CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR. Cri	FIRST Stian		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Received	
		Botello				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		TY; STA	TE; ZIP CODE	10/11/2022 1	ICE - Diana Nunez
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE ()	NUMBER	EXT	ENSION		l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MS. Gat	^{FIRST}		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed 10/1	1/2022 11:08 AM
		Escalante			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX	PLEASE); APT / SUI	ITE #; (CITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE PHONE	NUMBER	EXT	ENSION		
TREASURER PHONE	()					
9 REPORT TYPE	January 15	30th day before ele	ection	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before elect	tion	Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD	Month Day	Year		Month	Day Year	
COVERED	07/01/2022		THROUGH	09/29/20/2	22 /	
11 ELECTION	ELECTION DATE Month Day Year 11/08/2022	Primary General	Runoff	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITI THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES	MAY HAVE BEEN M.	ADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITT	EE NAME				
Additional Pages	GENERAL	EE ADDRESS				
		EE CAMPAIGN TREA	SURER NAME			
	COMMIT	TEE CAMPAIGN TRE	ASURER ADDRES	S		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME C	ristian	Botello)	16 Filer	ID (Ethics Co	mmission Filers)		
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT		N	\$466	00.00		
	2.		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$3,6	14.99		
	4.	TOTAL POLITICAL EXPENDI	IURES		\$361	4.99		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY	\$ 10 4	0.10		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	F THE	\$ 0			
		affirm, under penalty of perjury, that e reported by me under Title 15, Ele		ie and co	rrect and inclu	udes all information		
		ge I am electronically signing here is blank if it does not apply to me.	Cristian Botello Cristian Botello (Oct 11, 2022 11:01 MDT)					
	or leaving th		Signature of Ca	andidate	or Officeholde	er		
		Please comple	ete either option below	N:				
(4) Affidovit								
(1) Affidavit								
NOTARY STAMP/SI	EAL							
Sworn to and subscribe	ed belore m	e by			, to	certify which,		
witness my hand and sea	al of office.							
					Notary P	ublic		
Signature of officer admini	istering oath	Printed name of office	er administering oath		Title of officer	administering oath		
			OR					
(2) Unsworn Declara	ation							
	n Botello		, and my date of birth is	_, 01/07	7/2022			
My address is	ronco Buster	Ln.	El Paso	ТХ	79936	United States		
, <u> </u>		(street)	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, , ,, ,, , ,, , ,, ,, , , ,	state)	,,,	(country)		
Executed in El Paso			_, on the <u>11</u> day of <u>Octo</u>	. ,	, ₂₀ 22			
		,	<u>Cristian Botello</u>	h)	, <u></u> (year)			
			Cristian Botello (Oct 11, 2022 11:01 MDT) Signature of Candi	date/Offic	eholder (Deal	arant)		
			Signature of Callul					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

¹⁹ FILER NAME Cristian Botello Cam	ommissior	n Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			-	UBTOTAL AMOUNT	
1. SCHEDULE A1: MC	DNETARY POLITICAL CONTRIBUTIONS		\$ \$3	3,860.00	
2. SCHEDULE A2: NO	DN-MONETARY (IN-KIND) POLITICAL CONTRIBUTI	ONS	\$	\$0.00	
3. SCHEDULE B: PLE	\$	\$0.00			
4. SCHEDULE E: LO/	\$	\$0.00			
5. SCHEDULE F1: P	\$ \$3	3,078.68			
6. SCHEDULE F2: UN	\$	\$0.00			
7. SCHEDULE F3: P	\$	\$0.00			
8. SCHEDULE F4: E	\$	\$0.00			
9. SCHEDULE G: PC	\$	\$0.00			
10. SCHEDULE H: PA	\$	\$0.00			
11. SCHEDULE I: NON	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
	TEREST, CREDITS, GAINS, REFUNDS, AND CONT FILER	TRIBUTIONS RETURNED	\$	\$0.00	

