 FILER N	AME		Т	3 Filer ID (Ethic	s Commission Filers)
8		R Molinar			- 1 101 10 (CII)	.a Commission Pilets)
4 Date	5 Payee na					***
07/23/2020	Wix.com	1				
6 Amount (5)	7 Payee ad			City;	State;	Zip Code
23.81	Wix.com	1				
8		(See Categories listed at the top of this	achedule)	(b) Description		
PURPOSE	Advertisi	ing Expense		Website Lease	•	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas, Complete Sc	chedule T	Check if Austin	n, TX officeholder (lvin	g expense
9 Complete ONLY If direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
07/25/2020	Harbor F	reight Tools				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
33.06	10060 D	yer St El paso, TX 79	924			
PURPOSE	ı	(See Categories listed at the top of this so ng Expense	chedule)	Description Paint; Cable Ti	es, Sand Pa	per
OF EXPENDITURE						•
<u> </u>		Check II travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ts / Officeholder name		Office sought		Office held
Date	Payee na	me			·	
07/31/2020	PayPal Ir	nc				
Amount (\$)	Payee add	iress;	-	City:	State;	Zip Code
0.33	2211 N F	irst St. San Jose , CA	95131			
	Category Fees	See Categories listed at the top of this sci		Description		
PURPOSE OF	1.002			Transaction Fe	е	
EXPENDITURE						
Ì		heck if travel outside of Texas. Complete Sch	nedule T.	Check if Auslin,	TX, officeholder living	expense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	707 W. W. W. W.	Office held
expenditure to benefit C/OH				avagn		
	ATT	ACH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Foes Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Cliffor (Applies Contemporary of listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 4 Date 5 Payee name 08/09/2020 VistaPrint.com 6 Amount (\$) 7 Payee address; City: State: Zip Code 176.8 www.vistaprint.com (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **Printing Services** Printing of postcards PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule 7, Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2020 PayPal Inc Amount (\$) Payee address; City; State: Zip Code 14.13 2211 N First St. San Jose, CA 95131 Category (See Categories listed at the top of this achiedule) Description Fees Transaction Fee **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 08/15/2020 Zapa Graphics - Orlando Zapanta Amount (\$) City State; Zlp Code 823.24 3410 Wickham Ave. Suite 100 El Paso, TX 79904-6026 Category (See Categories listed at the top of this schedule) Description Printing Expenses Campaign signs & banners PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expenso Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/A The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
8	Mr Joe R Molinar		(2000)
4 Date	5 Payee name		
08/16/2020	Amazon.com, Inc		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
107.05	Amazon.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	Printer Ink Ca	rtridge
OF EXPENDITURE			
1	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/16/2020	State Farm Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
400	P.O. Box 23025 Columbus, Ga 3190	2-3025	
PURPOSE OF	Category (See Categor es listed at the top of this schedule) Accounting/Banking	Description Credit card pa	yment
EXPENDITURE	graves,		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/17/2020	Sam's Club		
Amount (\$)	Payee address;	City;	State; Zip Code
385	9498 Gateway North El Paso, TX 799	924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Postage Expense	Description Postage Stam	ps
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Condidate/Officeholder/Politic Credit Card Payment	- I I I I I I I I I I I I I I I I I I I	Expense //Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
4 7-4-1 C-1 C-1		Complete tills form.	
1 Total pages Schedule F1	Mr Joe R Molinar	Ì	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
	VistaPrint.com		
08/19/2020			Miles and the second se
6 Amount (\$)	7 Payee address;	City;	State; Zlp Code
171.62	Vistaprint.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Printing Expense	Door hangers	
OF EXPENDITURE			
LAI LIIDII GILL	110		
	(C) Check if Iravel outside of Taxas, Complete Schedule T		, TX, officeholder living expense
9 Complete ONLY if direct expanditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/19/2020	Zapa Graphics - Orlando Zapanta		
Amount (\$)	Payee address;	City;	State; Zip Code
114.52	3410 Wickham Ave. Suite 100 El Pa	aso, TX 79904-60	26
PURPOSE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign sign	s & banners
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schadule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/24/2020	Wix.com		
Amount (\$)	Payee address;	City;	State; Zip Code
23.81	Wix.com		
	Category (See Categories listed at the top of this schedule) Website Lease	Description Company Make	
PURPOSE OF EXPENDITURE	vvensile Lease	Campaign Web	esite
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin.	TX_officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (nature a category and listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awards/Memorials Expense F	roung Expense Salaries/Wages/ContractLabor how to complete this form.	Travel In District Travel Out Of District Other (onter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
8	Mr Joe R Molinar	W	•
4 Date	5 Payee name		**************************************
08/25/2020	Zapa Graphics - Orlando Zapan	ta	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
129.9	3410 Wickham Ave. Suite 100 E	El Paso, TX 79904-60	026
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE	Printing Expense	Magnetic Sign	S
OF EXPENDITURE			
	(c) Check if travel outside of Texas, Complete Scher	chile T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/28/2020	Michelle Sanchez		
Amount (\$)	Payee address;	City;	State; Zip Code
100	10016 Caribou Dr Unit C El Pas	o, TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheel Advertising Expense		enance - August 2020
	Check if Irayel butside of Texas. Complete Sched	tule T. Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
08/28/2020	Michelle Sanchez		
Amount (\$)	Payee address,	City;	State; Zip Code
100	10016 Caribou Dr Unit C El Pas	o, TX 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising Expense		enance - September 2020
	Check if travel outside of Texas. Complete Sched	uleT, 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
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenso Fees Food/Beverage Expense Food/Beverage Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Salar	ng Expense les/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
8	Mr Joe R Molinar		
4 Date	5 Payee name		
09/06/2020	VistaPrint		
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
155.15	VistaPrint.com		
8	(a) Category (See Calegories listed at the top of this schedule	e) (b) Description	
PURPOSE	Printing Expense	Printing Push	Cards
OF			
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule 1	Check if Austli	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/15/2020	Sam's Club		
Amount (\$)	Payee address;	City,	State; Zip Code
330	9498 Gateway North El Paso, TX	79924	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other - Postage Expense	Postage Stam	ps
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	a, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Раусе пате		
Date	rayaa nama		
09/15/2020	State Farm Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
151.44	P.O., Box 23025 Columbus, Ga 31	902-3025	
	Category (See Categories listed at the top of this schedule)		
PURPOSE	Accounting/Banking	Credit card pay	/ment
OF EXPENDITURE			
EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expanditure to benefit C/OH		_	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expenso Foos

