# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to	o complete this form.	1 Filer ID	(Ethics Commission Filers)	2 Total pages file	ed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Joe	F	MI	OFFICE	USE ONLY			
NAME	NICKNAME	LAST		SUFFIX	Date Received				
	Chief	Molinar	CITY; S	STATE; ZIP CODE					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; 4717 Hondo F PMB 268 El Paso, TX 7		7/10/2022 9	:23:46 AM					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 915 ) 321	PHONE NUMBER	E	EXTENSION	Date Hand-delivered	or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Kendra	1	MI	Receipt #	Amount \$			
NAME	Mrs NICKNAME	LAST		SUFFIX	Date Processed				
		Bray			Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N 9003 Virgo L El Paso, TX	ane	/ SUITE #;	CITY;	STATE;	ZIP CODE			
8 CAMPAIGN TREASURER PHONE	(915 ) 32°	PHONE NUMBER	E	XTENSION					
9 REPORT TYPE	January 15	30th day befor	15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)			
10 PERIOD COVERED	Month <b>01/01</b>	Day Year	TUDOU	Month	Day Year				
			THROU		0/2022				
11 ELECTION	Month Day 11/03/2020	Year Prima	_	Description	=				
12 OFFICE	OFFICE HELD (if any)  City Represe	ntative District 4		OFFICE SOUGHT (if know	n)				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTIO HOLDER. THESE EXPENDITU AND OFFICEHOLDERS ARE REC	RES MAY HAVE BEE!	N MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR			
	COMMITTEE TYPE	COMMITTEE TYPE   COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME						
		COMMITTEE CAMPAIGN	TREASURER ADDE	RESS					
		GO TO	O PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Mr Joe R Molinar		16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ 3	300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 2	242.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	AST DAY \$	5,992.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$	
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.  Mr Joe R Molinar		and includes all information
	*** Electronically Ce	ertified	
	Signature of	Candidate or Of	licerioidei
	Diagram and the 2th and Carlot		
	Please complete either option belo	ow:	
(1) Affidavit			
. ,			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by Joe R Molinar this th	. 11 do	, of July
00		le <u>· · ·                                </u>	y 01,
20 <u>22</u> , to certify	which, witness my hand and seal of office.  Mary Katz		
Signature of officer administe	ering oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declarati	on		
(2) Onsworn Declarati			
My name is	, and my date of birth	is	
			<u> </u>
iviy address is	(otroot) ,,	(atata) /=:	
	(street) (city)	(state) (zip o	, , ,
Executed in	County, State of , on the day of (mo	, 20 nth)	) (year)
	(		· · · · · · · · · · · · · · · · · · ·
	Signature of Car	didate/Officehold	er (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)				
Mr Joe R Molinar					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 300.000			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.000			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.000				
4. SCHEDULE E: LOANS	\$ 0.000				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$ 242.860				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ 0.000				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.000			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FO	JNDS	\$ 0.000			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0.000			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 0.000			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOR FILER	JTIONS RETURNED	\$ 0.000			

## MONETARY POLITICAL CONTRIBUTIONS

## 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:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Mr Joe R Mo	linar				
<b>4</b> Date	5 Full name of contributor	out-of-state PAC	C (ID#:	)	7 Amount of contribution (\$)
	Fernando Hernandez				
01/12/2022	6 Contributor address;	City;	State;	Zip Code	200
	8409 Dyer St				
8 Principal occu	pation / Job title (See Instructions)		9 Emplo	yer (See Instruc	tions)
Business Ow	ner		Busines	ss Owner	
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Tyler Grossmann				
06/16/2022	Contributor address;	City;		Zip Code	100
00/10/2022	909 E. San Antonio Ave				100
	909 L. San Antonio Ave				
Principal occup	ation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
Retired			El Paso	City	
		_			
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	eation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)
_					
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emplo	yer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

Т	he Instruction Guide explains how to complete this forr	n.	1 Total pages Sched	ule A2:		
<sup>2</sup> FILER NAM Mr Joe R N			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
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;	Zip Code	Check if travel outsi	,           de of Texas. Complete Schedule T.		
<b>10</b> Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICI	<u> </u>		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	   In-kind contribution   description 		
	Contributor address; City; State;	Zip Code	Check if travel outsi	,        de of Texas. Complete Schedule T.		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	AL)(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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDU	JLE AS NEEDED			

## **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

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

ii tiic reque	sted information is not applicable, <b>be not in</b>	ciade tins page	in the report.			
The	Instruction Guide explains how to complete this	1 Total pages Schedule B:				
2 FILER NAME Mr Joe R Mo			3 Filer ID (Ethics C	ommission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES	\$				
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; City; Sta	ate; Zip Code		 		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)			
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; St.	ate; Zip Code		 		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; St	ate; Zip Code		 		
			Check if travel outsi	l . ide of Texas. Complete Schedule T.		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution   description 		
	Pledgor address; City; State	; Zip Code		 		
			Check if travel outsi	ide of Texas. Complete Schedule T.		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
	ATTACH ADDITIONAL CODIES	OE TUIS SCUEDIII	E A S NEEDED			

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

LOANS	SCHEDULE E
If the requested information is not applicable <b>DO NOT include this page in the report</b> .	