SCHEDULE A1

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cristian B	otello Campaign		
4 Date		PAC (ID#:)	7 Amount of contribution (\$)
	Heather Wilson	/ ///	
7/4/0000	• • • • • • • • • • • • • • • • • • • •		
7/1/2022			200.00
	711 Cincinnati Ave, El P	aso, 1X 79902	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	PAC (ID#:)	
Duic	David Kotowski	/	Amount of contribution (\$)
			1000
7/7/2022	Contributor address; City;	State; Zip Code	10.00
	2470 Cheshire Bridge Road Northeast, Apt	2541 Atlanta, GA, 30324	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		PAC (ID#:)	Amount of contribution (\$)
	Ana Hernandez		
7/8/2022	Contributor address; City;	State; Zip Code	500.00
	12821 Linstead Ave El Pa	aso, TX, 79928	000.00
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	ntions)
Date	Full name of contributor		
Duto		PAC (ID#:)	Amount of contribution (\$)
	Carlos Chavira		
7/22/2022	Contributor address; City;	State; Zip Code	100.00
	1308 Whirlaway Dr El Pa	aso, TX, 79936	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see In	struction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Cristian B	otello Campaign		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	Paola Terrazas		
7/22/2022	6 Contributor address; City;	State; Zip Code	
	12144 Valley Quail Dr El Pa	CO TY 70026	100.00
0 D · · · ·			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Jacqueline Butler		
7/22/2022	Contributor address; City;	State; Zip Code	
			100.00
	Truscott El Paso, TX	1, 19930	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Brandon Avila	,	
7/25/2022	Contributor address; City;	State; Zip Code	
.,_0,_0	12205 Green Vine Court El Pa	aso, TX, 79936	50.00
Principal occu	ation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date		C (ID#:)	Amount of contribution (\$)
	Hector Montalvo		400 00
8/2/2022	Contributor address; City;	State; Zip Code	100.00
	12244 Chisholm Pass Drive El F	Paso, TX, 79936	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr	action guide for additional	reporting requirements.

SCHEDULE A1

Filers)
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SCHEDULE A1

The	Instruction Guide explains ho	ow to complete thi	s form.	1 Total pages Schedule A1: 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Cristian B	otello Campaign			
4 Date	5 Full name of contributor	out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
	Monica Montalvo			
8/29/2022	6 Contributor address;	City;	State; Zip Code	100.00
	12244 Chisholm Pa	ss Drive El	Paso, TX, 79936	100.00
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruc	ctions)
Date	Full name of contributor		.C (ID#:)	
Dale	Edgar Botello		/	Amount of contribution (\$)
10/9/2022	Contributor address;	City;	State; Zip Code	
10/9/2022			•	100.00
	12286 Bronco Bus	ster Ln., El F	-aso, TX, 79936	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Woody Hunt			
9/19/2022			State; Zip Code	500.00
	515 Woodland A	Ave El Pas	so, TX, 79922	00.00
Principal occuț	pation / Job title (See Instructions	3)	Employer (See Instrue	tions)
Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Joshua Hunt		,	
9/19/2022	Contributor address;	City;	State; Zip Code	
	1101 East Baltimor	re Drive El F	Paso, TX, 79902	500.00
Principal occu	ation / Job title (See Instructions	\$)	Employer (See Instru	ctions)
	ATTACH ADD	ITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state P	AC, please see Inst	ruction guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 5
² FILER NAME Cristian B	otello Campaign			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:) Cristela Perez		7 Amount of contribution (\$)	
8/2/2022			State; Zip Code	300.00
	12127 Bowie Mill	San Antor	nio, TX, 78253	000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	stions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occuj	Dation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	bation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS N uction guide for additional	

SCHEDULE A1

The Ins	struction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	tello Campaign			
Chistian Du	tello Campaign			
4 Date 5	Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6	Contributor address;	City;	State; Zip Code	
8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)
•				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
			•••••	
	Contributor address;	City;	State; Zip Code	
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
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Chistian Du	tello Campaign			
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•				
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	Contributor address;	City;	State; Zip Code	
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)
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	Contributor address;	City;	State; Zip Code	
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Chistian Du	tello Campaign				
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•					
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
			•••••		
	Contributor address;	City;	State; Zip Code		
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
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Chistian Du	tello Campaign				
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8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)	
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•					
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			•••••		
	Contributor address;	City;	State; Zip Code		
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	Contributor address;	City;	State; Zip Code		
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	tello Campaign				
Chistian Du	tello Campaign				
4 Date 5	Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
6	Contributor address;	City;	State; Zip Code		
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•					
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)	
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Chistian Du	tello Campaign				
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6	Contributor address;	City;	State; Zip Code		
8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)	
• • • • • • • • • • • • • • • • • • • •					
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)	
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Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDITIC	NAL COPIES C	OF THIS SCHEDULE AS N	NEEDED
l I	f contributor is out-of-state PAC,	please see Instru	uction guide for additional	reporting requirements.

