## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr First Mrs Kristin	MI	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	Romero	551131	10/4/2020 5:07:59 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; Z P CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs Gita	OUECIV	Date Processed
	NICKNAME LAST Upreti	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt / si 6608 La Cadena Drive El Paso, TX 79912	UITE #, CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (530 ) 481-7773	EXTENSION	
9 REPORT TYPE	January 15  July 15  30th day before elements and selection of the selecti		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 08/17/2020	THROUGH 09/24	Day Year /2020
11 ELECTION	ELECTION DATE  Month Day Year	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
	GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)			
Mrs Kristin Rome	ro					
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				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 0			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1759.43			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	TDAY \$0			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 0			
18 AFFIDAVIT						
			perjury, that the accompanying report is ormation required to be reported by me			
		Kristin R Romero				
		Signature of Can	didate or Officeholder			
AFFIX NOTARY STAMI	P/SEALABOVE					
Sworn to and subscr	ribed before me, b	oy the said Kristin R Romero	, this the 5			
<sub>day of</sub> October	~~	to certify which, witness my hand and seal of office.				
	I	Mary Katz				
Signature of officer a	dministering 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	mmission Filers)			
Mrs Kristin F	Romero				
21 SCHEDULES NAME OF SC	SUBTOTAL AMOUNT				
1. Sc	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O		
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$ O		
4. SC	4. SCHEDULE E: LOANS				
5. Sc	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6. Sc	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. Sc	CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$ O		
8. sc	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. Sc	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10. SC	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O		
12. SO	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ O		

T	he Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;		
8 Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructi	ions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAMI Mrs Kristin			3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$ description				
	7 Contributor address; City; State;	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contr butor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date	Full name of contributor	)	Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contr butor'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 T	HIS SCHEDU	II E AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedu	ıle B:
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
Mrs Kristin F	Romero			
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			· ·
			Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	<b>1</b> Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution     description
	Pledgor address; City; State	e; Zip Code		· ·
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Dete	<u>l</u>			
Date	Full name of pledgor  ut-of-state PAC (ID#:	)	Amount of Pledge \$	<ul><li>In-kind contribution</li><li>description</li></ul>
	Pledgor address; City; State	e; Zip Code		
		-		
			•	
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See		de of Texas. Complete Schedule T.
Principal occu Date	pation / Job title (See Instructions)  Full name of pledgor	Employer (See		In-kind contribution description
	Full name of pledgor		Instructions)  Amount of	In-kind contribution
	Full name of pledgor	Employer (See	Instructions)  Amount of	In-kind contribution
	Full name of pledgor		Amount of Pledge \$	In-kind contribution
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
Date	Full name of pledgor out-of-state PAC (ID#:	Zip Code	Amount of Pledge \$	In-kind contribution description
Date	Full name of pledgor out-of-state PAC (ID#:	Zip Code	Amount of Pledge \$	In-kind contribution description
Date	Full name of pledgor out-of-state PAC (ID#:	Zip Code	Amount of Pledge \$	In-kind contribution description
Date	Full name of pledgor out-of-state PAC (ID#:	Zip Code	Amount of Pledge \$	In-kind contribution description
Date	Full name of pledgor out-of-state PAC (ID#:	Zip Code	Amount of Pledge \$	In-kind contribution description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	Total pages Schedule E:     O
2 FILER NAME  Mrs Kristin Ro	mero	3 Filer ID (Ethics Commission Filers	
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender  ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	tion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	ıllateral		nds were deposited into political
none		account (See Instruc	tions)
16 GUARANTOR INFORMATION	17 Name of guarantor  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable		State, Zip Gode	
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions)	
	llateral	Check if personal fun	nds were deposited into political
Description of Co			dions)
	Name of guarantor		Amount Guaranteed (\$)
none	Guarantor address; City;	State; Zip Code	

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Solicita ion/Fundraising Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District Other (enter a category not listed above)
,

