CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; (CITY; STATE; ZIP CODE	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
				Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
,	AREA CODE		EVTENSION	
8 CAMPAIGN TREASURER PHONE		PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month /	Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DA	ТЕ	ELECTION TYPE	Ē
	Month Day	Year Primary	Runoff Other Description	
		General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	acknowledge I am electronically signing here leaving this blank if it does not apply to me.	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>/</i> :
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this date	, to certify which,
witness my hand and seal Diana Nun		
Signature of officer administ	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	, and my date of birth is	
My address is		
Eve entred in		state) (zip code) (country)
Executed In	County, State of, on the day of (month	n), 20 (year)
	Signature of Candio	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Comm				
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.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

SCHEDULE A1

The	Instruction Guide explains how to co	omplete this	form.		1 Total pages Schedule A1: 27
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Julia Prieto				
04/19/2022		City;		Zip Code	200.00
	86 South Oxford St. Apt 2, Brooklyn, New	York, 11217,	US		
9 Dringinglaggy	vention / Job title (See Instructions)		0 F amilar		(
8 Principal occu Chief Operatin	ipation / Job title (See Instructions)		9 Employ DonorsC	er (See Instruc Choose	aons)
			20110100		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Steven Randazzo				
04/19/2022	Contributor address;	 City;	State; 2	 Zip Code	100.00
	914 Summer Trail, Flower Mound, Texas, 7	75028 115			
		, 3020, 00			
Principal occup	pation / Job title (See Instructions)			er (See Instruc	tions)
Associate Dire	ctor		Harvard	University	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Karyna Vargas			,	
					100.00
04/19/2022		City;		Zip Code	100.00
	3965 Appaloosa Dr, Santa Teresa, New M	1exico, 88008	, 05		
Principal occu	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(10#))	Amount of contribution (\$)
	Clarisa Ramirez	du-or-state FAC	(ID#)	
04/19/2022	Contributor address; C	City;	State; Z	.ip Code	50.00
	405 Cincinnati Avenue, El Paso, Texas, 79	9902, US			
Principal occu	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Editor			Slack/Sa	alsesforce	
	ATTACH ADDITIONA				
	If contributor is out-of-state PAC, plea	ise see Instru	uction guide	for additional	reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	ilverstein		
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
	Christopher Olivares		
04/19/2022	6 Contributor address; City;	State; Zip Code	1030.18
	386 Morning Star Dr, El Paso, Texas, 79912, US		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instrue	ctions)
Urologist		Rio Grande Urology	
Date		PAC (ID#:)	Amount of contribution (\$)
	Paola Gallegos		
04/19/2022	Contributor address; City;	State; Zip Code	103.30
	209 W Rio Grande Ave, El Paso, Texas, 79902, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Associate		RJL Real Estate Consul	tants
Date	Full name of contributor Out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Ernest Eisenberg		
04/19/2022	Contributor address; City;	State; Zip Code	250.00
	9213 Prince Charles, Austin, Texas, 78730, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Exec		AFIC	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
		PAC (ID#)	
	Robert A Olivares MD		
04/20/2022	Contributor address; City;	State; Zip Code	515.24
	5913 Quinta Real Ct, El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	ctions)
	ATTACH ADDITIONAL COPIE		
	If contributor is out-of-state PAC, please see Ins	struction guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein		
4 Date	5 Full name of contributor	f-state PAC (ID#:)	7 Amount of contribution (\$)
	Brandi Ribecky	,	
04/22/2022	6 Contributor address; City	; State; Zip Code	10.61
	740 Kimberly Apt 201, Lake Orion, Michigan,	48462, US	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	tions)
Inside Sales		Sumitomo Wiring Syste	ms USA
Date		f-state PAC (ID#:)	Amount of contribution (\$)
	Paige Fox		
04/23/2022	Contributor address; City		515.24
	1106 Kelly Way, El Paso, Texas, 79902, US		
	·····, ····, ····, ····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ···, ··, ···, ···, ···, ··, ···, ···, ··, ···, ··, ···, ···, ··, ···, ···, ··, ···, ···, ··, ··, ···, ··, ··, ···, ·	1	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Sales		Fox auto	
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)
	Ariana Guerrero		
04/23/2022	Contributor address; City;	; State; Zip Code	103.30
	4449 Lazy Willow Dr, El Paso, Texas, 79922,	US	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	tions)
Engineer		NASA	
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)
	Robert Olivares		
04/25/2022	Contributor address; City;		257.78
	1259 Franklin Perch PI, El Paso, Texas, 7991:	2 115	
		·	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Anesthesiolog	st	Anesthesia Associates	of El Paso
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please s	see Instruction guide for additional	reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein		
4 Date			
4 Date		C (ID#:)	7 Amount of contribution (\$)
	Teresa Feinberg		
04/26/2022	6 Contributor address; City;	State; Zip Code	103.30
	701 Blanchard, El Paso, Texas, 79902, US		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	
	Melody Parra	//	Amount of contribution (\$)
04/26/2022	Contributor address; City;	State; Zip Code	26.06
	5412 Joe Herrera, El Paso, Texas, 79924, US		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Call Center Pa	tient Specialist	Denton County Public H	ealth
		1	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Bryan Wierson		
04/26/2022	Contributor address; City;	State; Zip Code	257.78
04/20/2022		,p	
	1725 Land Rush St., El Paso, Texas, 79911, US		
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Accountant		Wierson CPA	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Carlos Corral		
04/26/2022	Contributor address; City;	State; Zip Code	103.30
	5746 Mira Grande Dr, El Paso, Texas, 79912, US		
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Producer Sou	Ind Mixer	MindWarp Films, LLC	
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	ruction guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

SCHEDULE A1

The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein		
4 Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)
	Raul Garcia		
0.4/00/0000			
04/26/2022	6 Contributor address; City;	State; Zip Code	25.00
	7393 Golden Sage Dr., El Paso, Texas, 79911, US		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Lawyer		Helen of Troy	
	Full name of contributor		
Date		PAC (ID#:)	Amount of contribution (\$)
	Daniel Collins		
04/26/2022	Contributor address; City;	State; Zip Code	103.30
	7393 Golden Sage Dr., El Paso, Texas, 79911, US		
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Attorney		County of El Padi	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Jourdan Norman		
04/26/2022	Contributor address; City;	State; Zip Code	26.06
	822 Prospect St., El Paso, Texas, 79902, US		
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Program Mana	ager	UMC	
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
	Lisa Chavira		
04/26/2022	Contributor address; City;	State; Zip Code	103.30
	4936 Vista grande, El Paso, Texas, 79922, US		
	_		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Graphic Desig	ner	Hello Amigo	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS I	NEEDED
	If contributor is out-of-state PAC, please see Ins		

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein		
4 Date	5 Full name of contributor out-of-state P. Armando Alvarez	AC (ID#:)	7 Amount of contribution (\$)
04/27/2022	6 Contributor address; City; 3910 N Stanton St, El Paso, Texas, 79902, US	State; Zip Code	257.78
8 Principal occu Creative Direc	upation / Job title (See Instructions)	9 Employer (See Instruct Hello Amigo	tions)
Date	Full name of contributor Out-of-state P.	AC (ID#:)	Amount of contribution (\$)
04/27/2022	Contributor address; City; 5310 Beaver Lodge, Kingwood, Texas, 77345, US	State; Zip Code	103.30
Principal occu Tax director	pation / Job title (See Instructions)	Employer (See Instruc Enbridge	tions)
Date	Amy Goldfarb	AC (ID#:)	Amount of contribution (\$)
04/27/2022	Contributor address; City; 800 La Mancha Ct, El Paso, Texas, 79922, US	State; Zip Code	103.30
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ltions)
Date	Full name of contributor out-of-state P, Joshua Snider	AC (ID#:)	Amount of contribution (\$)
04/29/2022	Contributor address; City; 453 Borealis Ln, El Paso, Texas, 79912, US	State; Zip Code	1030.18
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruc Gordon Davis Johnson	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Ins	truction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	ilverstein		
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	Richard Overley		
04/30/2022	6 Contributor address; City;	State; Zip Code	103.30
	446 Vin Etienne Dr, Apt 1106, El Paso, Texas, 79912	2, US	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instrue	ctions)
Sales		Smith & Nephew	
Date		AC (ID#:)	Amount of contribution (\$)
	Celine Silva		
04/30/2022	Contributor address; City;	State; Zip Code	103.30
	720 Calabastar dr. El Daga Tayan 70012 LIS	•	
	729 Colchester dr, El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Nurse		Gadsden	
		I	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Kathleen Staudt		
05/02/2022	Contributor address; City;	State; Zip Code	100.00
	7289 Cactus Spine, El Paso, Texas, 79912, US		
	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Retired		N/A	
Date	Full name of contributor		Amount of contribution (f)
Duic		AC (ID#:)	Amount of contribution (\$)
	Dennis McElveen and Ellen Hughes		
05/02/2022	Contributor address; City;	State; Zip Code	100.00
	548 Cross Timbers Ct., El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		N/A	
	ATTACH ADDITIONAL COPIES		NEEDED
	If contributor is out-of-state PAC, please see Ins		

