## 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 NAME	MS / MRS / MR FIRST Mr. William	R	OFFICE USE ONLY
	Will Veliz	SUFFIX	10/5/2020 2:14:30 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C 9220 McCabe El Paso, TX 79925	SITY; STATE; ZIP CODE	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 861-8204	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Robert	SUFFIX	Date Processed
	Veliz		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 9220 McCabe El Paso, TX 79925	JITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 241-1135	EXTENSION	
9 REPORT TYPE	January 15 South day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	08/17/2020	THROUGH 09/24	/2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11/03/2020	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)
		City Council Repre	esentative District 3
	GO TO	PAGE 2	

Forms provided by Texas Ethics Commission

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME			15 Filer	ID (Ethics Commission Filers)
Mr. William R Veli	Z			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICA IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BE INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO JRES.	EN MADE WITHOUT TH	E CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	<b>G</b> ENERAL	Texas Realtors PAC		
	SPECIFIC	COMMITTEE ADDRESS P.O. Box 2246 Austin, Texas 78767-2246		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		Leslie Cantu		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		Austin, Texas 78767-2246		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHI ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	ER THAN	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 9950.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL	POLITICAL EXPENDITURES		<sup>\$</sup> 1188.90
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF ORTING PERIOD	THE LAST DAY	\$ 9011.10
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN AY OF THE REPORTING PERIOD	NS AS OF THE	\$ 0
18 AFFIDAVIT				
			ides all information	at the accompanying report is required to be reported by me
		Will R Veliz		
		Signatur	re of Candidate o	r Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
day of October	~~	by the said Will R Veliz		this the
	]	Mary Katz		
Signature of officer a	administering oath	Printed name of officer administering oat	h Title	e of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER N		20 Filer ID (Ethics Cor	mmission Filers)
Mr. Willia	m R Veliz		
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 938.90
6.	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 FUN	IDS	\$ 250.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY	POLITICAL	CONTRIBUTIONS
----------	-----------	---------------

2 FILER NAME		form.	1 Total pages Schedule A1: 3
Mr William D			<b>3</b> Filer ID (Ethics Commission Filers)
Mr. William R V	/eliz		
4 Date 5	Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
J	ohn C. Martin		
08/28/2020 6	Contributor address; City;	State; Zip Code	250
609 Mt. Cristo Rey, El Paso, TX 79922			
8 Principal occupat	ion / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
R	obert L. Bowling IV		
08/31/2020	Contributor address; City;	State; Zip Code	1000
	57 San Clemente, El Paso, TX 7991	12	
Principal occupation	on / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor		Amount of contribution (\$)
R			
08/31/2020	Contributor address; City;	State; Zip Code	1000
	504 Contessa Bridge, El Paso, TX 7	79912	
Principal occupati	on / Job title (See Instructions)	Employer (See Instruc	tions)
			1
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
F	Rogelio Lopez		
08/31/2020			500
	736 Colchester, El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instruc	tions)