SCHEDULE A1

The Ins	struction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
-	tello Campaign			
Chistian Du	tello Campaign			
4 Date 5	Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
6	Contributor address;	City;	State; Zip Code	
8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruc	tions)
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Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	on / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
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SCHEDULE A1

The Ins	struction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
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Chistian Du	tello Campaign			
4 Date 5	Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
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	Contributor address;	City;	State; Zip Code	
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Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruc	tions)
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l I	f contributor is out-of-state PAC,	please see Instru	uction guide for additional	reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME 3 Filer ID. (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor out-of-state PAC (IDP) 8 Amount of out-of-state contribution Contribution 7 Contributor address; City; State; Zip Code 1 Image: Contributor state contribution 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's employer/faw firm (FOR JUDICIAL) 13 Contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If unvisite outside of Texas. Complete Schedule Contributor's principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See Instructions) 14 Contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See Instructions) Contributor'					
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SCHEDULE A2

	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
² FILER NAM	[₌] Botello Campaign		3 Filer ID (Ethics Con	mmission Filers)
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	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
² FILER NAM	[₌] Botello Campaign		3 Filer ID (Ethics Con	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	ן Check if travel outsi	ı de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICIA	AL)(See Instructions)
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 firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	 	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	•
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

	ne Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
² FILER NAM	[₌] Botello Campaign		3 Filer ID (Ethics Con	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	ן Check if travel outsi	ı de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Er (FOR NON-JUDICIA	AL)(See Instructions)
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 firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	 	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	•
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
	Botello Campaign			,
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; S	tate; Zip Code		 .
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		·
			Check if travel outs	I. 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; S	tate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
lf	contributor is out-of-state PAC, please see Ins	truction guide for	additional reporting	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
	Botello Campaign			,
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; S	tate; Zip Code		 .
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		·
			Check if travel outs	I. 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; S	tate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
lf	contributor is out-of-state PAC, please see Ins	truction guide for	additional reporting	requirements.

SCHEDULE E

-				
	The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		tello Campaign		
4	TOTAL OF UN	NITEMIZED LOANS	\$	
5	Date of loan	7 Name of lender 🗌 out-of-state	• PAC (ID#:)	9 Loan Amount (\$)
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	15 Check if personal fun- account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		•		
	not applicable			
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender Out-of-state	≥ PAC (ID#:)	Loan Amount (\$)
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·
	Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
			State; Zip Code	
	not applicable			
	Principal Occupation	ion (See Instructions)	Employer (See Instructions)	1
<u> </u>				
	If le	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see li	PIES OF THIS SCHEDULE AS NEE nstruction guide for additional re	

SCHEDULE E

-							
The Instruction Guide explains how to complete this form.						1 Total pages Schedule E:	
2 FILER NAME						3 Filer ID (Ethics Commission Filers)	
Cristian Botello Campaign							
4 TOTAL OF UNITEMIZED LOANS						\$	
5	Date of Ioan 7 Name of lender Out-of-state PAC				AC (ID#:)	9 Loan Amount (\$)	
	ls lender a financial Institution?	8	Lender address;	City;	State; Zip Code	10 Interest rate	
	Y N					11 Maturity date	
12 Principal occupation / Job title (See Instructions)					13 Employer (See Instructions)		
14	Description of Collateral none				15 Check if personal funds were deposited into political account (See Instructions)		
16	GUARANTOR INFORMATION	17	Name of guarantor			19 Amount Guaranteed (\$)	
			Guarantor address; City; State; Zip Code				
not applicable							
20	20 Principal Occupation (See Instructions)				21 Employer (See Instructions)		
	Date of loan Name of lender Out-of-state				PAC (ID#:)	Loan Amount (\$)	
	ls lender a financial	Lender address; City;		City;	State; Zip Code	Interest rate	
	Institution? Y N					Maturity date	
Principal occupation / Job title (See Instructions)				5)	Employer (See Instructions)		
Description of Collateral					Check if personal fun account (See Instruct	ds were deposited into political tions)	
<u> </u>	GUARANTOR Name of guarantor					Amount Guaranteed (\$)	
			Guarantor address;	City;	State; Zip Code		
not applicable							
Principal Occupation (See Instructions)					Employer (See Instructions)		
			ATT / 011 / 55				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE E