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
0	Mrs Kristin Romero		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee 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 Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee 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 Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee 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 Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED
			D : 14(4)00

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accoun ing/Banking
Consulting Expense
Contributions/Dona ions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Prin ing Expense Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

	Contributions/Dona ions Made By Candidate/Officeholder/Politica		Gift	t/Awards/Memorials Expense gal Services		Prin ing Exp Salaries/Wa	pense	ract Labor	Travel 0	Out Of District enter a category	/ not listed above)
			Т	he Instruction Guide exp	olains	how to co	mplete	this form.			
	Total pages Schedule F2:		ER NAM						3 Filer	ID (Ethics Co	ommission Filers)
0		Mrs k	<u> (ristin</u>	Romero							
4	TOTAL OF UNITEM	IIZED	UNPA	ID INCURRED OF	BLIG	ATIONS	3		\$		
5	Date	6 Pay	/ee nam	e							
7	Amount (\$)	8 Pay	yee addi	ress;				City;		State;	Zip Code
9	TYPE OF EXPENDITURE		Politi	ícal		Non-Poli	tical				
10	)	(a) Cat	egory (S	ee Categories listed at the top o	of this so	chedule)	<b>(b)</b> De	scription			
	PURPOSE OF										
	EXPENDITURE										
		(c)	Chec	ck if travel outside of Texas. Compl	lete Sch	edule T.		Check if Aus	stin, TX, offic	ceholder living e	expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candida	ate / Officeholder name		Of	ffice sou	ıght		Office he	ld
		Pay	yee nam								
	Date	ra	уее паш	ie							
	Amount (\$)	Pa	yee add	ress;				City;		State;	Zip Code
	TYPE OF EXPENDITURE		Politi	ical		Non-Pol	itical				
		Cat	egory (S	ee Categories listed at the top o	of this so	chedule)	D	escription			
	PURPOSE OF EXPENDITURE										
			Chr	eck if travel outside of Texas. Com	plete Sc	hedule T.	Г	Check if Au	ustin, TX, off	ficeholder living	expense
	Complete ONLY if direct expenditure to benefit C/OF		 Candida	ate / Officeholder name		0	ffice sou	<b>u</b> ght	•	Office he	ld
		AT.	TACH A	ADDITIONAL COPIE	S OF	THIS S	CHEDU	JLE AS NE	EDED		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 1	Total pag	ges Schedule F	3:
2 FILER NAME Mrs Kristin	Romero	<b>3</b> F	iler ID	(Ethics Commis	sion Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City	 y;		State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	· · · ·		State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASI	NEEDE	ĒD	

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accoun ing/Banking Consulting Expense Contributions/Dona ions Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicita ion/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME Mrs Kristin Romero  3 Filer ID (Ethics Commission Filers					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$			
5 Date	6 Payee name					
09/18/2020	Regency Printing					
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code			
963.43	2020 N. Piedras St., El Paso, TX 799	30				
9 TYPE OF EXPENDITURE	Political Non-Po	blitical				
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Printing	Printing				
EXPENDITURE		<u></u>				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name C	Office sought	Office held			
expenditure to benefit C/OH	Kristin Romero Munic	ipal Court No	2 N/A			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Pe	olitical				
	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 A	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED			

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consul ing Expense

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

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

Candidate/Officeholder/Politic Credit Card Payment	, and the second	complete this form.	Other (enter a category not listed above)		
<ul><li>1 Total pages Schedule G:</li><li>2</li></ul>	2 FILER NAME Mrs Kristin Romero	;	3 Filer ID (Ethics Commission Filers)		
4 Date 09/11/2020	5 Payee name Michael Apodaca	1			
6 Amount (\$) 250 Reimbursement from political contributions intended	7 Payee address; 3323 Sacramento, El Paso, TX 7993	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Consulting Expe			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Munic	office sought sipal Court No 2	Office held N/A		
Date 08/31/2020	Payee name Michael Apodaca				
Amount (\$) 250 Reimbursement from political contributions intended	Payee address; 3323 Sacramento, El Paso, TX 7993	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description			
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Munic	Office sought cipal Court No 2	Office held N/A		
Date 08/25/2020	Payee name Antonio Baca				
Amount (\$) 40 Reimbursement from political contributions intended	Payee address; 7901 Bethany Drive, El Paso, TX 79925				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Photos			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense		
0 1 2 0 11 17 17 17	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	Munic	cipal Court No 2	N/A		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D		