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 27
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein				
4 Date	5 Full name of contributor Josh Razy	out-of-state PAC			7 Amount of contribution (\$)
05/02/2022	 6 Contributor address; 4201 Emory, El Paso, Texas, 7992. 	City;	State;		200.00
8 Principal occu Business Owr	Ipation / Job title (See Instructions) Ner		9 Emplo N/A	oyer (See Instruc	tions)
Date	Full name of contributor Sr. Mary E Buffy Boesen (SL)	out-of-state PAC			Amount of contribution (\$)
05/02/2022	Contributor address; 4108 Hueco, El Paso, Texas, 79903	City; 3, US	State;	Zip Code	25.00
Principal occup Sister of Lorett	pation / Job title (See Instructions)		Emplo N/A	oyer (See Instruc	tions)
Date	Full name of contributor Gilbert Cordova Jr.	out-of-state PAC)	Amount of contribution (\$)
05/02/2022	Contributor address; 3023 Copper Ave., El Paso, Texas,	City; 79930, US	State;	Zip Code	250.00
Principal occu Retired	pation / Job title (See Instructions)		Emplo N/A	oyer (See Instruc	ztions)
Date	Full name of contributor Dr. Jorge Avila, MD	out-of-state PAG			Amount of contribution (\$)
05/02/2022	Contributor address; 1209 Cerrito Perdido, El Paso, Texa	City; as, 79912, US		Zip Code	. 200.00
Principal occu Doctor	pation / Job title (See Instructions)		Emplo N/A	oyer (See Instruc	ztions)
		TIONAL COPIES			
	If contributor is out-of-state PA	, please see Instr	uction guid	te for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.		1 Total pages Schedule A1: 27
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein				
4 Date	5 Full name of contributor Cesar Avila	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
05/02/2022	 6 Contributor address; 1209 Cerrito Perdido, El Paso, Texas 	City;		Zip Code	200.00
8 Principal occu Nurse	pation / Job title (See Instructions)		9 Employ N/A	yer (See Instruc	tions)
Date	Full name of contributor Christopher C. Villa	out-of-state PAC			Amount of contribution (\$)
05/02/2022	Contributor address; 1107 E. Robinson Ave., El Paso, Texa	City;	State;	Zip Code	150.00
Principal occur	bation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Program Evalu			N/A	, (
Date	Ernest and Irma Serna	out-of-state PAC)	Amount of contribution (\$)
05/02/2022	Contributor address;	City;		 Zip Code	500.00
05/02/2022	3038 Federal Ave., El Paso, Texas, 7		,		
Principal occu	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
President Cen	tral Clifornia Flower Growers		N/A		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Eliot G Shapleigh				
05/02/2022	Contributor address;	City;	State;	Zip Code	250.00
	701 N. St. Vrain, El Paso, Texas, 799	02, 05			
Principal occu	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Retired			N/A		
	ATTACH ADDITIC If contributor is out-of-state PAC,				

SCHEDULE A1

The	Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:) 7 Amount of contribution (\$)
	Nancy Laster			
05/02/2022	6 Contributor address;	City;	State; Zip Code	200.00
	1078 Los Jardines Cir., El Paso, Texas,	79912, US		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See In	istructions)
CEO Cultures	ban Marketing		N/A	
Date	Full name of contributor	out-of-state PAC	(ID#:) Amount of contribution (\$)
	Sam and Gayle Belford			
05/02/2022	Contributor address;	City;	State; Zip Code	100.00
	6251 Pino Real Dr., El Paso, Texas, 799	12, US		
Principal occup	bation / Job title (See Instructions)		Employer (See In	structions)
CEO Private Li	ne		N/A	
Date		out-of-state PAC	(ID#:) Amount of contribution (\$)
	Suzette Gappae Bissell Currey			
05/02/2022	Contributor address;	City;	State; Zip Code	100.00
	22 Silver Crest Dr., El Paso, Texas, 7990	02, US		
Principal occu	pation / Job title (See Instructions)		Employer (See Ir	istructions)
Teacher			N/A	
Date	Full name of contributor			
Date		out-of-state PAC	(ID#:) Amount of contribution (\$)
	Lorenza Olivas			
05/02/2022	Contributor address;	City;	State; Zip Code	100.00
4304 Buckingham Dr., El Paso, Texas, 79902, US				
Principal occu	bation / Job title (See Instructions)		Employer (See Ir	Istructions)
Retired			N/A	
	ATTACH ADDITION			ASNEEDED
	If contributor is out-of-state PAC, ple			

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
	Cecilia and Hermes Cervantes) (10#)	· · · · · · · · · · · · · · · · · · ·
05/02/2022	6 Contributor address; City;	State; Zip Code	250.00
	10367 Grant Dr., Eden Prairie, Minnesota, 55347-4863	, US	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Retired		N/A	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Richard Aguilar		
05/02/2022	Contributor address; City;	State; Zip Code	1000.00
		•	1000.00
	444 Executive Center Blvd., El Paso, Texas, 79902, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
CEO		N/A	
		1	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Jane Snow		
05/02/2022	Contributor address; City;	State; Zip Code	206.28
	1063 Los Jardines Cir., El Paso, Texas, 79912, US		
		1	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date			
Date		C (ID#:)	Amount of contribution (\$)
	Hermes Cervantes		
05/03/2022	Contributor address; City;	State; Zip Code	26.06
	540 Mogollon Circle, El Paso, Texas, 79912, US		
		E 1 (0 1 1	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 27	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Analisa Cordova Si	lverstein				
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:) 7 Amount of contribution (\$)	
	Christian and Tess Passero Ottobre	_			
05/17/2022	6 Contributor address;	City;	State; Zip Code	103.30	
	537 La Cantera, El Paso, Texas, 799	12, US			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Ins	tructions)	
Marketing Dire	,		EPCF		
Date	Full name of contributor	out-of-state PAC	; (ID#:	—) Amount of contribution (\$)	
	Robert Beckoff				
05/24/2022	Contributor address;	City;	State; Zip Code	400.00	
	1117 Thunderbird, El Paso, Texas, 79	912, US			
Principal occur	ation / Job title (See Instructions)		Employer (See Ins	ructions)	
			N/A	,	
Date	Full name of contributor	out-of-state PAC	; (ID#:	_) Amount of contribution (\$)	
	Gabriela and Zach Hildenbrand				
05/00/0000	Contributor address:	City	Stata: Zin Cada		
05/28/2022	Contributor address;	City;	State; Zip Code	100.00	
	6361 Franklin Crest, El Paso, Texas,	79912, US			
Principal occup	bation / Job title (See Instructions)		Employer (See Ins	tructions)	
			N/A		
Date	Full name of contributor	out-of-state PAC	: (ID#:	_) Amount of contribution (\$)	
	Miguel Fernandez				
06/02/2022	Contributor address;	City;	State; Zip Code	2000.00	
00/02/2022		0.110		2000.00	
411 Rim Road, El Paso, Texas, 79902, US					
Principal occup	pation / Job title (See Instructions)		Employer (See Ins	tructions)	
Executive			FI?		
			OF THIS SCHEDULE A		
	If contributor is out-of-state PAC,	please see Instr	uction guide for additio	nal reporting requirements.	

SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 27		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Analisa Cordova Si	lverstein				
			-		
4 Date		C (ID#:)	7 Amount of contribution (\$)		
	Ziomara Cervantes				
06/03/2022	6 Contributor address; City;	State; Zip Code	103.30		
00,00,2022		<i>,</i> ,			
	25 Lincoln Ave, Apt 3, Iowa City, Iowa, 52246, US				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Graduate stud	ent	University of Iowa			
Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Jezebel Mathie				
06/04/2022	Contributor address; City;	State; Zip Code	103.30		
	11917 Paseo Festivo Court, El Paso, Texas, 79936, U	S			
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)		
Federal Officer		DHS	,		
	1		1		
Date	Full name of contributor 🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Joshua W. and Martha S. Hunt		(+)		
06/06/2022	Contributor address; City;	State; Zip Code	2000.00		
	1101 E. Baltimore Dr., El Paso, Texas, 79902, US				
Principal occur	 pation / Job title (See Instructions)	Employer (See Instruc	tions)		
		N/A	51013)		
Date	Full name of contributor	0.40	Amount of contribution (f)		
Baio		C (ID#:)	Amount of contribution (\$)		
	Becky Myers				
06/06/2022	Contributor address; City;	State; Zip Code	200.00		
00,00,2022	000 Farant Willow Circle Fl Dage Taura 70000 LIC				
833 Forest Willow Circle, El Paso, Texas, 79922, US					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
		N/A			
	ATTACH ADDITIONAL COPIES				
	If contributor is out-of-state PAC, please see Inst				

SCHEDULE A1

The	e Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 27	
2 FILER NAME	E		3 Filer ID (Ethics Commission Filers)	
Analisa Cordova S	Silverstein			
4 Date	Randall J. Bowling	te PAC (ID#:)	7 Amount of contribution (\$)	
06/06/2022	6 Contributor address; City; 1507 Rim Rd, El Paso, Texas, 79902, US	State; Zip Code	2000.00	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instrue N/A	ttions)	
Date	Full name of contributor out-of-stat Robert L. Bowling IV	e PAC (ID#:)	Amount of contribution (\$)	
06/06/2022	Contributor address; City; 457 San Clemente, El Paso, Texas, 79912, US	State; Zip Code	2000.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc N/A	ctions)	
Date	Full name of contributor 🗌 out-of-stat Woody L. Hunt and Gayle G. Hunt	e PAC (ID#:)	Amount of contribution (\$)	
06/06/2022	Contributor address; City; P.O. Box 12667, El Paso, Texas, 79913, US	State; Zip Code	2000.00	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc N/A	ctions)	
Date	Full name of contributor Gilbert Cordova	te PAC (ID#:)	Amount of contribution (\$)	
06/06/2022	Contributor address; City; 56 Berwick Street, Unit 1, Belmont, Massachusetts	State; Zip Code	103.30	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Financial Administrator Massachusetts Instruction			,	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS I	NEEDED	
	If contributor is out-of-state PAC, please see			

SCHEDULE A1

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein		
4 Date	5 Full name of contributor Out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
	Gilbert Cordova Jr. and Elizabeth S. Cordova		
06/07/2022	6 Contributor address; City;	State; Zip Code	137.00
	3023 Copper Ave, El Paso, Texas, 79930, US		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
		N/A	1
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)
	Ashley Marchena		
06/07/2022	Contributor address; City;	State; Zip Code	37.00
	4233 Park Hill Dr., El Paso, Texas, 79902, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	L ctions)
	· · · · · · · · · · · · · · · · · · ·	N/A	
Date	Full name of contributor Out-of-state P	PAC (ID#:)	Amount of contribution (\$)
	Lisa Chavira		
06/07/2022	Contributor address; City;	State; Zip Code	37.00
	4936 Vista Grande Cir, El Paso, Texas, 79922, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Graphic Desig		Hello Amigo	
			1
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Gina Martinez		
00/07/0000	Contributor address; City;	State; Zip Code	-
06/07/2022			38.41
	704 Centennial, El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	ctions)
Business Dev	elopment	El Paso INc.	
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Ins	truction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to co	mplete this	form.		1 Total pages Schedule A1: 27
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein				
4 Date	5 Full name of contributor	ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Alexis Padilla				
06/07/2022	6 Contributor address; C	City;	State;	Zip Code	100.00
	258 Drury lane, Austin, Texas, 78737, US				
8 Principal occu	pation / Job title (See Instructions)		9 Employ	ver (See Instruc	tions
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Jim and Adrienne Walsh				
06/07/2022	Contributor address; C	City;	State;	Zip Code	51.80
	5832 N Mobile Ave, Chicago, Illinois, 60646	6, US			
Principal occup	pation / Job title (See Instructions)		Employ	/er (See Instruc	tions)
Philanthropic A	Advisor		Mercy H	lome for Boys &	Girls
		I			
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Amy Field				
06/07/2022	Contributor address; C	 City;		Zip Code	38.41
	6309 Franklin Red Drive, El Paso, Texas, 7	79912, US			
Principal occu	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Nurse			Utep		
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
	Laura Tate Goldman				
06/07/2022	Contributor address; C	Sity;	State; 4	Zip Code	100.00
5708 Los Cerritos Dr, EL PASO, Texas, 79912, US					
Principal occu	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Singer			Blue He	eart Records	
	ATTACH ADDITIONAI		OF THIS SO	HEDULFASM	
	If contributor is out-of-state PAC, pleas				

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Taryn Jones		
06/07/2022	6 Contributor address; City;	State; Zip Code	38.41
	520 n Jackson st, Golden, Colorado, 80404, US		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Marketing		Kong	
Date	Full name of contributor	C (ID#:)	Amount of contribution (^c)
2410	Katie and Justin Ozuna	·,	Amount of contribution (\$)
06/07/2022	Contributor address; City;	State; Zip Code	38.41
	23550 Seven Winds, San Antonio, Texas, 78258, US		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	stions)
Social Worker		HCA Healthcare	
		1	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Jonathan Childress		
06/07/2022	Contributor address; City;	State; Zip Code	229.17
	6217 La Posta Dr, El Paso, Texas, 79912, US		
Dringinglaggu		Employer (See Instruc	
Community Ma	pation / Job title (See Instructions)	Employer (See Instruc Microsoft	20015)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Raquel Lintker		
	Contributor address; City;	State; Zip Code	
06/07/2022			103.30
	511 Cedar St, Vandenberg SFB, California, 93437, US		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Parish Coordir	nator	Independent Contractor	
		L	
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	If contributor is out-of-state PAC, please see Instr		

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SCHEDULE A1

The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1: 27			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Analisa Cordova S	ilverstein					
4 Date	5 Full name of contributor	tate PAC (ID#:)	7 Amount of contribution (\$)			
	Amelie Baryla	· (· · ·,				
06/07/2022	6 Contributor address; City;	State; Zip Code	37.00			
	737 Willow Glen, El Paso, Texas, 79922, US					
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
RN		Victoria Home Health				
Date	Full name of contributor	tate PAC (ID#:)				
Date		(ID#)	Amount of contribution (\$)			
06/07/2022	Contributor address; City;	State; Zip Code	20.91			
	729 Colchester dr, El Paso, Texas, 79912, US					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)			
Nurse		Gadsden district				
	1					
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)			
	Edgar Bulloch					
06/07/2022	Contributor address; City;	State; Zip Code	103.30			
	5942 Alta Mesa, San Diego, California, 92115, L	JS				
Dringinglaggy	notion / Joh title (Coo Instructions)	Employer (See Instru				
Physician	pation / Job title (See Instructions)	Employer (See Instruct Borrego Health	cuons)			
	1	Donego nealtín	T			
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)			
	Eva A. Ross	, , , , , , , , , , , , , , , , , , , ,				
	Contributor address; City;	State; Zip Code				
06/10/2022	Contributor address, City,	State, Zip Code	40.00			
	4011 Santa Ana Dr., El Paso, Texas, 79902, US	3				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
		N/A				
		PIES OF THIS SCHEDULE AS I				
	If contributor is out-of-state PAC, please se	e instruction guide for additional	reporting requirements.			