MONETARY	POLITICAL	CONTRIBUTIONS
----------	-----------	---------------

The Instruction Guide explains how to complete this form.     1 3     Total pages Schedule A1: 3       2     FILER NAME     3     Filer ID (Ethics Commission Filer)       Mr. William R Veliz     3     Filer ID (Ethics Commission Filer)       4     Date     5     Full name of contributorout-of-state PAC (IDE:)     7       09/01/2020     6     Contributor address;     City:     State:     Zip Code       2211 E. Missouri Ave. 320, EI Paso, TX 79903     9     Employer (See Instructions)     500       8     Principal occupation / Job title (See Instructions)     9     Employer (See Instructions)     500       Date     Full name of contributorout-of-state PAC (IDE:Amount of contribution (\$)     Amount of contribution (\$)       09/01/2020     Adam Z. and Dana M. Frank     State;     Zip Code     500       09/01/2020     Full name of contributor address;     City:     State;     Zip Code     500       09/08/2020     Full name of contributor     out-of-state PAC (IDE:	The			
Mr. William R Veliz <ul> <li>Tate</li> <li>Full name of contributor</li> <li>out-of-state PAC (ID#:)</li> <li>T Amount of contribution (\$)</li> </ul> 09/01/2020         6 Contributor address;         City;         State;         Zip Code         500           8         Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)         500           Date         Full name of contributor         out-of-state PAC (ID#:		Instruction Guide explains how to complete this for	m.	Figure Fi
4 Date       5 Full name of contributor       out-of-state PAC (ID#:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
09/01/2020       Clifford Ronald Eisenberg       500         09/01/2020       6 Contributor address; City: State; Zip Code       500         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       500         Date       Full name of contributor       out-of-state PAC (IDF:)       Amount of contribution (\$)         Adam Z. and Dana M. Frank       Contributor address; City: State; Zip Code       500         09/01/2020       Contributor address; City: State; Zip Code       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       500         Date       Full name of contributor       out-of-state PAC (IDF:	Mr. William I	R Veliz		
Og/01/2020       Clifford Ronald Eisenberg 6 Contributor address; City; State; Zip Code 2211 E. Missouri Ave. 320, El Paso, TX 79903       500         8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (IO#:)       Amount of contribution (\$)         09/01/2020       Adam Z. and Dana M. Frank Contributor address; City; State; Zip Code 801 River Oaks, El Paso, TX 79912       State; Zip Code 801 River Oaks, El Paso, TX 79912       500         Date       Full name of contributor       out-of-state PAC (IO#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (IO#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/08/2020       Gerald and Stanlee Rubin Contributor address; City; State; Zip Code 538 Laurel Canyon, El Paso, TX 79912       1000         Date       Full name of contributor       employer (See Instructions)       1000         Date       Full name of contributor       contributor address; City; State; Zip Code 538 Laurel Canyon, El Paso, TX 79912       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	4 Date	5 Full name of contributor	·· )	7 Amount of contribution (\$)
09/01/2020       6 Contributor address;       City;       State;       Zip Code       500         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:			/	
2211 E. Missouri Ave. 320, El Paso, TX 79903         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:	00/01/2020		State: Zin Code	E00
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:	09/01/2020		•	500
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/01/2020       Adam Z. and Dana M. Frank       500         09/01/2020       Contributor address;       City;       State;       Zip Code         801 River Oaks, El Paso, TX 79912       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       500         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Gerald and Stanlee Rubin       Contributor address;       City;       State;       Zip Code         09/08/2020       Contributor address;       City;       State;       Zip Code       1000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/08/2020       Contributor address;       City;       State; Zip Code       1000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contr		2211 E. MISSOUTAVE. 520, ETT 830, TA	19909	
Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       City:       State;       Zip Code         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contribu	8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       City:       State;       Zip Code         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contribu				
Adam Z. and Dana M. Frank       500         O9/01/2020       Contributor address;       City;       State;       Zip Code         801 River Oaks, El Paso, TX 79912       Employer (See Instructions)       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         O9/08/2020       Gerald and Stanlee Rubin       Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/20/2020       Contributor address;       City;       State; Zip Code       200	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
09/01/2020       Contributor address;       City;       State;       Zip Code       500         801 River Oaks, El Paso, TX 79912       Employer (See Instructions)       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/08/2020       Gerald and Stanlee Rubin Contributor address;       City;       State;       Zip Code         09/08/2020       Gotal Canyon, El Paso, TX 79912       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/20/2020       Contributor address;       City;       State; Zip Code       200		Adam Z and Dana M Frank		
09/01/2020     801 River Oaks, El Paso, TX 79912     S00       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       Og/08/2020     Gerald and Stanlee Rubin Contributor address;     Amount of contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       Og/20/2020     Contributor address;     City;     State;	0/01/2020		State; Zip Code	500
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Og/08/2020       Gerald and Stanlee Rubin Contributor address;       City;       State;       Zip Code         D38 Laurel Canyon, El Paso, TX 79912       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       1000         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/20/2020       Contributor address;       City;       State;       Zip Code       200	J <del>J</del> /U1/ZUZU			JUU
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/08/2020       Gerald and Stanlee Rubin       1000         Contributor address;       City;       State;       Zip Code         538 Laurel Canyon, El Paso, TX 79912       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       Amount of contribution (\$)         Debra Ann Guerrero       Contributor address;       City;       State; Zip Code         09/20/2020       Contributor address;       City;       State; Zip Code       200				
09/08/2020     Gerald and Stanlee Rubin Contributor address;     City;     State;     Zip Code     1000       538 Laurel Canyon, El Paso, TX 79912     1000	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
09/08/2020     Gerald and Stanlee Rubin Contributor address;     City;     State;     Zip Code     1000       538 Laurel Canyon, El Paso, TX 79912     Imployer (See Instructions)     Employer (See Instructions)     1000       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       09/20/2020     Contributor address;     City;     State;     Zip Code				
09/08/2020       Contributor address;       City;       State;       Zip Code       1000         538 Laurel Canyon, El Paso, TX 79912       Employer (See Instructions)       Employer (See Instructions)       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Debra Ann Guerrero       Contributor address;       City;       State;       Zip Code       200	Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
09/08/2020       Contributor address;       City;       State;       Zip Code       1000         538 Laurel Canyon, El Paso, TX 79912       Employer (See Instructions)       Employer (See Instructions)       1000         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Debra Ann Guerrero       Contributor address;       City;       State; Zip Code       200		Carald and Stanlag Pubin		
00/00/2020       538 Laurel Canyon, El Paso, TX 79912         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Debra Ann Guerrero       Contributor address;       City;       State; Zip Code         09/20/2020       Contributor address;       City;       State; Zip Code       200	00/00/0000		itate; Zip Code	1000
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Debra Ann Guerrero       Contributor address;       City;       State; Zip Code       200	09/08/2020	528 Laural Capyon, El Pasa, TX 70012		1000
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of contribution (\$)       Debra Ann Guerrero     Contributor address;     City;     State; Zip Code     200		-		
09/20/2020     Contributor address;     City;     State; Zip Code     200	Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
09/20/2020 Contributor address; City; State; Zip Code 200	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
09/20/2020 Contributor address; City; State; Zip Code 200		Debra Ann Guerrero		
	09/20/2020			200
				200
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