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District

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

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
<ul><li>1 Total pages Schedule G:</li><li>2</li></ul>	2 FILER NAME Mrs Kristin Romero	3 Filer ID (Ethics Commission Filers)			
4 Date 08/17/2020	5 Payee name City of El Paso				
6 Amount (\$) 250 Reimbursement from political contributions intended	7 Payee address; 300 N. Campbell St., El Paso, TX 79901				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description Filing Fee			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH	Municipal Court No 2 N/A				
Date	Payee name				
08/17/2020	Pack and Ship Express				
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6112 N. Mesa St., El Paso, TX 79912				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Notary			
	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/	Candidate / Officeholder name OH Munic	Office sought ipal Court No 2	Office held		
Date	Payee name				
Amount (\$)  Reimbursement from political contributions intended	Payee 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 expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		

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

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form

	The instruction duide explains now to	complete this form.		
1 Total pages Schedule H: 0	2 FILER NAME Mrs Kristin Romero		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	n, TX, officeholder living exp	ense
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	0	office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	0	ffice held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name )H	Office sought	0	office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
0	Mrs Kristin Romero			
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.)	e 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.)	e 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.)	e 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.)	e instructions regarding type	of information

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME Mrs Kristin F	Romero	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Star		
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

### SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:		
<sup>2</sup> FILER NAME Mrs Kristin Romero		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reporte	d on:			
Schedule A2 Scl	nedule B Schedule B(J) S	chedule C2 Schedule D Schedule F1		
Schedule F2	nedule F4 Schedule G S	chedule H Schedule COH-UC Schedule B-SS		
6 Dates of travel 7 Name	ravel 7 Name of person(s) traveling			
8 Depart	ure city or name of departure location			
9 Destina	ttion 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	n or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reporte	ed on:			
Schedule A2 Scl	nedule B Schedule B(J) S	chedule C2 Schedule D Schedule F1		
		chedule H Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling				
Depart	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 reporte	ed on:			
Schedule A2 Sched	lule B Schedule B(J) Sche	edule C2 Schedule D Schedule F1		
		dule H Schedule COH-UC Schedule B-SS		
Dates of travel Name	of person(s) traveling			
Departure city or name of departure location				
Destina	ation city or name of destination location			
Means of transportation	Purpose of travel (including name of	conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complet •• Complete only if "Report Type" on page 1 is mark	
I C/O	OH NAME	2 Filer ID (Ethics Commission Filers)
	Kristin Romero	
	NATURE	
	TATORE	
ing a	not expect any further political contributions or political expenditures in connection a report as a final report terminates my campaign treasurer appointment. I also tributions or make any campaign expenditures without a campaign treasurer app	understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	heck only one:	
	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
L	I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political final report. Further, I understand that I must dispose of unexpended princome earned on political contributions in accordance with the requirement	st or income earned on political contributions to spended contributions and that I may not retain ical contributions longer than six years after filing olitical contributions and unexpended interest or
B.	ASSETS	
Ch	heck only one:	
	I do not retain assets purchased with political contributions or interest or other	ner income from political contributions.
	I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased we requirements of Election Code, § 254.204.	est or other income from political contributions to
		Signature of Candidate
	FICEHOLDER Complete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeho file. I am also aware that I will be required to file reports of unexpended contributions, interest or other income from politic cal contributions or interest or other income from political contributions.	utions if, after filing the last required report as an
		Signature of Officeholder