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

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	The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
		tello Campaign					
4	TOTAL OF UN	NITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender 🗌 out-of-state	• PAC (ID#:)	9 Loan Amount (\$)			
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Colla	ateral	15 Check if personal fun- account (See Instruct	funds were deposited into political tructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		18 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	≥ PAC (ID#:)	Loan Amount (\$)			
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·			
	Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
			State; Zip Code				
	not applicable						
	Principal Occupation	ion (See Instructions)	Employer (See Instructions)	1			
<u> </u>							
	If le	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see li	PIES OF THIS SCHEDULE AS NEE nstruction guide for additional re				

SCHEDULE E

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

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	The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
		tello Campaign					
4	TOTAL OF UN	NITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender 🗌 out-of-state	• PAC (ID#:)	9 Loan Amount (\$)			
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Colla	ateral	15 Check if personal fun- account (See Instruct	funds were deposited into political tructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		18 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	≥ PAC (ID#:)	Loan Amount (\$)			
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·			
	Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
			State; Zip Code				
	not applicable						
	Principal Occupation	ion (See Instructions)	Employer (See Instructions)	1			
<u> </u>							
	If le	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see li	PIES OF THIS SCHEDULE AS NEE nstruction guide for additional re				

SCHEDULE E

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 E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
		tello Campaign					
4	TOTAL OF UN	NITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender 🗌 out-of-state	• PAC (ID#:)	9 Loan Amount (\$)			
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupatio	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Colla	ateral	15 Check if personal fun- account (See Instruct	funds were deposited into political tructions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
		18 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	≥ PAC (ID#:)	Loan Amount (\$)			
	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·			
	Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
			State; Zip Code				
	not applicable						
	Principal Occupation	ion (See Instructions)	Employer (See Instructions)	1			
<u> </u>							
	If le	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see li	PIES OF THIS SCHEDULE AS NEE nstruction guide for additional re				

SCHEDULE F1

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

Accounting/Banking Fees Office Consulting Expense Food/Beverage Expense Polling Contributions/Donations Made By Gift/Awards/Memorials Expense Printing		Office Ove Polling Exp Printing Ex Salaries/W	xpense /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:		AME Botello Campaign			3 Filer ID (Ethica	s Commission Filers)
4 Date 07/05/2022	5 Payee na Allprint				L	
6 Amount (\$) 250.00	7 Payee ad	ddress;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	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				
07/14/2022 Hobby Lobby						
Amount (\$) 58.91	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
07/13/2022	Squares	space Inc.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
38.97						
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	chedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / 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.