SCHEDULE A1

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein			
4 Date	5 Full name of contributor		(ID#:) 7 Amount of contribution (\$)
	Daniel G. Sanchez and Rebecca Sanch	_	(ID#	
06/10/2022	6 Contributor address;	City;	State; Zip Code	50.00
	801 Winter Dr., El Paso, Texas, 79902,	, US		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instr	luctions
			N/A	
Date	Full name of contributor	out-of-state PAC	(ID#:	
Dute	Octavio Corral		(-/ Amount of contribution (\$)
06/10/2022	Contributor address;	City;	State; Zip Code	100.00
	441 Stonebluff Rd., El Paso, Texas, 799	912, US		
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	uctions)
			N/A	
Date	Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
	Carlos Corral			
06/10/2022	Contributor address;	City;	State; Zip Code	38.41
	5746 Mira Grande Dr, El Paso, Texas,	79912, US		
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	uctions)
Producer			MindWarp Films, LLC	
Date	Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
	Austin Allen			
06/40/2022	Contributor address;	City;	State; Zip Code	515.24
06/10/2022				515.24
	1011 kelly way, El Paso, Texas, 79902,	, US		
Principal occu	pation / Job title (See Instructions)		Employer (See Instr	uctions)
Hospitality			Self	
			OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, p	lease see Instru	uction guide for addition	al reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein		
4 Date	5 Full name of contributor Out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
	Vicky Villarreal		
06/10/2022	6 Contributor address; City;	State; Zip Code	15.00
	5720 Diamond Point, El Paso, Texas, 79912, US		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Professor		Professor in MX	
Date		AC (ID#:)	Amount of contribution (\$)
	Maria Elena Pando		
06/10/2022	Contributor address; City;	State; Zip Code	37.00
	515 Tawny Oaks PI, El Paso, Texas, 79912, US		
		1	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor Out-of-state P	AC (ID#:)	Amount of contribution (\$)
	Louise Reyes	, , ,	
06/10/2022	Contributor address; City;	State; Zip Code	38.41
	5228 Captistrano Dr, El Paso, Texas, 79924, US		
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Server		Buttersmiths	
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Melissa Babina		
06/10/2022	Contributor address; City;	State; Zip Code	103.30
00/10/2022	204 Mariaha Daina Fi Dava Tanan 72040 UD		
	801 Marimba Deive, El Paso, Texas, 79912, US		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Marketing		Ghostlight Creative	
		1	
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	If contributor is out-of-state PAC, please see Ins	truction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete	e this form.	1 Total pages Schedule A1: 27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Analisa Cordova S	ilverstein		
4 Date		ate PAC (ID#:)	7 Amount of contribution (\$)
	James Ward		
06/10/2022	6 Contributor address; City; 309 Vista Del Rey Dr, El Paso, Texas, 79912, US	State; Zip Code	100.00
8 Principal occu Restaurant O	ipation / Job title (See Instructions) wner	9 Employer (See Instrue Self	ctions)
Date	Full name of contributor	ate PAC (ID#:)	
Dale	Celine Silva	ист но (ю <i>я)</i>	Amount of contribution (\$)
06/10/2022	Contributor address; City;	State; Zip Code	82.70
	720 Celeberter dr. El Dece, Texes, 70012 LIS	· •	
	729 Colchester dr, El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	ctions)
Nurse		Gadsden district	
Date	PAULA MILLS	ate PAC (ID#:)	Amount of contribution (\$)
06/12/2022	Contributor address; City;	State; Zip Code	100.00
	406 Mill Place Ct., Sugar Land, Texas, 77498, US	3	
Principal occu	pation / Job title (See Instructions)	Employer (See Instrue	ctions)
	1		1
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Lilian Salcido Carter C White		
06/13/2022	Contributor address; City;	State; Zip Code	137.00
	6001 Dimm Way, El Paso, Texas, 79912, US		
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	L ctions)
Law Professo		N/A	
		PIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see	instruction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Analisa Cordova Si	lverstein					
4 Date	5 Full name of contributor Out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)			
	Claudia De la Rosa	·,				
06/13/2022	6 Contributor address; City;	State; Zip Code	37.00			
	1720 Mitchell Jones Dr, El Paso, Texas, 79936, US					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Wealth Manag	er	Strategic Wealth				
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)			
	Armando Alvarez					
00/40/0000		Otatas Zia Otata				
06/13/2022	Contributor address; City;	State; Zip Code	37.00			
	3910 N Stanton St, El Paso, Texas, 79902, US					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)			
Creative Direct	or	Hello Amigo				
		_				
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)			
	Stephanie Schilling					
06/15/2022	Contributor address; City;	State; Zip Code	38.41			
00/10/2022		,,,				
	337 Kitt Rd, El Paso, Texas, 79915, US					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Development (Coordinator	El Paso Holocaust Museum				
		I				
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)			
	Samuel Kligman					
	Contributor address; City;	State; Zip Code				
06/21/2022			3.00			
221 Avenida Mirador, Santa Teresa, New Mexico, 88008, US						
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)			
Tutor		Mathnasium of El Paso				
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru					
	in contributor is out-or-state FAC, please see Instri	action guide for additional	reporting requirements.			

SCHEDULE A1

The	Instruction Guide explains how to co	omplete this	form.		1 Total pages Schedule A1: 27		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Analisa Cordova S	ilverstein						
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Clarisa Ramirez				7 Amount of contribution (\$)		
06/22/2022	6 Contributor address; (405 Cincinnati Avenue, El Paso, Texas, 75	51.80					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Editor Slack/Salsesforce					tions)		
Date	Lee Ellen Banks	ut-of-state PAC			Amount of contribution (\$)		
06/24/2022 Contributor address; City; State; Zip Code 46 SUN POINT LN, El Paso, Texas, 79912, US					51.80		
Principal occu	 pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)		
CFO				fied Interiors of El	,		
Date	Date Full name of contributor out-of-state PAC (ID#: Scarlett Mercer Scarlett Mercer)	Amount of contribution (\$)			
06/28/2022	Contributor address;	City;	State;	Zip Code	250.00		
00/20/2022	1308 Cincinnati Avenue, El Paso, Texas, 7		,	p =			
Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)		
REALTOR			DEN P	roperty Group El	Paso		
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Jody Casey						
06/29/2022	Contributor address; C	City;	State;	Zip Code	250.00		
	1601 Rim Rd, El Paso, Texas, 79902, US						
Principal occu	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	ptions)		
Sales			Micros	oft			
	ATTACH ADDITIONA If contributor is out-of-state PAC, plea						

SCHEDULE A1

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 27			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Analisa Cordova Si	lverstein					
4 Date						
4 Date		f-state PAC (ID#:)	7 Amount of contribution (\$)			
	Vanessa GL					
06/29/2022	6 Contributor address; City	; State; Zip Code	250.00			
	513 Russett, El Paso, Texas, 79912, US					
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)			
Director		Higher Education				
		L				
Date		f-state PAC (ID#:)	Amount of contribution (\$)			
	Cynthia Conroy					
06/29/2022	Contributor address; City	; State; Zip Code	250.00			
00/20/2022		· · ·	250.00			
	1021 E. Baltimore Dr, El Paso, Texas, 79902,	US				
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)			
AVP		WestStar				
			1			
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)			
	Cassie Flores					
06/29/2022	Contributor address; City;	; State; Zip Code	250.00			
	3821 Sunrise, El Paso, Texas, 79924, US					
Principal occur	pation / Job title (See Instructions)	Employer (See Instru	ctions)			
Marketing		EP Water	51013)			
			1			
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)			
		I-State PAC (ID#)	Amount of contribution (\$)			
	Vanessa Aguilar					
06/29/2022	Contributor address; City;	State; Zip Code	257.78			
	130 Montecillo BLVD, Apt 1214, El Paso, Tex	(as 79912 US				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)			
Marketing Director		Lauterbach, Borschow a	Lauterbach, Borschow & Co.			
		OPIES OF THIS SCHEDULE AS				
	If contributor is out-of-state PAC, please s	see Instruction guide for additional	reporting requirements.			