MONETARY	POLITICAL	CONTRIBUTIONS
----------	-----------	---------------

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	s form.	3
<pre>2 FILER NAME</pre> Mr. William F			<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	<b>_</b>	0 (12)	7 Amount of contribution (\$)
- Dulo	Texas Realtors PAC	C (ID#:)	
09/01/2020	6 Contributor address; City;	State; Zip Code	5000
09/01/2020	P.O. Box 2246, Austin, TX 78768-22	5000	
B Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ctions)
Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Dringing, accur			tions)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	aons)
Date	ate Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

т	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedule A2: 0
<sup>2</sup> <sub>FILER NAM</sub> Mr. William			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> 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 contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

## PLEDGED CONTRIBUTIONS

#### SCHEDULE B

City Clerk Dept. 10/5/2020 2:19:59 PM

			<b>4</b> Tet 1 0 1 1	ula De
Tł	ne Instruction Guide explains how to complete thi	s form.	1 Total pages Schedu	ule B:
2 FILER NAM	IE		3 Filer ID (Ethics Co	ommission Filers)
Mr. William	n R Veliz			
4 TOTAL C	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; S	tate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
<b>10</b> Principal oc	cupation / 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; S	tate; Zip Code		
				de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; S	tate; Zip Code		· · ·
			Check if travel outside	de of Texas. Complete Schedule T.
Principal oc	cupation / 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; Stat	e; Zip Code	Check if travel outei	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See		de or rexas. Complete Schedule 1.
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
l	If contributor is out-of-state PAC, please see Ins	truction guide for	additional reporting	requirements.

