

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                                              MI ..... NICKNAME                                      LAST                                              SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE	Date Received	
	AREA CODE                      PHONE NUMBER                                              EXTENSION (                      )	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                                              MI ..... NICKNAME                                      LAST                                              SUFFIX	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE	Date Processed	
	AREA CODE                      PHONE NUMBER                                              EXTENSION (                      )	Date Imaged	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                                              THROUGH                                              Month                      Day                      Year /                      /                                              /                                              /                                              /		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special                      _____	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known)	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. <i>THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.</i> CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this date \_\_\_\_\_, to certify which, witness my hand and seal of office.

*Diana Nunez*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

**19** FILER NAME

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

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julia Prieto ..... <b>6</b> Contributor address; City; State; Zip Code 86 South Oxford St. Apt 2, Brooklyn, New York, 11217, US	<b>7</b> Amount of contribution (\$) 200.00
<b>8</b> Principal occupation / Job title (See Instructions) Chief Operating Officer		<b>9</b> Employer (See Instructions) DonorsChoose
<b>Date</b> 04/19/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Randazzo ..... <b>Contributor address; City; State; Zip Code</b> 914 Summer Trail, Flower Mound, Texas, 75028, US	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b> Associate Director		<b>Employer (See Instructions)</b> Harvard University
<b>Date</b> 04/19/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Karyna Vargas ..... <b>Contributor address; City; State; Zip Code</b> 3965 Appaloosa Dr, Santa Teresa, New Mexico, 88008, US	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 04/19/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarisa Ramirez ..... <b>Contributor address; City; State; Zip Code</b> 405 Cincinnati Avenue, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b> Editor		<b>Employer (See Instructions)</b> Slack/Salsesforce
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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<b>4</b> Date 04/19/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Olivares ..... <b>6</b> Contributor address; City; State; Zip Code 386 Morning Star Dr, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$) 1030.18
<b>8</b> Principal occupation / Job title (See Instructions) Urologist		<b>9</b> Employer (See Instructions) Rio Grande Urology
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paola Gallegos ..... Contributor address; City; State; Zip Code 209 W Rio Grande Ave, El Paso, Texas, 79902, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) RJL Real Estate Consultants
Date 04/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Eisenberg ..... Contributor address; City; State; Zip Code 9213 Prince Charles, Austin, Texas, 78730, US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Exec		Employer (See Instructions) AFIC
Date 04/20/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert A Olivares MD ..... Contributor address; City; State; Zip Code 5913 Quinta Real Ct, El Paso, Texas, 79912, US	Amount of contribution (\$) 515.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>4</b> Date  04/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi Ribecky <hr/> <b>6</b> Contributor address; City; State; Zip Code 740 Kimberly Apt 201, Lake Orion, Michigan, 48462, US	<b>7</b> Amount of contribution (\$)  10.61
<b>8</b> Principal occupation / Job title (See Instructions) Inside Sales		<b>9</b> Employer (See Instructions) Sumitomo Wiring Systems USA
<b>Date</b>  04/23/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Paige Fox <hr/> <b>Contributor address; City; State; Zip Code</b> 1106 Kelly Way, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  515.24
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Fox auto
<b>Date</b>  04/23/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ariana Guerrero <hr/> <b>Contributor address; City; State; Zip Code</b> 4449 Lazy Willow Dr, El Paso, Texas, 79922, US	<b>Amount of contribution (\$)</b>  103.30
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> NASA
<b>Date</b>  04/25/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Olivares <hr/> <b>Contributor address; City; State; Zip Code</b> 1259 Franklin Perch Pl, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  257.78
<b>Principal occupation / Job title (See Instructions)</b> Anesthesiologist		<b>Employer (See Instructions)</b> Anesthesia Associates of El Paso

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

# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Feinberg ..... <b>6</b> Contributor address; City; State; Zip Code 701 Blanchard, El Paso, Texas, 79902, US	<b>7</b> Amount of contribution (\$) 103.30
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melody Parra ..... Contributor address; City; State; Zip Code 5412 Joe Herrera, El Paso, Texas, 79924, US	Amount of contribution (\$) 26.06
Principal occupation / Job title (See Instructions) Call Center Patient Specialist		Employer (See Instructions) Denton County Public Health
Date 04/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Wierson ..... Contributor address; City; State; Zip Code 1725 Land Rush St., El Paso, Texas, 79911, US	Amount of contribution (\$) 257.78
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Wierson CPA
Date 04/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Corral ..... Contributor address; City; State; Zip Code 5746 Mira Grande Dr, El Paso, Texas, 79912, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Producer   Sound Mixer		Employer (See Instructions) MindWarp Films, LLC
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<b>4</b> Date  04/26/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Garcia <hr/> <b>6</b> Contributor address; City; State; Zip Code 7393 Golden Sage Dr., El Paso, Texas, 79911, US	<b>7</b> Amount of contribution (\$)  25.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Helen of Troy
<b>Date</b>  04/26/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Collins <hr/> <b>Contributor address; City; State; Zip Code</b> 7393 Golden Sage Dr., El Paso, Texas, 79911, US	<b>Amount of contribution (\$)</b>  103.30
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> County of El Padi
<b>Date</b>  04/26/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jourdan Norman <hr/> <b>Contributor address; City; State; Zip Code</b> 822 Prospect St., El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  26.06
<b>Principal occupation / Job title (See Instructions)</b> Program Manager		<b>Employer (See Instructions)</b> UMC
<b>Date</b>  04/26/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Chavira <hr/> <b>Contributor address; City; State; Zip Code</b> 4936 Vista grande, El Paso, Texas, 79922, US	<b>Amount of contribution (\$)</b>  103.30
<b>Principal occupation / Job title (See Instructions)</b> Graphic Designer		<b>Employer (See Instructions)</b> Hello Amigo