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 27
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	Iverstein			
4 Date 5 Full name of contributor <pre> out-of-state PAC (ID#:) Blanca DelaRosa </pre>				7 Amount of contribution (\$)
06/29/2022	 6 Contributor address; P.O.Box 723, Immokalee, Florida, 341 	103.30		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Andrea C. Gates and Stephen Ingle	_	: (ID#:)	Amount of contribution (\$)
06/30/2022 Contributor address; City; State; Zip Code 2940 Piedmont, El Paso, Texas, 79902, US				200.00
Principal occup	bation / Job title (See Instructions)		Employer (See Instru	ctions)
Self EMployed	Creative Kids		N/A	
Date Full name of contributor 🗌 out-of-state PAC (ID#:			Amount of contribution (\$)	
06/30/2022	Contributor address; 708 Blacker, El Paso, Texas, 79902, U	City; JS	State; Zip Code	50.00
Principal occuj Professor	pation / Job title (See Instructions)		Employer (See Instru N/A	ctions)
Date	Full name of contributor Rick Francis	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
06/30/2022 Contributor address; City; State; Zip Code 500 N. Mesa, El Paso, Texas, 79901, US				
Principal occup CEO	bation / Job title (See Instructions)		Employer (See Instru N/A	ctions)
			OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC,	please see Instri	uction guide for additional	reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to	complete this	form.		1 Total pages Schedule A1: 27		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Analisa Cordova S	Silverstein						
4 Date	5 Full name of contributor)	7 Amount of contribution (\$)				
	Nancy and Steve Fox			/			
06/30/2022	6 Contributor address;	City;	State;	Zip Code	1000.00		
	4789 Sol de Alma, El Paso, Texas, 799	22, US					
8 Principal occ	upation / Job title (See Instructions)	oyer (See Instruc	tions)				
Date	Full name of contributor] out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
Duto	Francisco Briones			,	Amount of contribution (\$)		
06/30/2022	Contributor address;	City;	State;	Zip Code	50.00		
	394 30th Ave., San Francisco, California	a, 94121-1705, I	US				
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)		
Retired			N/A				
Data	Full name of contributor			, ,			
Date		out-of-state PAC	, (ID#:)	Amount of contribution (\$)		
	Robin Krasne						
06/30/2022	Contributor address;	City;	State;	Zip Code	100.00		
	800 River Oaks Dr., El Paso, Texas, 79	912, US					
Principal occu	pation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)		
HR Alamo Au	to Supply		N/A				
Date	Full name of contributor	out-of-state PAC	: (ID#·)	Amount of contribution (\$)		
	Susan Melendrez			/			
	Contributor address;	Citur	 Stata:	Zip Code			
06/30/2022	Contributor address,	City;	State,	Zip Code	100.00		
	6832 Imperial Ridge, El Paso, Texas, 79912, US						
Principal occu	upation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)		
Retired			N/A				
	If contributor is out-of-state PAC, pl	iease see instri	uction guid	e for additional	reporting requirements.		

SCHEDULE A1

The	Instruction Guide explains how to o	complete this	form.		1 Total pages Schedule A1: 27
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Analisa Cordova Si	lverstein				
4 Date 5 Full name of contributor out-of-state PAC (ID#:					7 Amount of contribution (\$)
	Susan Melendrez				
00/00/0000	6 Contributor address;		Stata:		100.00
06/30/2022		City;	State;	Zip Code	100.00
	6832 Imperial Ridge, El Paso, Texas, 79	<i>)</i> 912, US			
8 Principal occu	pation / Job title (See Instructions)		9 Employ	yer (See Instruc	tions)
Retired			N/A		
	Full name of contributor		(ID#)	,	
Date	Gilbert and Liz Cordova	out-of-state PAC	(ID#:)	Amount of contribution (\$)
06/30/2022	Contributor address;	City;	State;	Zip Code	100.00
	3023 Copper Ave, El Paso, Texas, 79902	2, US			
Drin sin stars and					filmer N
	pation / Job title (See Instructions)		Employ N/A	yer (See Instruc	tions)
Retired	1				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Chris CORDOVA					
06/30/2022	Contributor address;	City;	State;	Zip Code	206.28
	815 W. Slaughter Ln, #106, AUSTIN, Te	xas, 78748, US	;		
Principal occur	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
Salesman			VHS Texas		
Date	Full name of contributor] out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State:	 Zip Code	
	,	y ,	,		
Principal occup	pation / Job title (See Instructions)		Employ	yer (See Instruc	tions)
	ATTACH ADDITION If contributor is out-of-state PAC, ple				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TI	he Instruction Guide explains how to complete this for	1 Total pages Schedu	ule A2:		
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;				
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIA	de of Texas. Complete Schedule T.	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;				
			Check if travel outsid	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi			g requirements.	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains how to	complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF	UNITEMIZED PLEDGES			\$	
5	Date		of pledgor out-of-state PAC (ID#:)			9 In-kind contribution description
		7 Pledgor address; City	Check if travel outs	 . ide of Texas. Complete Schedule T.		
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See		de of lexas. complete ochedule 1.
	,					
	Date	Full name of pledgor 🗌 out-of-	state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
				e; Zip Code		 .
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	Date		state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City		e; Zip Code		
						ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)		Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-	state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City	/; State;	Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)		Employer (See	Instructions)	
	lf	ATTACH ADDITIO			-	requirements.

SCHEDULE E

	The Instruction Guide explains how to complete this form.						1 Total pages Schedule E:
2	2 FILER NAME						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS							\$
5	5 Date of Ioan 7 Name of lender Out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6	ls lender a financial Institution?	a financial			Zip Code	10 Interest rate	
	Y N						11 Maturity date
12	12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)					Instructions)	1
14	Description of Coll	latera	ıl		15 Check i accoun	f personal fund t (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION		Name of guarantor		1		19 Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
20	Principal Occupat	tion (See Instructions)		21 Employer (See	Instructions)	
	Date of loan		Name of lender	out-of-state F	PAC (ID#:)	Loan Amount (\$)
	ls lender a financial Institution?		Lender address;	City;	State;	Zip Code	Interest rate
	Y N						Maturity date
	Principal occupation	on /	Job title (See Instruction	ns)	Employer (See	Instructions)	
	Description of Colla	atera	I				ds were deposited into political
	none				accoun	t (See Instruct	ions)
	GUARANTOR INFORMATION		Name of guarantor				Amount Guaranteed (\$)
			Guarantor address;	City;	State;	Zip Code	
	not applicable						
	Principal Occupati	ion (\$	See Instructions)		Employer (See	Instructions)	
	lf le	ende			IES OF THIS SCHEI		EDED porting 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethic	s Commission Filers)		
17	Analisa Cordova Silverstein					
4 Date	5 Payee name					
04/09/2022	City of El Paso					
6 Amount (\$)	7 Payee address; 300 N. Campbell, El Paso, Texas, 79901, US			City;	State;	Zip Code
76.00	300 N. Cam	ppell, El Paso, Texas, 79901, 0.	5			
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	ense		Park Permit for Kids	Day Event		
OF EXPENDITURE						
EXPENDITORE				1		
	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct C/OH Candidate / Officeholder name				Office sought		Office held
Date	Payee na	ame				
04/14/2022	Sticker Mule	9				
Amount (\$)	Payee address;			City;	State;	Zip Code
29.00	411 Lafayette Street 6th Floor, New York, New York, 10003, US					
29.00		ew Tork, New Tork, 10005, 05				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Custom 3x3 Circle S	Stickers		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee n	ame				
04/14/2022	Smiling Fac	es				
Amount (\$)	Payee ad 4800 N Star	ddress; ton, El Paso, Texas, 79902, US		City;	State;	Zip Code
55.00						
	Category	(See Categories listed at the top of this)	schedule)	Description		
PURPOSE	Event Expense			Face Painting for Kids Event Deposit		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
	ΔΤ		OF THIS	SCHEDULE AS NE	FDFD	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ing Fees Ise Food/Bverage Expense nations Made By Gift/Awards/Memorials Expense eholder/Political Committee Legal Services		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 17		NAME rdova Silverstein			3 Filer ID (Ethic	cs Commission Filers)		
4 Date	5 Payee n	ame						
04/18/2022	48 Hour Pr							
6 Amount (\$)	7 Payee a			City;	State;	Zip Code		
152.87	8000 Haske	3000 Haskell Ave., Van Nuys, California, 91406, US						
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE	Advertisin	g Expense		Retractable Banners				
OF								
EXPENDITURE								
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
04/18/2022	Mailchimp							
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
	The Rocket	t Science Group, LLC						
11.73		De Leon Ave NE Atlanta, Georgia, 30308, US						
				Description				
		y (See Categories listed at the top of this g Expense	schedule)	Monthly Subscription	1			
PURPOSE OF								
EXPENDITURE								
		Check if travel outside of Texas. Complete \$	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct	Candio	date / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF				g				
Date	Payee r	name						
04/18/2022	Sticker Mul	0						
	Sucker Mu	e						
Amount (\$)	Payee a 411 Lafayet	ddress; to Stroot		City;	State;	Zip Code		
92.88	6th Floor, N	ew York, New York, 10003, US						
92.00								
	Categor	y (See Categories listed at the top of this	schedule)	Description				
PURPOSE	Advertisin	g Expense		2.25" Round Buttons				
OF EXPENDITURE								
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held		
	٢٨	TACH ADDITIONAL COPIES						
1		INVERTICIAL COPIES						