	The	Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
M	r Joe R Molina	ar		
4	TOTAL OF UN	IITEMIZED LOANS		\$
5	Date of loan		tate PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll  none	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan		tate PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)
	GUARANTOR INFORMATION	Name of guarantor	l	Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	•
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
			I	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	,			
1 Total pages Schedule F1:	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics	Commission Filers)			
4 Date 01/16/2022	5 Payee name The Postal Solution						
6 Amount (\$) 100	7 Payee address; 4717 Hondo Pass Dr Ste 1-D El Paso	o, TX 79924	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mail Services	(b) Description Private Mail Bo	ox Rental				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held			
Date	Payee name						
01/25/2022	Wix.com						
Amount (\$) 23.81	Payee address; Wix.com	City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Lease	9				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ustin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held			
Date	Payee name						
02/25/2022	Wix.com						
Amount (\$)	Payee address; Wix.com	City;	State;	Zip Code			
23.81	WIX.GGIII						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Lease	9				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED				

## 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

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

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ourse (orner a sategor	y
1 Total pages Schedule F1:	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
03/25/2022	Wix.com			
6 Amount (\$) 23.81	7 Payee address; Wix.com	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Lease	)	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
04/25/2022	Wix.com			
Amount (\$)	Payee address; Wix.com	City;	State;	Zip Code
23.81	1177.100111			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Lease	<b>:</b>	
	Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
05/25/2022	Wix.com			
Amount (\$) 23.81	Payee address; Wix.com	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Lease		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total apages Schedule F1   2 FILER NAME   3 Filtor ID (Ethics Commission Filtors) 3		The instruction Guide explains now to d	complete this form.					
O6/24/2022   Wix.com   Payee address;   City;   State;   Zip Code				3 Filer ID (Ethics	Commission Filers)			
Amount (\$)   Payee address;   City:   State:   Zip Code	4 Date	5 Payee name						
Amount (\$)   Payee address;   City:   State:   Zip Code	06/24/2022	Wix.com						
Wix.com   Wix.com   Wix.com   Wix.com   Wix.com   Wix.com   Wix.com   Wix.com   Website Lease   Website Leas	6 Amount (\$)	7 Pavee address:	Citv:	State:	Zip Code			
Category (See Categories listed at the top of this schedule)   Category (See Categories lis	, , , , , , , , , , , , , , , , , , ,		2,	,	•			
PURPOSE OF EXPENDITURE  Advertising Expense  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  9 Complete QNLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Date  Payee address;  City: State: Zip Code  Candidate / Officeholder name  Office sought  Office hold  Complete QNLY if direct expenditure to benefit C/OH  Payee name  Candidate / Officeholder name  City: State: Zip Code  Candidate / Officeholder name  Office sought  Office hold  Payee name  Category (See Categories listed at the top of this schedule)  Date  Payee name  Candidate / Officeholder name  Office sought  Office hold  Category (See Categories listed at the top of this schedule)  Date  Payee name  Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office hold  Candidate / Officeholder name  Office sought  Office hold	23.81							
Complete ONLY if direct expenditure to benefit C/OH	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
Complete ONLY if direct expenditure to benefit C/OH	PURPOSE	Advertising Expense	Website Lease	Э				
Complete ONLY if direct expenditure to benefit C/OH								
9 Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office sought  Office held  Officeholder invine expense  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office held  Officeholder invine expense  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Office held  Office held  Officeholder invine expense  Office held  Office held  Office held  Office held  Office held  Officeholder invine expense  Office held  Office held  Officeholder invine expense  Officeholder invine expense  Officeholder invine expense  Officeholder invine expense  Candidate / Officeholder name  Office sought  Officeholder living expense  Office held	EXPENDITURE							
Date Payee name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office sought  City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Date  Payee name  Category (See Categories listed at the top of this schedule)  Date  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Office sought  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought				in, TX, officeholder living				
Amount (\$)  Payee address;  City;  State;  Zip Code  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Payee address;  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Office held  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this sche			Office sought		Office held			
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Payee name  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Payee name  Candidate / Officeholder name  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Payee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held	Date	Payee name						
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Candidate / Officeholder name  Office sought  Office held  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Description  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Office held  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code			
Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description					
EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held  Payee name  City; State; Zip Code  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office sought  Office held  Office held	PURPOSE							
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Check if Austin, TX, officeholder living expense  Office sought  Office held	_							
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Candidate / Officeholder name  Office sought  Office held  Office held  Office held  Office held  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	EXPENDITURE							
Date Payee name  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Candidate / Office held		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  City; State; Zip Code  Description  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held			Office sought		Office held			
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	Date	Payee name						
PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	Amount (\$)	Payee address;	City;	State;	Zip Code			
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held	OF	Category (See Categories listed at the top of this schedule)	Description					
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought		Office held			
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