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Alvarez ..... <b>6</b> Contributor address; City; State; Zip Code 3910 N Stanton St, El Paso, Texas, 79902, US	<b>7</b> Amount of contribution (\$) 257.78
<b>8</b> Principal occupation / Job title (See Instructions) Creative Director		<b>9</b> Employer (See Instructions) Hello Amigo
Date 04/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Villegas ..... Contributor address; City; State; Zip Code 5310 Beaver Lodge, Kingwood, Texas, 77345, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Tax director		Employer (See Instructions) Enbridge
Date 04/27/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Goldfarb ..... Contributor address; City; State; Zip Code 800 La Mancha Ct, El Paso, Texas, 79922, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Snider ..... Contributor address; City; State; Zip Code 453 Borealis Ln, El Paso, Texas, 79912, US	Amount of contribution (\$) 1030.18
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gordon Davis Johnson and Shane PC

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  04/30/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Overlay <hr/> <b>6</b> Contributor address; City; State; Zip Code 446 Vin Etienne Dr, Apt 1106, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$)  103.30
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Smith & Nephew
<b>Date</b>  04/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Celine Silva <hr/> <b>Contributor address; City; State; Zip Code</b> 729 Colchester dr, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  103.30
<b>Principal occupation / Job title (See Instructions)</b> Nurse		<b>Employer (See Instructions)</b> Gadsden
<b>Date</b>  05/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Staudt <hr/> <b>Contributor address; City; State; Zip Code</b> 7289 Cactus Spine, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  05/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis McElveen and Ellen Hughes <hr/> <b>Contributor address; City; State; Zip Code</b> 548 Cross Timbers Ct., El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  05/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Razy ..... <b>6</b> Contributor address; City; State; Zip Code 4201 Emory, El Paso, Texas, 79922, US	<b>7</b> Amount of contribution (\$)  200.00
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) N/A
<b>Date</b>  05/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sr. Mary E Buffy Boesen (SL) ..... <b>Contributor address; City; State; Zip Code</b> 4108 Hueco, El Paso, Texas, 79903, US	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b> Sister of Loretto		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  05/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Cordova Jr. ..... <b>Contributor address; City; State; Zip Code</b> 3023 Copper Ave., El Paso, Texas, 79930, US	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  05/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Jorge Avila, MD ..... <b>Contributor address; City; State; Zip Code</b> 1209 Cerrito Perdido, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b> Doctor		<b>Employer (See Instructions)</b> N/A

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<b>4</b> Date 05/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Avila ..... <b>6</b> Contributor address; City; State; Zip Code 1209 Cerrito Perdido, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$) 200.00
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher C. Villa ..... Contributor address; City; State; Zip Code 1107 E. Robinson Ave., El Paso, Texas, 79902-2212, US	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Program Evaluator		Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest and Irma Serna ..... Contributor address; City; State; Zip Code 3038 Federal Ave., El Paso, Texas, 79930, US	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) President Central Clifornia Flower Growers		Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eliot G Shapleigh ..... Contributor address; City; State; Zip Code 701 N. St. Vrain, El Paso, Texas, 79902, US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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<b>4</b> Date 05/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Laster ..... <b>6</b> Contributor address; City; State; Zip Code 1078 Los Jardines Cir., El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$) 200.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO Culturespan Marketing		<b>9</b> Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam and Gayle Belford ..... Contributor address; City; State; Zip Code 6251 Pino Real Dr., El Paso, Texas, 79912, US	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CEO Private Line		Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzette Gappae Bissell Currey ..... Contributor address; City; State; Zip Code 22 Silver Crest Dr., El Paso, Texas, 79902, US	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenza Olivas ..... Contributor address; City; State; Zip Code 4304 Buckingham Dr., El Paso, Texas, 79902, US	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia and Hermes Cervantes ..... <b>6</b> Contributor address; City; State; Zip Code 10367 Grant Dr., Eden Prairie, Minnesota, 55347-4863, US	<b>7</b> Amount of contribution (\$) 250.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Aguilar ..... Contributor address; City; State; Zip Code 444 Executive Center Blvd., El Paso, Texas, 79902, US	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) N/A
Date 05/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Snow ..... Contributor address; City; State; Zip Code 1063 Los Jardines Cir., El Paso, Texas, 79912, US	Amount of contribution (\$) 206.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/03/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermes Cervantes ..... Contributor address; City; State; Zip Code 540 Mogollon Circle, El Paso, Texas, 79912, US	Amount of contribution (\$) 26.06
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  05/17/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian and Tess Passero Ottobre <hr/> <b>6</b> Contributor address; City; State; Zip Code 537 La Cantera, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$)  103.30
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) EPCF
<b>Date</b>  05/24/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Beckoff <hr/> <b>Contributor address; City; State; Zip Code</b> 1117 Thunderbird, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  400.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  05/28/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriela and Zach Hildenbrand <hr/> <b>Contributor address; City; State; Zip Code</b> 6361 Franklin Crest, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  06/02/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Fernandez <hr/> <b>Contributor address; City; State; Zip Code</b> 411 Rim Road, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  2000.00
<b>Principal occupation / Job title (See Instructions)</b> Executive		<b>Employer (See Instructions)</b> FI?