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expen		kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 17		AME dova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date						
04/21/2022	5 Payee na Smiling Fac					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
185.00	4800 N Star	nton, El Paso, Texas, 79902, US	5			
8 PURPOSE OF	(a) Catego Event Exp	ry (See Categories listed at the top of this ense	s schedule)	(b) Description Face Painting for Kic	ds Event	
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
04/24/2022	Dollar Tree					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
60.98	6351 South	Desert BLvd. Building A, Suite 2	202, El Paso	o, Texas, 79932, US		
PURPOSE OF EXPENDITURE	Categor Event Exp	 (See Categories listed at the top of this ense 	schedule)	Description Items for fundraiser boxes, crayons, Foa		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
04/25/2022	Academy S	ports				
Amount (\$)	Payee a Northwest E			City;	State;	Zip Code
127.01		Hills Dr, El Paso, Texas, 79912,	, US			
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Event Exp	ense		10 x10 Tent, Tent sh	nade, Tent weights	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense vense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER N	AME		-	3 Filer ID (Ethic	s Commission Filers)		
17	Analisa Coro	dova Silverstein						
4 Date	5 Payee na	ame						
04/26/2022	Walmart							
6 Amount (\$)	7 Payee ad	,		City;	State;	Zip Code		
13.26	7831 Paso (del Norte, El Paso, Texas, 79911	, 05					
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE	Event Expe	ense		Masks, Sanitizer, Clip	oboards			
OF EXPENDITURE								
EXPENDITORE								
	(c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held		
Date	Payee na	ime						
04/26/2022	Postal Anne	х						
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code		
13.00	910 K E. Re	dd Rd., El Paso, Texas, 79912,	US					
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this trhead/Rental Expense	schedule)	Description Stamps				
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
04/26/2022	Everlasting	Impressions						
Amount (\$)	Payee ad 14328 Span	ldress; sh Point, El Paso, Texas, 79938	, US	City;	State;	Zip Code		
100.00								
	Category	(See Categories listed at the top of this	chedule)	Description				
PURPOSE OF	Event Exp	ense		Balloons for Kickoff E	Event			
EXPENDITURE								
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1:					3 Filer ID (Ethics	Commission Filers)	
17	Analisa Cor	dova Silverstein					
4 Date	5 Payee na	ame					
04/27/2022	Square Inc.						
6 Amount (\$) 1.85	7 Payee a 1455 MAR	ddress; ÆT STREET, 8TH FLOOR, San	Francisco,	City; California, 94103, US	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego Accounting		Categories listed at the top of this schedule) (b) Description Ing Electronic payment Fee				
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
04/28/2022	Office Depo	ot					
Amount (\$) 66.11	Payee a Sunland Pla	ddress; aza, 801 Sunland Park Dr, El Pas	so, Texas, 7	City; 9912, US	State;	Zip Code	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this erhead/Rental Expense	schedule)	Description Money box, nametags, volunteer badges			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
04/28/2022	Target						
Amount (\$) 82.55	Payee a Sunland Pla	ddress; za, 801 Sunland Park Dr, El Pas	o, Texas, 79	City; 9912, US	State;	Zip Code	
	Category	/ (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Office Ove	erhead/Rental Expense		2 tables, 1 cooler, W	/aters		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held	
	ΔТ			SCHEDUI E AS NEI	EDED		

SCHEDULE F1

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

	Accounting/Banking Fees Consulting Expense Food// Contributions/Donations Made By Gift/Au Candidate/Officeholder/Political Committee Legal Credit Card Payment		ge Expense Office Overhead/Rental Expense Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)	
17	Analisa Cor	dova Silverstein					
4 Date	5 Payee na	ame					
05/02/2022	Zlota Media	l					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
1800.00	923 McKelli	gon, El Paso, Texas, 79902, US					
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	Consulting	Expense		Consulting Political (Campaign		
OF EXPENDITURE							
EXPENDITORE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office held			
Date	Payee na	ame					
05/10/2022	E Custom V	Vear Inc.					
Amount (\$)	Payee a			City;	State;	Zip Code	
644.98	535 Kent Av	ve Suite 509, Brooklyn, New Yorl	k, 11249, U	S			
PURPOSE OF EXPENDITURE		 (See Categories listed at the top of this a g Expense 	schedule)	 Description Custom Printed Bella + Canvas Unisex Jersey Tee 			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
05/12/2022	Texas Dem	ocratic Party Austin,TX					
Amount (\$)	Payee a	ddress; St #B, Austin, Texas, 78702, US		City;	State;	Zip Code	
405.00							
	Category	(See Categories listed at the top of this sector)	schedule)	Description			
PURPOSE OF EXPENDITURE	Polling Ex	pense		VAN Texas Voter Fi	le		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held	
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense		xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense		
1 Total pages Schedule F1:		AME dova Silverstein			3 Filer ID (Ethics	s Commission Filers)	
17							
4 Date	5 Payee na						
05/14/2022	Tovar Print	5					
6 Amount (\$)	7 Payee a			City;	State;	Zip Code	
1159.17	1230 Texas	Ave, El Paso, Texas, 79901, US)				
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE	Advertising	g Expense		-	business cards, pos	ters, cards, evelopes,	
OF				banners, stickers			
EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
05/18/2022	Mailchimp						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
		Science Group, LLC					
11.73		De Leon Ave NE Atlanta, Georgia, 30308, US					
				D			
		(See Categories listed at the top of this g Expense	schedule)	Description Monthly Subscriptior	h		
PURPOSE							
EXPENDITURE							
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	Candia						
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05/18/2022		Dhotography					
	Ale Saldana	a Photography					
Amount (\$)	Payee a	ddress; rwolf Dr., El Paso, Texas, 79903.		City;	State;	Zip Code	
500.00	SUT7 TIMDe	rwolf Dr., El Paso, Texas, 79903	05				
500.00							
	Category	/ (See Categories listed at the top of this is a second s	schedule)	Description			
PURPOSE	Event Exp		,	Campaign Kickoff ar	nd Kids Dav Rally Pl	notographs	
OF						lotographo	
EXPENDITURE							
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Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held	
expenditure to benefit C/OI	Η						
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SCHEDULE F1