	Contributions/Donations Made By Candidate/Officeholder/Politica		mittee	Legal Services	morials Expense	\$	Printing Ex Salaries/W	ages/C				Out Of District enter a categor	y not l	isted above)	
1	Total pages Schedule F2:			R NAME R Molinar	tion Guide exp	iains	now to c	ompie	te tni	is form.	3 Filer	ID (Ethics C	ommi	ssion Filers)	_
	TOTAL OF UNITEM				IRRED OB	LIGA	ATION	S			\$				
5	Date	6	Paye	e name											
7	Amount (\$)	8	Paye	e address;						City;		State;	Z	Zip Code	
9	TYPE OF EXPENDITURE			Political			Non-Pol	itical							_
10	PURPOSE OF EXPENDITURE	(a)	Categ	gory (See Categories	s listed at the top of	this sch	hedule)	(b) [	Desc	ription					
		(c)		Check if travel outsi	ide of Texas. Comple	ete Sche	edule T.			Check if Aus	stin, TX, offic	ceholder living	expen	se	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Н	Ca	andidate / Office	holder name		0	ffice s	ough	nt		Office he	eld		
	Date		Paye	e name											_
	Amount (\$)		Paye	ee address;						City;		State;	Z	Zip Code	
	TYPE OF EXPENDITURE			Political			Non-Po	litical							
	PURPOSE OF EXPENDITURE		Cateo	gory (See Categories	s listed at the top of	f this scl	hedule)		Des	cription					
				Check if travel out	side of Texas. Comp	olete Sch	nedule T.			Check if Au	ustin, TX, of	ficeholder living	expe	nse	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	Ci	andidate / Office	holder name		0	ffice s	sough	nt		Office he	eld		
			ATTA	ACH ADDITIO	NAL COPIES	S OF	THIS S	CHEI	DUL	E AS NE	EDED				

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 To	otal page	es Schedule F3	3:	
2 FILER NAME Mr Joe R Mo	olinar		ler ID (	Ethics Commiss	sion Filers)	
<b>4</b> Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	ty;		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	E AS N	IEEDE	D		

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

SCHEDULE F4

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Pol	itical			
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Po	litical			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	istin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NE	EDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In District
Printing Expense Travel Out of District
Salaries/Wages/Contract Labor Other (expense a category

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

Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.					
<ul><li>1 Total pages Schedule G:</li><li>0</li></ul>	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	<u> </u>			
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)  Reimbursement from political contributions	Payee address;	City;	State; Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# City Clerk Dept. 7/11/2022 7:17:48 AM

# 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 By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form.

	The instruction durac explains now to	Complete tina form.	
$\begin{array}{ll} \textbf{1} \   \text{Total pages Schedule H:} \\ \textbf{0} \end{array}$	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / 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 schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME Mr Joe R Molinar		3 Filer ID (Ethics C	ommission Filers)		
4 Date	5 Payee name					
<b>6</b> Amount (\$)	7 Payee address;	City	State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regarding type o	f information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type o	of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type o	of information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type o	of information		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED			

# City Clerk Dept.

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

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	<ul><li>1 Total pages Schedule K:</li><li>0</li></ul>		
<sup>2</sup> FILER NAME Mr Joe R Mo		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; State	te; 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; Stat	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

# City Clerk Dept. /11/2022 7:17:48 AM

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

## SCHEDULE T

II the requested inform	lation is not applicable, <b>b</b>	O NOT Illiciade tills page	iii tile report.	
The Instruction	n Guide explains how to co	mplete this form.	1 Total pages Schedule T: 0	
2 FILER NAME Mr Joe R Molinar			3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corp	oration or Labor Organization	/ Pledgor / Payee		
5 Contribution / Expenditure	reported on:			
Schedule A2		lule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Sched	_	Schedule D Schedule F1  Schedule COH-UC Schedule B-SS	
6 Dates of travel 7	7 Name of person(s) traveling			
8	Departure city or name of depa	rture location		
9	Destination city or name of des	stination location		
10 Means of transportation	11 Purpose of travel	(including name of conference, s	seminar, or other event)	
Name of Contributor / Corp	oration or Labor Organization	/ Pledgor / Payee		
Contribution / Expenditure	reported on:			
Schedule A2	Schedule B Sched	lule B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Sched		Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling				
Departure city or name of departure location				
Destination city or name of destination location				
Means of transportation  Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported on:				
Schedule A2	Schedule B Schedule	B(J) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedule F4 Schedule	G Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling			
	Departure city or name of departure location			
	Destination city or name of des	stination location		
Means of transportation	Purpose of travel	(including name of conference,	seminar, or other event)	
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDUL	E AS NEEDED	

# City Clerk Dept. /11/2022 7:17:48 AM

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.			
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
ı	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
Λ	⁄Ir Joe I	R Molinar				
3	SIGNA	TURE				
	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.  Signature of Candidate / Officeholder					
		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Checl	only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended			
	B.	ASSETS				
	Checl	I do not retain assets purchased with political contributions or interest or other income.  I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	om political contributions. I understand er income from political contributions to			
		s	Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who cause that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	, after filing the last required report as			
		Si	gnature of Officeholder			