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/03/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziomara Cervantes ..... <b>6</b> Contributor address; City; State; Zip Code 25 Lincoln Ave, Apt 3, Iowa City, Iowa, 52246, US	<b>7</b> Amount of contribution (\$) 103.30
<b>8</b> Principal occupation / Job title (See Instructions) Graduate student		<b>9</b> Employer (See Instructions) University of Iowa
Date 06/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jezebel Mathie ..... Contributor address; City; State; Zip Code 11917 Paseo Festivo Court, El Paso, Texas, 79936, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Federal Officer		Employer (See Instructions) DHS
Date 06/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua W. and Martha S. Hunt ..... Contributor address; City; State; Zip Code 1101 E. Baltimore Dr., El Paso, Texas, 79902, US	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A
Date 06/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky Myers ..... Contributor address; City; State; Zip Code 833 Forest Willow Circle, El Paso, Texas, 79922, US	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A

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# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/06/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall J. Bowling ..... <b>6</b> Contributor address; City; State; Zip Code 1507 Rim Rd, El Paso, Texas, 79902, US	<b>7</b> Amount of contribution (\$) 2000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
Date 06/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L. Bowling IV ..... Contributor address; City; State; Zip Code 457 San Clemente, El Paso, Texas, 79912, US	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A
Date 06/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody L. Hunt and Gayle G. Hunt ..... Contributor address; City; State; Zip Code P.O. Box 12667, El Paso, Texas, 79913, US	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A
Date 06/06/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Cordova ..... Contributor address; City; State; Zip Code 56 Berwick Street, Unit 1, Belmont, Massachusetts, 02478, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Financial Administrator		Employer (See Instructions) Massachusetts Institute of Technology

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# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  06/07/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Cordova Jr. and Elizabeth S. Cordova <hr/> <b>6</b> Contributor address; City; State; Zip Code 3023 Copper Ave, El Paso, Texas, 79930, US	<b>7</b> Amount of contribution (\$)  137.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
<b>Date</b>  06/07/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Marchena <hr/> <b>Contributor address; City; State; Zip Code</b> 4233 Park Hill Dr., El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  37.00
<b>Principal occupation / Job title (See Instructions)</b> Graphic Designer		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  06/07/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Chavira <hr/> <b>Contributor address; City; State; Zip Code</b> 4936 Vista Grande Cir, El Paso, Texas, 79922, US	<b>Amount of contribution (\$)</b>  37.00
<b>Principal occupation / Job title (See Instructions)</b> Graphic Designer		<b>Employer (See Instructions)</b> Hello Amigo
<b>Date</b>  06/07/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Martinez <hr/> <b>Contributor address; City; State; Zip Code</b> 704 Centennial, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  38.41
<b>Principal occupation / Job title (See Instructions)</b> Business Development		<b>Employer (See Instructions)</b> El Paso INC.

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# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/07/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexis Padilla ..... <b>6</b> Contributor address; City; State; Zip Code 258 Drury lane, Austin, Texas, 78737, US	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Adrienne Walsh ..... Contributor address; City; State; Zip Code 5832 N Mobile Ave, Chicago, Illinois, 60646, US	Amount of contribution (\$) 51.80
Principal occupation / Job title (See Instructions) Philanthropic Advisor		Employer (See Instructions) Mercy Home for Boys & Girls
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Field ..... Contributor address; City; State; Zip Code 6309 Franklin Red Drive, El Paso, Texas, 79912, US	Amount of contribution (\$) 38.41
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Utep
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Tate Goldman ..... Contributor address; City; State; Zip Code 5708 Los Cerritos Dr, EL PASO, Texas, 79912, US	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Singer		Employer (See Instructions) Blue Heart Records
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# SCHEDULE A1