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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Food/Reverage Expense Git/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel In District Travel Out Of District Other (enter a category not listed above) 1 Total pages Schedule F1: 17 2 FILER NAME Analisa Cordova Silverstein 3 Filer ID (Ethics Commission Filers) 4 Date 05/25/2022 5 Payee name Postal Annex 5 Payee address; 910 K E. Redd Rd., El Paso, Texas, 79912, US City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Stamps (b) Description 6 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense	Advertising Expense Accounting/Banking		Event Expense Fees	Loan Repa	yment/Reimbursement brhead/Rental Expense	Solicitation/Fundrai		
Database The Instruction Guide explains how to complete this form. 3 Filter ID (Ethics Commission Filter) 11 Total pages Schedule F1 Analas Controv Silverstein 3 Filter ID (Ethics Commission Filter) 4 Date 5 Payee name State: Zip Code 9 Complete ONLY If direct on the schedule (Office Overhead/Rental Expense (b) Description State: Zip Code 9 Complete ONLY If direct on the schedule (Office Overhead/Rental Expense Office sought Office sought Office hold 9 Complete ONLY If direct on the schedule (Office on the schedule) Office sought Office sought Office hold 9 Complete ONLY If direct on the schedule (Office holder name Office sought Office hold Office hold 9 Complete ONLY If direct on the schedule (Office holder name Office sought Office hold Office hold 0 State (S) 12022 GECU Category (See Categories isted at the top of this schedule) Mailed Statement Fee Zip Code 9 Complete ONLY If direct expenditure to benefit COU Payee name Office hold Description Mailed Statement Fee Zip Code 0 for benefit COU Payee name Category (See Categories listed at the top of this schedule) Ma	Consulting Expense Contributions/Donations Made B		Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Ex Printing Ex	pense kpense	Travel In District Travel Out Of Distri	ct	
17 Analisa Cordova Silverstein 4 Data 5 Payoe name 06/05/25/202 Postein Annex 5 Annount (\$) 7 Payee address; 30.00 7 Dayee address; 30.00 90 KE. Redd Rd, EI Paso, Texas, 79912, US 30.00 (b) Description State: Zip Code 9 Complete ONLY if direct Condidate of Texas, Corplete Stated at the top of this schedular) 0/fice Overhead/Rental Expense Office sought 0/fice Sought Office hold 0/fice Sought Payee name 0/fice Sought Category (See Categories Stated at the top of this schedular) 0/fice Sought Office hold 1.00 Category (See Categories Stated at the top of this schedular) 0/fice hold Office hold 1.00 Category (Se	Credit Card Payment		-				,,	
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E le By Gift/Awards/Memorials Expense Printing f		Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 17		AME dova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
06/08/2022	Facebook					
6 Amount (\$) 10.00	7 Payee ad 1 Hacker Wa	ldress; ay, Menlo Park, California, 94025	-1456, US	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor Advertising	y (See Categories listed at the top of this s Expense	schedule)	(b) Description Birthday Digital Cam	paign Ad	
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
06/08/2022	Facebook					
Amount (\$) 10.00	Payee ad 1 Hacker Wa	ldress; ay, Menlo Park, California, 94025	-1456, US	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Advertising	Y (See Categories listed at the top of this so J Expense	chedule)	Description Birthday Digital Cam	ipaign Ad	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/09/2022	Facebook					
Amount (\$) 10.00	Payee ad 1 Hacker Wa	ldress; ıy, Menlo Park, California, 94025	-1456, US	City;	State;	Zip Code
	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	g Expense		Birthday Digital Cam	ipaign Ad	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fe Fo y Git al Committee Le	od/Beverage Expense ft/Awards/Memorials Expense gal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethic	s Commission Filers)			
17	Analisa Cordova	a Silverstein							
4 Date	5 Payee name								
06/09/2022	Facebook								
6 Amount (\$)	7 Payee addre			City;	State;	Zip Code			
16.11	1 Hacker Way, I	Menlo Park, California, 94025	-1456, US						
8	(a) Category (S	ee Categories listed at the top of this	schedule)	(b) Description					
PURPOSE	Advertising Ex	Advertising Expense Birthday Digital Campaign Ad							
OF									
EXPENDITURE									
	(c) Che	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held			
Date	Payee name								
06/09/2022	QR Generator								
Amount (\$)	Davia a dida			City;	State;	Zip Code			
Amount (\$)	Payee addre	, Am Lenkwerk 13, Bielefeld,	North Rhin			Zip Code			
130.64									
	Category (Se Advertising Ex	e Categories listed at the top of this s	chedule)	Description	Numera e la calega				
PURPOSE		pense		QR Code Liscence C	Jwnersnip				
OF EXPENDITURE									
	Cha	ak if travel outside of Taxas Complete S	abadula T	Check if Austi	n TV officeholder livin				
		ck if travel outside of Texas. Complete S	chequie I.		n, TX, officeholder livin				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held			
Date	Payee name								
	_								
06/10/2022	Party City								
Amount (\$)	Payee addre			City;	State;	Zip Code			
	655 Sunland Par	rk Dr, El Paso, Texas, 79912,	US						
45.25									
	Category (Sa	e Categories listed at the top of this s	chodule)	Description					
		-	crieuule)						
PURPOSE OF	Event Expense	÷		Balloons					
EXPENDITURE									
	Che	ck if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder livin	g expense			
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought		Office held			
expenditure to benefit C/OF	1								
1	ΑΤΤΑΟ	CH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	=DED				