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	The state of the s		Travel in District Travel Out Of District Other (enter a category not listed above)			
Credt Card Payment			~	_	,	
1 Total pages Schedule F1:	1				3 Filer ID (Ethic	s Commission Filers)
8	Mr Joe F	R Molinar				
4 Date	5 Payeens					
09/16/2020	Clear Ch	nannel Outdoor				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
6312.5	2305 Sp	arkman St El Paso, T	X 79903	3		
8	(a) Catogory (See Categories listed at the top of this achedule) (b) Description					
PURPOSE	Advertisi	ing Expense		Billboard Renta	als	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas, Complete Sc	ichedule T,	Check if Austin	n, TX, off-ceholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee nar	me				
09/20/2020	Kaboom	Party Hall				
Amount (\$)	Payee ade	dress;		City;	State;	Zíp Code
400	4601 Ho	ndo Pass Dr Ste J El	l Paso,	ΓX 79924-1457	,	
	f	(See Categories listed at the top of this so		Description		
PURPOSE	Event Ex	rpense		Party Hall Ren	tal	
OF EXPENDITURE						
		Chack if travel outside of Texas, Complete Sc	chedule T	Check if Austin	n, TX, afficeholder living	axpense
Complete ONLY if direct expenditure to benefit C/OH		ste / Officeholder name		Office sought		Office held
						