Accounting/Banking Fees Office O Consulting Expense Food/Beverage Expense Polling E Contributions/Donations Made By Gift/Awards/Memorials Expense Printing		Office Over Polling Exp Printing Ex Salaries/W	pense /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 Botello Campaign			3 Filer ID (Ethics	s Commission Filers)
4 Date 07/20/2022	5 Payee na Allprint					
6 Amount (\$)	7 Payee ad	ddress;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	OF					
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	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				
08/10/2022	Allprint					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
700.00						
PURPOSE OF EXPENDITURE	Category	 (See Categories listed at the top of this s 	chedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/18/2022	Squares	space Inc.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
38.97						
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Exp Contributions/Donations Made By Gift/Awards/Memor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Re 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:	² FILER NAME Cristian Botello Campaig	n		3 Filer ID (Ethics	s Commission Filers)
4 Date 08/29/2022	5 Payee name Allprint			I	
6 Amount (\$) 433.00	7 Payee address;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	(b) Description			
	(C) Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
09/06/2022	Home Depot				
Amount (\$)	Payee address;		City;	State;	Zip Code
65.77					
	Category (See Categories listed at the top	o of this schedule)	Description		
PURPOSE 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		Office sought	in, ive, enconcider ining	Office held
expenditure to benefit C/OF	1				
Date	Payee name				
09/13/2022	Squarespace Inc.				
Amount (\$)	Payee address;		City;	State;	Zip Code
38.97					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	o of this schedule)	Description		
	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought		Office held	
	ATTACH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 0(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By 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 Ex Printing Ex Salaries/W	kpense /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 Botello Campaign			3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na						
09/29/2022	Stripe						
6 Amount (\$)	•	Idress:		City;	State;	Zip Code	
81.34					,		
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Generation Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held	
Date	Payee na	ime					
09/19/2022	Allprint						
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
757.75	Ĩ						
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description			
Check if travel outside of Texas. Complete Schedule T.			Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
07/29/2022	Weststa	r Bank					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
5.00							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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 By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/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 Botello Campaign			3 Filer ID (Ethic:	s Commission Filers)	
4 Date 08/31/2022	4 Date 5 Payee name				<u> </u>	
6 Amount (\$) 5.00	7 Payee ad	ldress;		City;	State;	Zip Code
8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE				(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	0	ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
09/30/2022	Weststa	r Bank				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
5.00						
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	ete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	łdress;		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	n, TX, officeholder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED	

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

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Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

1 Total pages Schedule F1:	² FILER NAME Cristian Botello Campaign		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH 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.**

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 Git/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)

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Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

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Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Event Expense Fees Food/Beverage Expense Git/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)

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6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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Amount (\$)	Payee address;	City;	State; Zip Code
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/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)

1 Total pages Schedule F1:	² FILER NAME Cristian Botello Campaign		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH 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.**

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 Git/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)

1 Total pages Schedule F1:	3 Filer ID (Ethics Commission Filers)		
4 Date	Cristian Botello Campaign 5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Services	Office Over Polling Exp ense Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraising I Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	nt & Related Expense		
	The Instruction Guide	explains how to co	mplete this form.				
1 Total pages Schedule F2:	² FILER NAME Cristian Botello Campa	aign		3 Filer ID (Ethics Con	nmission Filers)		
4 TOTAL OF UNITEN	AIZED UNPAID INCURRED	OBLIGATIONS	3	\$			
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Poli	tical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. C	Complete Schedule T.	Check if Aus	tin, TX, officeholder living exp	pense		
11 Complete ONLY 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-Pol	itical				
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	ıstin, TX, officeholder living e	kpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder na	ime Of	fice sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	I Committee Legal Services	Office Over Polling Exp pense Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraising B Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	nt & Related Expense		
	The Instruction Guide	e explains how to co	omplete this form.				
1 Total pages Schedule F2:	2 FILER NAME Cristian Botello Campa	aign		3 Filer ID (Ethics Con	nmission Filers)		
4 TOTAL OF UNITEN	AIZED UNPAID INCURRED	OBLIGATION	3	\$			
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Poli	tical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas.	Complete Schedule T.	Check if Aus	tin, TX, officeholder living exp	pense		
11 Complete ONLY 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-Pol	itical				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	e top of this schedule)	Description				
	Check if travel outside of Texas	. Complete Schedule T.	Check if Au	istin, TX, officeholder living ex	kpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder n I	ame O	ffice sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
² FILER NAME Cristian	Botello Campaign	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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
² FILER NAME Cristian	Botello Campaign	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	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITUR						_	HEDULE F4
If the requested inforr	nation is no	ot applicable, DO	NOT includ	de this	page in the rep	oort.	
		EXPENDITUR	ECATEGO	RIES FO	DR 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 E Legal Services The Instruction Gu	e P Expense P S	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F4:	2 FILER	NAME Botello Campa	ian			3 Filer ID (Ethi	cs Commission Filers)
4 TOTAL OF UNITEM		•	•	DACRI	EDIT CARD	\$	
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	F	Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at	the top of this sche	dule)	(b) Description		
	(C)	Check if travel outside of Tex	kas. Complete Sche	dule T.	Check if Au	ustin, TX, officeholder	living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought	Offic	e held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	itical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at	the top of this sch	edule)	Description		
		Check if travel outside of Te	xas. Complete Sche	edule T.	Check if A	ustin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought	Offic	e held
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EXPENDITUR						_	HEDULE F4
If the requested inforr	nation is no	ot applicable, DO	NOT includ	de this	page in the rep	oort.	
		EXPENDITUR	ECATEGO	RIES FO	DR 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 E Legal Services The Instruction Gu	e P Expense P S	ffice Overh olling Expe rinting Exp alaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F4:	2 FILER	NAME Botello Campa	ian			3 Filer ID (Ethi	cs Commission Filers)
4 TOTAL OF UNITEM		•	•	DACRI	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 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at	the top of this sche	dule)	(b) Description		
	(C)	Check if travel outside of Tex	kas. Complete Sche	dule T.	Check if Au	ustin, TX, officeholder	living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought	Offic	e held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Po	itical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at	the top of this sch	edule)	Description		
		Check if travel outside of Te	xas. Complete Sche	edule T.	Check if A	ustin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought	Offic	e held
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SCHEDULE ${f G}$