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/07/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taryn Jones ..... <b>6</b> Contributor address; City; State; Zip Code 520 n Jackson st, Golden, Colorado, 80404, US	<b>7</b> Amount of contribution (\$) 38.41
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions) Kong
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie and Justin Ozuna ..... Contributor address; City; State; Zip Code 23550 Seven Winds, San Antonio, Texas, 78258, US	Amount of contribution (\$) 38.41
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) HCA Healthcare
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Childress ..... Contributor address; City; State; Zip Code 6217 La Posta Dr, El Paso, Texas, 79912, US	Amount of contribution (\$) 229.17
Principal occupation / Job title (See Instructions) Community Manager		Employer (See Instructions) Microsoft
Date 06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raquel Lintker ..... Contributor address; City; State; Zip Code 511 Cedar St, Vandenberg SFB, California, 93437, US	Amount of contribution (\$) 103.30
Principal occupation / Job title (See Instructions) Parish Coordinator		Employer (See Instructions) Independent Contractor

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# SCHEDULE A1

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<b>4</b> Date  06/07/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelie Baryla ..... <b>6</b> Contributor address; City; State; Zip Code 737 Willow Glen, El Paso, Texas, 79922, US	<b>7</b> Amount of contribution (\$)  37.00
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Victoria Home Health
Date  06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celine Silva ..... Contributor address; City; State; Zip Code 729 Colchester dr, El Paso, Texas, 79912, US	Amount of contribution (\$)  20.91
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Gadsden district
Date  06/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar Bulloch ..... Contributor address; City; State; Zip Code 5942 Alta Mesa, San Diego, California, 92115, US	Amount of contribution (\$)  103.30
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Borrego Health
Date  06/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eva A. Ross ..... Contributor address; City; State; Zip Code 4011 Santa Ana Dr., El Paso, Texas, 79902, US	Amount of contribution (\$)  40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) N/A

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<b>4</b> Date  06/10/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel G. Sanchez and Rebecca Sanchez ..... <b>6</b> Contributor address; City; State; Zip Code 801 Winter Dr., El Paso, Texas, 79902, US	<b>7</b> Amount of contribution (\$)  50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Octavio Corral ..... <b>Contributor address;</b> City; State; Zip Code 441 Stonebluff Rd., El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b> Producer		<b>Employer (See Instructions)</b> N/A
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Corral ..... <b>Contributor address;</b> City; State; Zip Code 5746 Mira Grande Dr, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  38.41
<b>Principal occupation / Job title (See Instructions)</b> Producer		<b>Employer (See Instructions)</b> MindWarp Films, LLC
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Allen ..... <b>Contributor address;</b> City; State; Zip Code 1011 kelly way, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  515.24
<b>Principal occupation / Job title (See Instructions)</b> Hospitality		<b>Employer (See Instructions)</b> Self

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<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  06/10/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicky Villarreal <hr/> <b>6</b> Contributor address; City; State; Zip Code 5720 Diamond Point, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$)  15.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) Professor in MX
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Elena Pando <hr/> <b>Contributor address; City; State; Zip Code</b> 515 Tawny Oaks Pl, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  37.00
<b>Principal occupation / Job title (See Instructions)</b> Server		<b>Employer (See Instructions)</b> Buttersmiths
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise Reyes <hr/> <b>Contributor address; City; State; Zip Code</b> 5228 Captistrano Dr, El Paso, Texas, 79924, US	<b>Amount of contribution (\$)</b>  38.41
<b>Principal occupation / Job title (See Instructions)</b> Marketing		<b>Employer (See Instructions)</b> Ghostlight Creative

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<b>4</b> Date  06/10/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Ward <hr/> <b>6</b> Contributor address; City; State; Zip Code 309 Vista Del Rey Dr, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions) Restaurant Owner		<b>9</b> Employer (See Instructions) Self
<b>Date</b>  06/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Celine Silva <hr/> <b>Contributor address; City; State; Zip Code</b> 729 Colchester dr, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  82.70
<b>Principal occupation / Job title (See Instructions)</b> Nurse		<b>Employer (See Instructions)</b> Gadsden district
<b>Date</b>  06/12/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) PAULA MILLS <hr/> <b>Contributor address; City; State; Zip Code</b> 406 Mill Place Ct., Sugar Land, Texas, 77498, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>  06/13/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilian Salcido Carter C White <hr/> <b>Contributor address; City; State; Zip Code</b> 6001 Dimm Way, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  137.00
<b>Principal occupation / Job title (See Instructions)</b> Law Professor		<b>Employer (See Instructions)</b> N/A