Forms provided by Texas Ethics Commission

LOANS			SCHEDULE E	
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 0	
2 FILER NAME Mr. William R V	/eliz		<b>3</b> Filer ID (Ethics Commission Filers)	
TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#: )	9 Loan Amount (\$)	
5 Is lender a financial Institution?	a financial		10 Interest rate	
Y N	Y N		11 Maturity date	
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
Description of Coll     none	account (See Instru		ds were deposited into political tions)	
6 GUARANTOR INFORMATION			<b>19</b> Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	PAC (ID#: )	Loan Amount (\$)	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution? Y N			Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Description of Collateral		Check if personal fun	ds were deposited into political	
		account (See Instruct		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable		Employed (2) of the state		
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEE struction guide for additional re		

City Clerk Dept. 10/5/2020 2:19:59 PM

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

-----

		EXPENDITURE CATE	GORIES	-OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
	1	The Instruction Guide explain	is now to c	omplete this form.	1	
<b>1</b> Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)
1	Mr. Willi	am R Veliz				
4 Date	5 Payee na	ame				
09/18/2020	Theresa	Kim				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
312.57						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Contrac	t Labor		GOTV		
OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
09/24/2020	El Paso	Mail & Print Service				
Amount (\$)	Payee address; City;				State;	Zip Code
626.33	1144 VI	STA DE ORO, EL PA	SO, TX	79936		
PURPOSE OF EXPENDITURE	Category Advertis	r (See Categories listed at the top of this ing	schedule)	Description Printing & Mai	iling Services	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder living	l expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

UNPAID INC	URRE	SCHEDULE F2					
		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)			
Advertising Expense       Event Expense       Loan Repayment/Reimbursen         Accounting/Banking       Fees       Office Overhead/Rental Expense         Consulting Expense       Food/Beverage Expense       Polling Expense         Contributions/Donations Made By       Gift/Awards/Memorials Expense       Printing Expense         Candidate/Officeholder/Political Committee       Legal Services       Salaries/Wages/Contract Lab				rhead/Rental Expense bense spense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F2:		NAME liam R Veliz			3 Filer ID (Ethics C	Commission Filers) 전	
0 4 TOTAL OF UNITEN	1		LIGATION	S	\$	v not listed above) commission Filers) City Clerk Dept	
5 Date	6 Payee	name				Ŭ	
<b>7</b> Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE		Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego (c)	bry (See Categories listed at the top of		(b) Description	TV (finkalda livia		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Car	ndidate / Officeholder name		ffice sought	ustin, TX, officeholder living Office he		
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political	Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	Dry (See Categories listed at the top of	this schedule)	Description			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if A	Austin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	C	office sought	Office he	əld	
	ATTA	CH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS N	EEDED		

Forms provided by Texas Ethics Commission

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

ті	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3: 0
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Mr. William F	R Veliz	
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	
		City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

Forms provided by Texas Ethics Commission

EXPENDITU	JRES MADE BY CRE	DIT CARD	SCHEDULE F4
	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made   Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor here how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	<sup>2</sup> FILER NAME Mr. William R Veliz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this</li> <li>(c) Check if travel outside of Texas. Complete</li> </ul>		ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date	Candidate / Officeholder name Payee name	Office sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF	Category (See Categories listed at the top of this	s schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, 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 C	OF THIS SCHEDULE AS NE	EDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE $\mathbf{G}$

City Clerk Dept. 10/5/2020 2:19:59 PM

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G: 1		<sup>ME</sup> m R Veliz			3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 08/17/2020	5 Payee nar City of El	Paso			I	
6 Amount (\$) 250 ☐ Reimbursement from political contributions intended	7 Payee ad 300 N. C	<sup>dress;</sup> ampbell El Paso, TX 7	79901	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the top of this s	schedule)	(b) Description Filing Fees		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	-	Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living e	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEED	DED	