		EXPEND	TURE CATEGORIES	FOR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorial Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)
		Cristian Botello	Campaign			
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address; City;			State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
		(c) Check if travel outside c	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officehold	er 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 list	ed at the top of this schedule)	Description		
		Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	er 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 liste	d at the top of this schedule)	Description		
		Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officehold	er name	Office sought	(Office held
		ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

		EXPEND	TURE CATEGORIES	FOR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorial Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)
		Cristian Botello	Campaign			
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address; City;			State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
		(c) Check if travel outside c	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officehold	er 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 list	ed at the top of this schedule)	Description		
		Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	er 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 liste	d at the top of this schedule)	Description		
		Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officehold	er name	Office sought	(Office held
		ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

		EXPEND	TURE CATEGORIES	FOR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorial Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)
		Cristian Botello	Campaign			
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address; City;			State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
		(c) Check if travel outside c	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officehold	er 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 list	ed at the top of this schedule)	Description		
		Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	er 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 liste	d at the top of this schedule)	Description		
		Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officehold	er name	Office sought	(Office held
		ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

		EXPEND	TURE CATEGORIES	FOR BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorial Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)
		Cristian Botello	Campaign			
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address; City;			State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
		(c) Check if travel outside c	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officehold	er 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 list	ed at the top of this schedule)	Description		
		Check if travel outside of	f Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	er 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 liste	d at the top of this schedule)	Description		
		Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officehold	er name	Office sought	(Office held
		ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEED	ED	

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	pense Office Off	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense				
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics (Commission Filers)				
		Cristian Botello	Campaign							
4	Date	5 Payee name								
6	Amount (\$) Reimbursement from political contributions intended	7 Payee address;		City;	State;	Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description						
		(c) Check if travel outside c	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense				
	omplete <u>ONLY</u> if direct openditure to benefit C/OH	Candidate / Officehold	er 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	f Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehold	er 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 liste	d at the top of this schedule)	Description						
		Check if travel outside o	f Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense				
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officehold	er name	Office sought	(Office held				
		ATTACH ADDITION	AL COPIES OF THIS S	CHEDULE AS NEED	ED					

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	bense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	office held
Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	bense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	office held
Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
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SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	bense
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Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
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Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
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SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
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4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
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Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
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	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
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Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
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Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
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Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
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6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
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Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
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Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
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4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
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Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	office held
Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
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4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
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8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	bense
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Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
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Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
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8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
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8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
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SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Travel In Dist Travel Out Of	n Equipme rict District	g Expense ent & Related Expense r not listed above)
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	bense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
Date	Business	; name					
Amount (\$) Business address		address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	office held
Date	Business	; name					
Amount (\$)	Business	address;		City;	St	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		C	Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business address; City;					ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	Office held
Date	Business	; name					
Amount (\$)	Business	Business address; City;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder I	iving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business address; City;					ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	Office held
Date	Business	; name					
Amount (\$)	Business	Business address; City;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder I	iving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business address; City;					ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	Office held
Date	Business	; name					
Amount (\$)	Business	Business address; City;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder I	iving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense
1 Total pages Schedule H:	2 FILER N	AME n Botello Campaign			3 Filer ID	(Ethics (Commission Filers)
4 Date	5 Business	· · · · · · · · · · · · · · · · ·					
6 Amount (\$)	7 Business address; City;					ate;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description					
	(C)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	Office held
Date	Business	; name					
Amount (\$)	Business	Business address; City;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
	(Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder I	iving exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	ffice held
Date	Business	; name					
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code
PURPOSE OF EXPENDITURE	Category	' (See Categories listed at the top of this s	schedule)	Description			
	,	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		0	office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEEL	DED		