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<b>4</b> Date  06/13/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia De la Rosa <hr/> <b>6</b> Contributor address; City; State; Zip Code 1720 Mitchell Jones Dr, El Paso, Texas, 79936, US	<b>7</b> Amount of contribution (\$)  37.00
<b>8</b> Principal occupation / Job title (See Instructions) Wealth Manager		<b>9</b> Employer (See Instructions) Strategic Wealth
<b>Date</b>  06/13/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Alvarez <hr/> <b>Contributor address; City; State; Zip Code</b> 3910 N Stanton St, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  37.00
<b>Principal occupation / Job title (See Instructions)</b> Creative Director		<b>Employer (See Instructions)</b> Hello Amigo
<b>Date</b>  06/15/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Schilling <hr/> <b>Contributor address; City; State; Zip Code</b> 337 Kitt Rd, El Paso, Texas, 79915, US	<b>Amount of contribution (\$)</b>  38.41
<b>Principal occupation / Job title (See Instructions)</b> Development Coordinator		<b>Employer (See Instructions)</b> El Paso Holocaust Museum
<b>Date</b>  06/21/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuel Kligman <hr/> <b>Contributor address; City; State; Zip Code</b> 221 Avenida Mirador, Santa Teresa, New Mexico, 88008, US	<b>Amount of contribution (\$)</b>  3.00
<b>Principal occupation / Job title (See Instructions)</b> Tutor		<b>Employer (See Instructions)</b> Mathnasium of El Paso

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# SCHEDULE A1

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/22/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarisa Ramirez ..... <b>6</b> Contributor address; City; State; Zip Code 405 Cincinnati Avenue, El Paso, Texas, 79902, US	<b>7</b> Amount of contribution (\$) 51.80
<b>8</b> Principal occupation / Job title (See Instructions) Editor		<b>9</b> Employer (See Instructions) Slack/Salsesforce
Date 06/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Ellen Banks ..... Contributor address; City; State; Zip Code 46 SUN POINT LN, El Paso, Texas, 79912, US	Amount of contribution (\$) 51.80
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Diversified Interiors of El Paso, Inc.
Date 06/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarlett Mercer ..... Contributor address; City; State; Zip Code 1308 Cincinnati Avenue, El Paso, Texas, 79902, US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) DEN Property Group El Paso
Date 06/29/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Casey ..... Contributor address; City; State; Zip Code 1601 Rim Rd, El Paso, Texas, 79902, US	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Microsoft
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  06/29/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa GL <hr/> <b>6</b> Contributor address; City; State; Zip Code 513 Russett, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$)  250.00
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Higher Education
<b>Date</b>  06/29/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Conroy <hr/> <b>Contributor address; City; State; Zip Code</b> 1021 E. Baltimore Dr, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b> AVP		<b>Employer (See Instructions)</b> WestStar
<b>Date</b>  06/29/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassie Flores <hr/> <b>Contributor address; City; State; Zip Code</b> 3821 Sunrise, El Paso, Texas, 79924, US	<b>Amount of contribution (\$)</b>  250.00
<b>Principal occupation / Job title (See Instructions)</b> Marketing		<b>Employer (See Instructions)</b> EP Water
<b>Date</b>  06/29/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Aguilar <hr/> <b>Contributor address; City; State; Zip Code</b> 130 Montecillo BLVD, Apt 1214, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  257.78
<b>Principal occupation / Job title (See Instructions)</b> Marketing Director		<b>Employer (See Instructions)</b> Lauterbach, Borschow & Co.

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/29/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca DelaRosa ..... <b>6</b> Contributor address; City; State; Zip Code P.O.Box 723, Immokalee, Florida, 34143, US	<b>7</b> Amount of contribution (\$) 103.30
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Self Employed Creative Kids		N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea C. Gates and Stephen Ingle ..... <b>Contributor address; City; State; Zip Code</b> 2940 Piedmont, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b> 200.00
<b>Principal occupation / Job title (See Instructions)</b> Self Employed Creative Kids		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann C Gates John D Gates ..... <b>Contributor address; City; State; Zip Code</b> 708 Blacker, El Paso, Texas, 79902, US	<b>Amount of contribution (\$)</b> 50.00
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Francis ..... <b>Contributor address; City; State; Zip Code</b> 500 N. Mesa, El Paso, Texas, 79901, US	<b>Amount of contribution (\$)</b> 2500.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> N/A

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy and Steve Fox ..... <b>6</b> Contributor address; City; State; Zip Code 4789 Sol de Alma, El Paso, Texas, 79922, US	<b>7</b> Amount of contribution (\$)  1000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Retired		N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Briones ..... <b>Contributor address; City; State; Zip Code</b> 394 30th Ave., San Francisco, California, 94121-1705, US	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
Retired		N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Krasne ..... <b>Contributor address; City; State; Zip Code</b> 800 River Oaks Dr., El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
HR Alamo Auto Supply		N/A
<b>Date</b> 06/30/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Melendrez ..... <b>Contributor address; City; State; Zip Code</b> 6832 Imperial Ridge, El Paso, Texas, 79912, US	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
Retired		N/A