Date	Payoe na	me				
Amount (\$)	Payee add	dress,		City;	State;	Zip Code
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF			1			
EXPENDITURE						
		Check if travel outside of Texas, Complete Sch	thedule T,	Check if Austin,	, TX, officeholder living	expense
Complete ONLY If direct		ite / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
	ATT	ACH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEED	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Bovorage Expense Transportation Equipment & Related Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0 Mr Joe R Molinar 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories fisted at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City, State; Zip Code TYPE OF Non-Political **Political** EXPENDITURE Category (See Categories fisted at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:		
2 FILER NAME Mr Joe R Molinar		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, Cit	y, State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased. City	State, Zip Code		
	Description of investment			
	Amount of investment (\$)			
		4 4 7 7 7 8 4 4 4 5 7 7 8 7 8 7 8 7 8 8 7 8 8 8 8 8 8 8 8		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repsyment/Reimbursement Office Overhoad/Rental Expense Polling Expense Fees Food/Beverage Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politici		Office Over Polling Exp Printing Ex		Travel In District Travel Out Of District	oment & Related Expense
	The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F4:	2 FILER NAME Mr Joe R Molinar			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee name				
07/09/2020	FedEx				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
8.59	6600 Monana Ave. El Paso, 1	ΓX 79 9 2	5		
9 TYPE OF EXPENDITURE	✓ Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Printing Expense		Copying Sen	rices .	
OF					
EXPENDITURE					
	(C) Check if travel outside of Texas. Complete:	Schedule T	Check if Au	stin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	0:	ffice sought	Office I	neld
Date	Рауее пате				
Amount (\$)	Payee address;	***	Clty;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical	*	<u> </u>
	Category (See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF Expenditure		,			
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Q1	fice sought	Office h	eld
			·		
	ATTACH ADDITIONAL COPIES O	F THIS SO	CHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overflead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 0 Mr Joe R Molinar 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF. EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Momorials Expense Legal Services Loan Repayment/Reimbursement Office Overhoad/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other factors a reference political shows

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/Contract Labor o complete this form,	Other (enter a category not listed above)
1 Total pages Schedule H:	² FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Đate	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Chack if Iravel outside of Texas, Complete Schedule T.	Check If Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Business name		984-4864
Amount (\$)	Business address	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expend ture to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE I

	The instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule /	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
0	Mr Joe R Molinar			
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type of	information
Date	Payee name		resolvent de la	
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	Instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee addross:	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	Instructions regarding type of	Information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

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

SCHEDULE K

### Address of person from whom amount is received Solution	8 Amount (\$) Zip Code Amount (\$) Zip Code Amount (\$)
6 Address of person from whom amount is received; City; State; 7 Purpose for which amount is received	Zip Code cat contribution returned to filer Amount (\$)
6 Address of person from whom amount is received; City; State; 7 Purpose for which amount is received	Amount (\$)
Date Name of person from whom amount is received: Address of person from whom amount is received; Purpose for which amount is received Check if political political person from whom amount is received. Address of person from whom amount is received. Address of person from whom amount is received; City: State:	Amount (\$) Zip Cods
Address of person from whom amount is received; City; State; Purpose for which amount is received Check if politi Date Name of person from whom amount is received Address of person from whom amount is received; City; State;	Zip Code
Purpose for which amount is received Check if politi Date Name of person from whom amount is received Address of person from whom amount is received; City; State;	
Date Name of person from whom amount is received Address of person from whom amount is received; City; State;	al contribution returned to filer
Address of person from whom amount is received; City, State;	
	Amount (\$)
Purpose for which amount is received Check if politi	Zip Code
	al contribution returned to filer
Date Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State;	Zip Code
Purpose for which amount is received Check if politic	

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 Mr Joe R Molinar	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 D Schedule F1 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, se	eminar, 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, se	eminar, 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, se	minar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

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/O	HINAME 2 Filer ID (Ethics Commission Filers)
	e R Molinar
3 SIG	NATURE
ing a	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign ributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
	RWHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> If you are not an officeholder
A.	CAMPAIGN FUNDS
Ch	eck 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
Ch	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
	CEHOLDER emplete 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