SCHEDULE |

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

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

Forms provided by Texas Ethics Commission

SCHEDULE |

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	The Instruction Guide explains how to cor	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
	Cristian Botello Campaign				
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	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 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.)	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 regar	ding 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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Cristian E	Botello Campaign	
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	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; St	tate; Zip Code
	Purpose for which amount is received Check if	f 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	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; St	tate; Zip Code
	Purpose for which amount is received Check if	f political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	EASNEEDED

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

SCHEDULE K

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

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

SCHEDULE T

The Instruction Guide explains how to complete this form.									
² FILER NAME Cristian Botello Ca	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cristian Botello Campaign 3 Filer ID (Ethics Commission Filers)								
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B Schedule G Schedule H Schedule C2 Schedule CD Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling									
6 Dates of travel									
	8 Departu	re city or nar	me of departure loc	ation					
	9 Destinat	ion city or na	ame of destination	location					
10 Means of transportati	ion	11 Purpose	e of travel (includin	g name of conference,	seminar, or other event)				
Name of Contributor /	[/] Corporation	or Labor Org	ganization / Pledgo	r / Payee					
Contribution / Expend	Sche	l on: edule B edule F4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Dates of travel	Name o	f person(s) t	raveling						
	Departu	re city or nar	me of departure loc	cation					
	Destinat	ion city or na	ame of destination	location					
Means of transportat	ion	Purpos	e of travel (includir	ng name of conference	, seminar, or other event)				
Name of Contributor /	[/] Corporation	or Labor Org	ganization / Pledgo	r / Payee					
Contribution / Expend	liture reported	d on:							
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name o	f person(s) t	traveling						
	Departure city or name of departure location								
Destination city or name of destination location									
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

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

SCHEDULE T

The Instruction Guide explains how to complete this form.									
² FILER NAME Cristian Botello Ca	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cristian Botello Campaign 3 Filer ID (Ethics Commission Filers)								
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B Schedule G Schedule H Schedule C2 Schedule CD Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling									
6 Dates of travel									
	8 Departu	re city or nar	me of departure loc	ation					
	9 Destinat	ion city or na	ame of destination	location					
10 Means of transportati	ion	11 Purpose	e of travel (includin	g name of conference,	seminar, or other event)				
Name of Contributor /	[/] Corporation	or Labor Org	ganization / Pledgo	r / Payee					
Contribution / Expend	Sche	l on: edule B edule F4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Dates of travel	Name o	f person(s) t	raveling						
	Departu	re city or nar	me of departure loc	cation					
	Destinat	ion city or na	ame of destination	location					
Means of transportat	ion	Purpos	e of travel (includir	ng name of conference	, seminar, or other event)				
Name of Contributor /	[/] Corporation	or Labor Org	ganization / Pledgo	r / Payee					
Contribution / Expend	liture reported	d on:							
Schedule A2	Schedu	ıle B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1			
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS			
Dates of travel	Name o	f person(s) t	traveling						
	Departure city or name of departure location								
Destination city or name of destination location									
Means of transportation Purpose of travel (including name of conference, seminar, or other event)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete	e this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••								
1	C/OH N		2 Filer ID (Ethics Commission Filers)						
	Cristi								
3	SIGNA	TURE							
	designa	expect any further political contributions or political expenditures in connection ting a report as a final report terminates my campaign treasurer appointment gn contributions or make any campaign expenditures without a campaign treasurer I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	I also understand that I may not accept any						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••							
	Α.	CAMPAIGN FUNDS							
	Chec	k only one:							
		I do not have unexpended contributions or unexpended interest or income e	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 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 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.								
	В.	ASSETS							
	Chec	k only one:							
		I do not retain assets purchased with political contributions or interest or oth	ner 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		EHOLDER plete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an officehol file. I am also aware that I will be required to file reports of unexpended contri an officeholder, I retain political contributions, interest or other income from por 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.	butions if, after filing the last required report as litical contributions, or assets purchased with						
For	ms provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020						