	MADE FROM POLITICAL ITIONS TO A BUSINESS O	F C/OH	SCHEDULE H
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees         Office           Food/Beverage Expense         Pollir           By         Gift/Awards/Memorials Expense         Printi	Repayment/Reimbursement 2 Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor	Solicitation/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 H: 0	<sup>2</sup> FILER NAME Mr. William R Veliz		<b>3</b> 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 Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	EDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

Total pages Schedule I	<sup>2</sup> FILER NAME Mr. William R Veliz		3 Filer ID (Ethics C	ommission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type o	f information

# 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
<sup>2</sup> FILER NAME Mr. William F	2 Voliz	3 Filer ID (Ethics Commission Filers)
4 Date		8 Amount (\$)
	5 Name of person from whom amount is received	<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; Sta	ate; Zip Code
	7 Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; 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; Sta	ate; 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	EASNEEDED

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

SCHEDULE T

The Instru	ction Guide	explains	how to complete	this form.	1 Total pages Schedule T: 0
<sup>2</sup> FILER NAME Mr. William R Vel	iz				3 Filer ID (Ethics Commission Filers)
4 Name of Contributor /	Corporation	or Labor Oi	rganization / Pledgo	r / Payee	
<ul> <li>5 Contribution / Expend</li> <li>Schedule A2</li> <li>Schedule F2</li> <li>6 Dates of travel</li> </ul>	Sche	edule B edule F4 person(s)	Schedule B(J)	Schedule H	2 Schedule D Schedule F1  3 Schedule COH-UC Schedule B-SS
	9 Destinat	on city or r	name of destination	location	
10 Means of transportati	on	11 Purpos	se of travel (includin	g name of conference	e, seminar, or other event)
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee	
Contribution / Expend	Sche	l on: edule B edule F4	Schedule B(J)	Schedule C2	Schedule D     Schedule F1     Schedule COH-UC     Schedule B-SS
Dates of travel		f person(s) re city or na	traveling ame of departure loc	eation	
	Destinat	ion city or r	name of destination	location	
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee	
Contribution / Expend	liture reported	l on:			
Schedule A2	Schedu	lle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	ile F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	f person(s)	traveling		
	Departu	re city or na	ame of departure loc	cation	
	Destinat	ion city or r	name of destination	location	
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)			
	٦A	TACH AD	DITIONAL COPIE	S OF THIS SCHEDI	ULE AS NEEDED

City Clerk Dept. 10/5/2020 2:19:59 PM

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

Mr. Wil	NAME	2 Filer ID (Ethics Commission Filers)
	liam R Veliz	
SIGN/	ATURE	
ing a re	t expect any further political contributions or political expenditures i eport as a final report terminates my campaign treasurer appointm utions or make any campaign expenditures without a campaign tr	nent. I also understand that I may not accept any campaign
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER nplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck 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 incomay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual re unexpended contributions or unexpended interest or income eart this final report. Further, I understand that I must dispose of unincome earned on political contributions in accordance with the	nded interest or income earned on political contributions to port of unexpended contributions and that I may not retain med on political contributions longer than six years after filing nexpended political contributions and unexpended interest or
В.	ASSETS	
Chec	ck only one:	
	I do not retain assets purchased with political contributions or ir	terest or other income from political contributions.
	I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contribution personal use. I also understand that I must dispose of assets requirements of Election Code, § 254.204.	ons or interest or other income from political contributions to
		Signature of Candidate
	CEHOLDER mplete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to file. I am also aware that I will be required to file reports of unexpe officeholder, I retain political contributions, interest or other income cal contributions or interest or other income from political contribu-	nded contributions if, after filing the last required report as an e from political contributions, or assets purchased with politi-