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 17		IAME dova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
06/14/2022	-	o West El Paso Foundation				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
40.00	P.O. Box 13	3164, El Paso, Texas, 79913, US				
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
-	Advertising		,	Parade Entry		
PURPOSE OF						
EXPENDITURE						
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/15/2022	Hobby Lobb	ру				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
52.94	7707 SW 44	4th St, Oklahoma City, Oklahoma,	73179, US	3		
PURPOSE OF	Category Advertising	y (See Categories listed at the top of this so g Expense	chedule)	Description Online Purchase of c	child T-shirts and Ba	Indanas
EXPENDITURE						
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
06/15/2022	Facebook					
Amount (\$)	Payee a			City;	State;	Zip Code
04.50	1 Hacker Wa	ay, Menlo Park, California, 94025	-1456, US			
91.53						
	Category	/ (See Categories listed at the top of this so	chedule)	Description		
PURPOSE	Advertisin	g Expense		Birthday Digital Cam	paign Ad	
OF EXPENDITURE						
		.	–			
		Check if travel outside of Texas. Complete Sc	hedule T.		n, TX, officeholder living	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation Equi Travel In District Travel Out Of Distri	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 17		AME dova Silverstein			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
06/16/2022	Michelle Flo						
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
100.00	301 Dream	Spirit, Santa Teresa, New Mexic	o, 88008, U	S			
8 PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this ages/Contract Labor	sschedule)	(b) Description Campaign Exec. Ass	istant		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9 Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office					Office held	
Date	Payee na	ame					
06/18/2022	Mailchimp						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
11.73	675 Ponce I	Science Group, LLC De Leon Ave NE Atlanta, Georgia, 30308, US					
PURPOSE OF EXPENDITURE	Category Advertising	/ (See Categories listed at the top of this g Expense	schedule)	Description Monthly Subscription	1		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
06/20/2022	Mailchimp						
Amount (\$)	Payee a			City;	State;	Zip Code	
11.73	675 Ponce D	Science Group, LLC De Leon Ave NE Atlanta, Georgia, 30308, US					
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE	Advertising	g Expense		Monthly Subscription	ı		
OF EXPENDITURE							
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment			rhead/Rental Expense pense pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:					3 Filer ID (E	thics Commission Filers)
17		dova Silverstein				
4 Date	5 Payee na					
06/21/2022	Louise Rey					
6 Amount (\$)	7 Payee a			City;	State	; Zip Code
360.00	5228 Capisi	rrano Dr., El Paso, Texas, 79924	, US			
8 PURPOSE OF EXPENDITURE	-	y (See Categories listed at the top of this ages/Contract Labor	s schedule)	(b) Description Campaign Comm. A	ssistant	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder	living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/21/2022	Michelle Flo	ores				
Amount (\$)	Payee a	ddress;		City;	State	; Zip Code
444.00	301 Dream	Spirit, Santa Teresa, New Mexic	o, 88008, U	S		
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this /ages/Contract Labor	schedule)	Description Campaign Exec. Ass	sistant	
		Check if travel outside of Texas. Complete S	ck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
06/22/2022	Proper Prin	t Shop				
Amount (\$)	Payee ad	ddress; Il Drive, El Paso, Texas, 79902,	us	City;	State	; Zip Code
249.23						
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	g Expense		Screen Printing Ban	danas and Kids	Shirts
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 17		AME dova Silverstein			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
06/22/2022	-	ark Check Order				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
	15955 La C	antera Parkway, San Antonio, Te	kas, 78256	, US		
29.40						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Accounting	g/Banking		Book of Checks		
OF						
EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete So	hedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/23/2022	Postal Anne	ex				
Amount (\$)	Payee a	ddress:		City;	State;	Zip Code
		dd Rd., El Paso, Texas, 79912, L				
60.00						
		/ (See Categories listed at the top of this so erhead/Rental Expense	chedule)	Description	aumont	
PURPOSE				3 month postal box p	ayment	
OF EXPENDITURE						
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct		late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
	Devise					
Date	Payee n	ame				
06/23/2022	Hobby Lobb	DV				
		-				
Amount (\$)	Payee ad 7707 SW 44	ddress; th St, Oklahoma City, Oklahoma,	73179 US	City;	State;	Zip Code
25.25			10110,00			
20.20						
	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE	Advertising	g Expense		1 kid shirt and decora	ations for 4thof July	Parade
OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct	Candid	late / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1					
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:					3 Filer ID (Eth	ics Commission Filers)
17		dova Silverstein				
4 Date	5 Payee na	ame				
06/25/2022	Empire					
6 Amount (\$)	7 Payee a 850 REDD	ddress; RD, El Paso, Texas, 79912, US		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego Event Exp	ry (See Categories listed at the top of this ense	schedule)	(b) Description Ice for blockwalking	cooler	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/29/2022	Louise Rey	es				
Amount (\$) 360.00	Payee a 5228 Capis	ddress; trano Dr., El Paso, Texas, 79924	, US	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		 (See Categories listed at the top of this s /ages/Contract Labor 	schedule)	Description Campaign Comm. A	ssistant	
	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/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
06/29/2022	Michelle Flo	pres				
Amount (\$) 544.00	Payee a 301 Dream	ddress; Spirit, Santa Teresa, New Mexico	o, 88008, US	City; S	State;	Zip Code
	Categor	/ (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/W	/ages/Contract Labor		Campaign Exec. Ass	sistant	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
1 Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)
17	Analisa Cor	dova Silverstein				
4 Date	5 Payee na	ame				
06/30/2022	GECU			0.11		7: 0 1
6 Amount (\$)	7 Payee a	ddress; .nt Blvd., El Paso, Texas, 79925,	115	City;	State;	Zip Code
1.00	7227 13000	in Divu., El 1 830, 10,43, 73323,	00			
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Accounting	g/Banking		Mailed Statement Fe	e	
OF EXPENDITURE						
	(2)		Naha akala T			
	(c)	Check if travel outside of Texas. Complete S	chequie I.		in, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/30/2022	Rotary Club	West El Paso Foundation				
Amount (\$)	Payee a			City;	State;	Zip Code
150.00	P.O. Box 13	164, El Paso, Texas, 79913, US				
PURPOSE OF EXPENDITURE	/ (See Categories listed at the top of this s J Expense	schedule)	Description Parade 1/8 Ad			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
06/30/2022	Square					
Amount (\$)	Payee a 1455 Market	ddress; : Street, Suite 600, San Francisco	o, California	City; a, 94103, US	State;	Zip Code
6.60						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	Accounting	g/Banking		Credit card processir	ng fees.	
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	•			3 Filer ID (Ethic	s Commission Filers)
17		dova Silverstein				
4 Date	5 Payee na	ame				
06/30/2022	Stripe					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
370.15	185 Berry S	treet, Suite 550, San Francisco,	California, 9	94107, US		
570.15						
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Accounting	g/Banking		Credit card processir	ng fees.	
OF EXPENDITURE						
	(C)	Check if travel outside of Texas. Complete S	Schedule T.		in, TX, officeholder living	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
	Categor	(See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE						
OF EXPENDITURE						
-		Check if travel outside of Texas. Complete S	chodule T	Check if Austi	in TV officeholder living	
	Condia	late / Officeholder name			in, TX, officeholder living	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF				Office sought		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Ove Polling Exp e Printing Ex		Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
		The Instruction Guide ex	plains how to c	omplete this form.				
1 Total pages Schedule F2:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers)		
4 TOTAL OF UNITEN		IPAID INCURRED O	BLIGATION	S	\$			
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE		Political	Non-Po	itical				
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top	of this schedule)	(b) Description				
	(C)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aus	tin, TX, officeholder living e	expense		
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held						ld		
Date	Payee	name						
Amount (\$)	Payee	address;		City;	State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Po	litical				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	of this schedule)	Description				
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Au	ıstin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	e C	ffice sought	Office he	ld		
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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.**

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

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	DIT 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	ED TO A CREDIT CARD	\$						
5 Date	6 Payee name								
7 Amount (\$)	8 Payee address;	City;	State; Zip Code						
9 TYPE OF EXPENDITURE	Political	Non-Political							
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description							
	(c) Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
Amount (\$)	Payee address;	City;	State; Zip Code						
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. Comp	elete 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	S OF THIS SCHEDULE AS N	EEDED						

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Aco Co Co C	vertising Expense counting/Banking nsulting Expense ntributions/Donations Made andidate/Officeholder/Politid dit Card Payment		FeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense		Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
4 -		0	-		•	0		
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
4 [Date	5 Payee nar	ne					
6 /	Amount (\$) Reimbursement from political contributions intended	7 Payee add	7 Payee address; City;				Zip Code	
8 E	PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
		(c) (Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	, TX, officeholder living ex	pense	
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
[Date	Payee nar	Payee name					
1	Amount (\$)	Payee add	Iress;		City;	State;	Zip Code	
	Reimbursement from political contributions intended							
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
			Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
[Date	Payee nar	ne					
/	Amount (\$)	Payee add	lress;		City;	State;	Zip Code	
	Reimbursement from political contributions intended							
E	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description			
		(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
	nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
		ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office O Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense			
-	_	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)			
4 Date	5 Business	name							
6 Amount (\$)	7 Business	address;	State;	Zip Code					
8 PURPOSE OF EXPENDITURE	OF								
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candid	ate / Officeholder name		Office sought		Office held			
Date	Business	name							
Amount (\$)	Business	Business address;			State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	hedule)	Description					
	C	Check if travel outside of Texas. Complete Sch	iedule T.	Check if Austin,	, TX, officeholder living e	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held			
Date	Business	name							
Amount (\$)	Business	address;		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description					
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held			
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED				

SCHEDULE |

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

	The Instruction Guide explains how to com	plete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		1		
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	∍ instructions regar	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	∍ instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

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.**

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

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

SCHEDULE T

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

The Instruct	tion Guide	1 Total pages Schedule T:								
2 FILER NAME 3 Filer ID (Ethics Commission Filers)										
4 Name of Contributor / Co	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expenditu	5 Contribution / Expenditure reported on:									
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS				
6 Dates of travel 7	7 Name of	person(s) tra	veling							
8	8 Departur	e city or name	e of departure locatio	n						
\$	9 Destinatio	on city or nar	ne of destination loca	ation						
10 Means of transportation	ı	11 Purpose	of travel (including n	ame of conference, se	minar, or other event)					
Name of Contributor / C	orporation o	or Labor Orga	nization / Pledgor / F	Payee						
Contribution / Expenditu	are reported	on:								
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS				
Dates of travel	Name of	person(s) tra	veling							
	Departur	e city or nam	e of departure locatio	n						
	Destinati	on city or nar	ne of destination loca	ation						
Means of transportation	۲	Purpose	of travel (including n	ame of conference, se	minar, or other event)					
Name of Contributor / C	orporation o	or Labor Orga	nization / Pledgor / F	Payee						
Contribution / Expenditu	ire reported	on:								
Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS				
Dates of travel	Name of	person(s) tra	veling							
	Departur	e city or nam	e of departure locatio	on						
	Destination	on city or nar	ne of destination loca	ation						
Means of transportation	1	Purpose	of travel (including n	ame of conference, se	minar, or other event)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on 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