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 27
<b>2</b> FILER NAME Analisa Cordova Silverstein		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Melendrez ..... <b>6</b> Contributor address; City; State; Zip Code 6832 Imperial Ridge, El Paso, Texas, 79912, US	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert and Liz Cordova ..... Contributor address; City; State; Zip Code 3023 Copper Ave, El Paso, Texas, 79902, US	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris CORDOVA ..... Contributor address; City; State; Zip Code 815 W. Slaughter Ln, #106, AUSTIN, Texas, 78748, US	Amount of contribution (\$) 206.28
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) VHS Texas
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Contributor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description  ..... Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address;                      City;                      State;                      Zip Code	Amount of Contribution \$	In-kind contribution description  ..... Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Contributor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description  ..... Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>	<b>Amount of Contribution \$</b>	<b>In-kind contribution description</b>  ..... Check if travel outside of Texas. Complete Schedule T.
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... <b>7</b> Contributor address;                      City;                      State;                      Zip Code	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description  ..... Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address;                      City;                      State;                      Zip Code	Amount of Contribution \$	In-kind contribution description  ..... Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B**

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>7</b> Pledgor address; City; State; Zip Code	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description ..... Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description ..... Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description ..... Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description ..... Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y      N	<b>8</b> Lender address;                      City;                      State;      Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral  none		<b>15</b> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address;                      City;                      State;      Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y      N	Lender address;                      City;                      State;      Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;                      City;                      State;      Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/09/2022	<b>5</b> Payee name City of El Paso	
<b>6</b> Amount (\$) 76.00	<b>7</b> Payee address; City; State; Zip Code 300 N. Campbell, El Paso, Texas, 79901, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Park Permit for Kids Day Event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/14/2022	Payee name Sticker Mule	
Amount (\$) 29.00	Payee address; City; State; Zip Code 411 Lafayette Street 6th Floor, New York, New York, 10003, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Custom 3x3 Circle Stickers
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/14/2022	Payee name Smiling Faces	
Amount (\$) 55.00	Payee address; City; State; Zip Code 4800 N Stanton, El Paso, Texas, 79902, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Face Painting for Kids Event Deposit
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/18/2022	<b>5</b> Payee name 48 Hour Print.com	
<b>6</b> Amount (\$) 152.87	<b>7</b> Payee address; City; State; Zip Code 8000 Haskell Ave., Van Nuys, California, 91406, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Retractable Banners
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/18/2022	Payee name Mailchimp	
Amount (\$) 11.73	Payee address; City; State; Zip Code The Rocket Science Group, LLC 675 Ponce De Leon Ave NE Suite 5000, Atlanta, Georgia, 30308, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Monthly Subscription
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/18/2022	Payee name Sticker Mule	
Amount (\$) 92.88	Payee address; City; State; Zip Code 411 Lafayette Street 6th Floor, New York, New York, 10003, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 2.25" Round Buttons
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2022	<b>5</b> Payee name Smiling Faces	
<b>6</b> Amount (\$) 185.00	<b>7</b> Payee address; City; State; Zip Code 4800 N Stanton, El Paso, Texas, 79902, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Face Painting for Kids Event
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/24/2022	Payee name Dollar Tree	
Amount (\$) 60.98	Payee address; City; State; Zip Code 6351 South Desert BLvd. Building A, Suite 202, El Paso, Texas, 79932, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Items for fundraiser and kids event- pens, stickers, frames, boxes, crayons, Foam Board, Tissue, Antibacterial.
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/25/2022	Payee name Academy Sports	
Amount (\$) 127.01	Payee address; City; State; Zip Code Northwest El Paso 801 S Mesa Hills Dr, El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description 10 x10 Tent, Tent shade, Tent weights
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2022	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 13.26	<b>7</b> Payee address; City; State; Zip Code 7831 Paso del Norte, El Paso, Texas, 79911, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Masks, Sanitizer, Clipboards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/26/2022	Payee name Postal Annex	
Amount (\$) 13.00	Payee address; City; State; Zip Code 910 K E. Redd Rd., El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Stamps
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/26/2022	Payee name Everlasting Impressions	
Amount (\$) 100.00	Payee address; City; State; Zip Code 14328 Spanish Point, El Paso, Texas, 79938, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Balloons for Kickoff Event
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/27/2022	<b>5</b> Payee name Square Inc.	
<b>6</b> Amount (\$) 1.85	<b>7</b> Payee address; City; State; Zip Code 1455 MARKET STREET, 8TH FLOOR, San Francisco, California, 94103, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Electronic payment Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/28/2022	Payee name Office Depot	
Amount (\$) 66.11	Payee address; City; State; Zip Code Sunland Plaza, 801 Sunland Park Dr, El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Money box, nametags, volunteer badges
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 04/28/2022	Payee name Target	
Amount (\$) 82.55	Payee address; City; State; Zip Code Sunland Plaza, 801 Sunland Park Dr, El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description 2 tables, 1 cooler, Waters
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2022	<b>5</b> Payee name Zlota Media	
<b>6</b> Amount (\$) 1800.00	<b>7</b> Payee address; City; State; Zip Code 923 McKelligon, El Paso, Texas, 79902, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting Political Campaign
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 05/10/2022	Payee name E Custom Wear Inc.	
Amount (\$) 644.98	Payee address; City; State; Zip Code 535 Kent Ave Suite 509, Brooklyn, New York, 11249, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Custom Printed Bella + Canvas Unisex Jersey Tee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 05/12/2022	Payee name Texas Democratic Party Austin, TX	
Amount (\$) 405.00	Payee address; City; State; Zip Code 1311 E 6th St #B, Austin, Texas, 78702, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description VAN Texas Voter File
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/14/2022	<b>5</b> Payee name Tovar Printing Inc.	
<b>6</b> Amount (\$) 1159.17	<b>7</b> Payee address; City; State; Zip Code 1230 Texas Ave, El Paso, Texas, 79901, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Post cards, mailing, business cards, posters, cards, envelopes, banners, stickers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/18/2022	Candidate / Officeholder name Office sought Office held	
Date 05/18/2022	Payee name Mailchimp	
Amount (\$) 11.73	Payee address; City; State; Zip Code The Rocket Science Group, LLC 675 Ponce De Leon Ave NE Suite 5000, Atlanta, Georgia, 30308, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Monthly Subscription
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date 05/18/2022	Candidate / Officeholder name Office sought Office held	
Date 05/18/2022	Payee name Ale Saldaña Photography	
Amount (\$) 500.00	Payee address; City; State; Zip Code 5017 Timberwolf Dr., El Paso, Texas, 79903, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Kickoff and Kids Day Rally Photographs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/25/2022	<b>5</b> Payee name Postal Annex	
<b>6</b> Amount (\$) 39.00	<b>7</b> Payee address; City; State; Zip Code 910 K E. Redd Rd., El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description Stamps
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 05/31/2022	Payee name GECU	
Amount (\$) 1.00	Payee address; City; State; Zip Code 7227 Viscount Blvd., El Paso, Texas, 79925, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Mailed Statement Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 05/31/2022	Payee name Zlota Media	
Amount (\$) 1800.00	Payee address; City; State; Zip Code 923 McKelligon, El Paso, Texas, 79902, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Political Campaign
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/08/2022	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 10.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California, 94025 -1456, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Birthday Digital Campaign Ad
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/08/2022	Candidate / Officeholder name Office sought Office held	
Date 06/08/2022	Payee name Facebook	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California, 94025 -1456, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Birthday Digital Campaign Ad
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2022	Candidate / Officeholder name Office sought Office held	
Date 06/09/2022	Payee name Facebook	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California, 94025 -1456, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Birthday Digital Campaign Ad
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/09/2022	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 16.11	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California, 94025 -1456, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Birthday Digital Campaign Ad
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/09/2022	Payee name QR Generator	
Amount (\$) 130.64	Payee address; City; State; Zip Code Egoditor GmbH, Am Lenkwerk 13, Bielefeld, North Rhine-Westphalia, 33609, DE	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description QR Code Liscence Ownership
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/10/2022	Payee name Party City	
Amount (\$) 45.25	Payee address; City; State; Zip Code 655 Sunland Park Dr, El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Balloons
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/14/2022	<b>5</b> Payee name Rotary Club West El Paso Foundation	
<b>6</b> Amount (\$) 40.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 13164, El Paso, Texas, 79913, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Parade Entry
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/15/2022	Payee name Hobby Lobby	
Amount (\$) 52.94	Payee address; City; State; Zip Code 7707 SW 44th St, Oklahoma City, Oklahoma, 73179, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Online Purchase of child T-shirts and Bandanas
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/15/2022	Payee name Facebook	
Amount (\$) 91.53	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, California, 94025 -1456, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Birthday Digital Campaign Ad
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/16/2022	<b>5</b> Payee name Michelle Flores	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 301 Dream Spirit, Santa Teresa, New Mexico, 88008, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Campaign Exec. Assistant
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/18/2022	Candidate / Officeholder name Office sought Office held	
Date 06/18/2022	Payee name Mailchimp	
Amount (\$) 11.73	Payee address; City; State; Zip Code The Rocket Science Group, LLC 675 Ponce De Leon Ave NE Suite 5000, Atlanta, Georgia, 30308, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Monthly Subscription
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/20/2022	Candidate / Officeholder name Office sought Office held	
Date 06/20/2022	Payee name Mailchimp	
Amount (\$) 11.73	Payee address; City; State; Zip Code The Rocket Science Group, LLC 675 Ponce De Leon Ave NE Suite 5000, Atlanta, Georgia, 30308, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Monthly Subscription
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/21/2022	<b>5</b> Payee name Louise Reyes	
<b>6</b> Amount (\$) 360.00	<b>7</b> Payee address; City; State; Zip Code 5228 Capistrano Dr., El Paso, Texas, 79924, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description Campaign Comm. Assistant
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/21/2022	Candidate / Officeholder name Michelle Flores	
Amount (\$) 444.00	Office sought Office held	
Date 06/21/2022	Payee name Michelle Flores	
Amount (\$) 444.00	Payee address; City; State; Zip Code 301 Dream Spirit, Santa Teresa, New Mexico, 88008, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign Exec. Assistant
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/22/2022	Candidate / Officeholder name Proper Print Shop	
Amount (\$) 249.23	Office sought Office held	
Date 06/22/2022	Payee name Proper Print Shop	
Amount (\$) 249.23	Payee address; City; State; Zip Code 1120 Yandell Drive, El Paso, Texas, 79902, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Screen Printing Bandanas and Kids Shirts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/22/2022	<b>5</b> Payee name Harland Clark Check Order	
<b>6</b> Amount (\$) 29.40	<b>7</b> Payee address; City; State; Zip Code 15955 La Cantera Parkway, San Antonio, Texas, 78256, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Book of Checks
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/23/2022	Payee name Postal Annex	
Amount (\$) 60.00	Payee address; City; State; Zip Code 910 K E. Redd Rd., El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description 3 month postal box payment
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/23/2022	Payee name Hobby Lobby	
Amount (\$) 25.25	Payee address; City; State; Zip Code 7707 SW 44th St, Oklahoma City, Oklahoma, 73179, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 1 kid shirt and decorations for 4th of July Parade
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/25/2022	<b>5</b> Payee name Empire	
<b>6</b> Amount (\$) 6.47	<b>7</b> Payee address; City; State; Zip Code 850 REDD RD, El Paso, Texas, 79912, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Ice for blockwalking cooler
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/29/2022	Payee name Louise Reyes	
Amount (\$) 360.00	Payee address; City; State; Zip Code 5228 Capistrano Dr., El Paso, Texas, 79924, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign Comm. Assistant
	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
Date 06/29/2022	Payee name Michelle Flores	
Amount (\$) 544.00	Payee address; City; State; Zip Code 301 Dream Spirit, Santa Teresa, New Mexico, 88008, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign Exec. Assistant
	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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2022	<b>5</b> Payee name GECU	
<b>6</b> Amount (\$) 1.00	<b>7</b> Payee address; City; State; Zip Code 7227 Viscount Blvd., El Paso, Texas, 79925, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Mailed Statement Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/30/2022	Payee name Rotary Club West El Paso Foundation	
Amount (\$) 150.00	Payee address; City; State; Zip Code P.O. Box 13164, El Paso, Texas, 79913, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Parade 1/8 Ad
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 06/30/2022	Payee name Square	
Amount (\$) 6.60	Payee address; City; State; Zip Code 1455 Market Street, Suite 600, San Francisco, California, 94103, US	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Credit card processing fees.
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 17	<b>2</b> FILER NAME Analisa Cordova Silverstein	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/30/2022	<b>5</b> Payee name Stripe	
<b>6</b> Amount (\$) 370.15	<b>7</b> Payee address; City; State; Zip Code 185 Berry Street, Suite 550, San Francisco, California, 94107, US	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Credit card processing fees.
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	Political	Non-Political
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	..... <b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> 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 (\$)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b>
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address;	City; State; Zip Code
<b>9</b> TYPE OF EXPENDITURE	Political	Non-Political
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

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

## SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
----------------------	-------------------------	------	-------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
-------------------------------------------	-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

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

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------

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

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------

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

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

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------

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

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

## SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
	..... <b>6</b> Address of person from whom amount is received;    City;            State;    Zip Code	
	<b>7</b> Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	
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 <span style="float: right;">Check if political contribution returned to filer</span>	
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 <span style="float: right;">Check if political contribution returned to filer</span>	
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 <span style="float: right;">Check if political contribution returned to filer</span>	

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

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

## SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on:		
Schedule A2	Schedule B	Schedule B(J)
Schedule F2	Schedule F4	Schedule G
Schedule C2	Schedule H	Schedule D
Schedule COH-UC	Schedule F1	Schedule B-SS
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
Schedule A2	Schedule B	Schedule B(J)
Schedule F2	Schedule F4	Schedule G
Schedule C2	Schedule H	Schedule D
Schedule COH-UC	Schedule F1	Schedule B-SS
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
Schedule A2	Schedule B	Schedule B(J)
Schedule F2	Schedule F4	Schedule G
Schedule C2	Schedule H	Schedule D
Schedule COH-UC	Schedule F1	Schedule B-SS
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

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

I acknowledge I am electronically signing here  
or leaving this blank if it does not apply to me.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

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

#### A. CAMPAIGN FUNDS

Check only one:

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

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

#### B. ASSETS

Check only one:

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

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

I acknowledge I am electronically signing here  
or leaving this blank if it does not apply to me.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

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

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

I acknowledge I am electronically signing here  
or leaving this blank if it does not apply to me.

\_\_\_\_\_  
Signature of Officeholder