SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gui	ide explains how to complete thi	is form.	1 Filer ID (Ethics Con 0008694	11	2 Total pages file	ed:
3 COMMITTEE NAME El Paso Progress					OFFICE	USE ONLY
					Date Received	
4 COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE 522 W San Francisco		TX 79901	ZIP ÇODE	10/31/202	2 5:34 PM
					CITY CLERK'S OFFICE - Drana Yunez	
5 CAMPAIGN	MS / MRS / MR FIRS	ST		MI	Date Hand-delivered	or Date Postmarked
5 CAMPAIGN TREASURER NAME	MR Christo				Receipt #	Amount \$
	NICKNAME LAS	3T		SUFFIX	Date Processed 10/3	31/2022 6:04 PM
	Hern	andez			Date Imaged	
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	522 W San Francisco			STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; 522 W San Francisco	El Paso,		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM () 915-630-822		EXTENSIO	N		
9 REPORTTYPE	January 15 July 15	81	Oth day before election th day before election		Exceeded Modified Report (Att	- 100
10 PERIOD COVERED	Month Day	Year			Month Day	Year
	09/30/202/2 /		THROUGH	10/29/	2022 /	
11 ELECTION	ELECTION DATE		EL	ECTION TYPE		
	11/08/2022	Primary General	Runott		ther escription—————	
	1110012022					
		GO TO P	AGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers) 00086944	
14 COMMITTEE PURPOSE (Attach lists on plain paper to		CANDIDATE/OFFICEHOLDER NAME		
complete this report if necessary.)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICEHOLDER		
SUPPORT (Candidate or Measure	e)	BALLOTIDENTIFICATION/#	ELECTION DATE	
OPPOSE (Candidate or Measure) MEASURE		0.10 0.17 0.01	1/08/2022	
ASSIST (Officeholder)		79901		
15 CONTRIBUTION TOTALS	PLEDGES, LOANS,	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$ O	
		CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,250	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$ O	
4. TOTAL POLITICAL EXPENDITURES			\$ 20,683	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	\$ 26,038.77		
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	* O	
	•	enalty of perjury, that the accompanying uired to be reported by me under Title 15	•	
		Christopher Hernandez Christopher Hernandez (Oct 31, 2022 18:39 MDT) Signature of Campaign	Tressurer (Declarant)	
	Please	complete either option below:	Treasurer (Declarant)	
(1) Affidavit				
AFFIX NOTARY STAMP/S	SEALABOVE			
Sworn to and subscribe	ed before me, by the said	Christopher Hernandez	, this the 31st	
		which, witness my hand and seal of office		
CITY CLERK'S OFFICE - Diana		a Nunez	Notary Public	
Signature of officer admir		name of officer administering oath	Title of officer administering oath	
		OR		
(2) Unsworn Declaration				
		, and my date of birth is _	72.W 12.	
My address is	(street)	(city)	(state) (zip code)(country)	
Executed in	County, State of	, on the day of (mor	, 20, (year)	
		Signature of Car	mpaign Treasurer (Declarant)	

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

1: MONETARY POLITICAL CONTRIBUTIONS 2: NON-MONETARY (IN-KIND) POLITICAL CONT PLEDGED CONTRIBUTIONS 1: MONETARY CONTRIBUTIONS FROM CORPO 2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION 1: PLEDGED CONTRIBUTIONS FROM CORPORA 1: LOANS 1: POLITICAL EXPENDITURES MADE FROM P	PRATION OR LABOR ORGANIZATION S FROM CORPORATION OR LABOR ATON OR LABOR ORGANIZATION	\$\$0.00 \$\$0.00 \$\$0.00
2: NON-MONETARY (IN-KIND) POLITICAL CONT PLEDGED CONTRIBUTIONS 1: MONETARY CONTRIBUTIONS FROM CORPO 2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION 1: PLEDGED CONTRIBUTIONS FROM CORPORA 1: LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS	PRATION OR LABOR ORGANIZATION S FROM CORPORATION OR LABOR ATON OR LABOR ORGANIZATION	\$\$0.00 \$\$0.00 \$\$24,000.00 \$\$0.00 \$\$0.00
PLEDGED CONTRIBUTIONS 1: MONETARY CONTRIBUTIONS FROM CORPO 2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION : PLEDGED CONTRIBUTIONS FROM CORPORA : LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS	PRATION OR LABOR ORGANIZATION S FROM CORPORATION OR LABOR ATON OR LABOR ORGANIZATION	\$\$0.00 \$\$24,000.00 \$\$0.00 \$\$0.00
1: MONETARY CONTRIBUTIONS FROM CORPO 2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION : PLEDGED CONTRIBUTIONS FROM CORPORA : LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS	S FROM CORPORATION OR LABOR	\$\$24,000.00 \$\$0.00 \$\$0.00
2: NON-MONETARY (IN-KIND) CONTRIBUTION ORGANIZATION : PLEDGED CONTRIBUTIONS FROM CORPORA : LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS	S FROM CORPORATION OR LABOR	\$\$0.00 \$\$0.00 \$\$0.00
ORGANIZATION : PLEDGED CONTRIBUTIONS FROM CORPORA : LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS	ATON OR LABOR ORGANIZATION	\$\$0.00 \$\$0.00
: LOANS 1: POLITICAL EXPENDITURES MADE FROM P 2: UNPAID INCURRED OBLIGATIONS		\$\$0.00
1: POLITICAL EXPENDITURES MADE FROM P	POLITICAL CONTRIBUTIONS	
2: UNPAID INCURRED OBLIGATIONS	POLITICAL CONTRIBUTIONS	¢5 660 00
		\$\$5,660.99
		\$\$0.00
3: PURCHASE OF INVESTMENTS MADE FROI	M POLITICAL CONTRIBUTIONS	\$\$0.00
4: EXPENDITURES MADE BY CREDIT CARD		\$0
: PAYMENT MADE FROM POLITICAL CONTRIB	BUTIONS TO A BUSINESS OF C/OH	\$\$0.00
NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$\$0.00
INTEREST, CREDITS, GAINS, REFUNDS, AND (CONTRIBUTIONS RETURNED	\$\$0.00
:	: NON-POLITICAL EXPENDITURES MADE FROM (: INTEREST, CREDITS, GAINS, REFUNDS, AND	H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SE INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the request		BO NOT IIICIU	uo uno p	age in the rep	
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME El Paso P	rogress				3 Filer ID (Ethics Commission Filers) 00086944
4 Date	5 Full name of contributor Kelvin Korker	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/4/2022	6 Contributor address; 420 Hague El	Paso,	State;	Zip Code 79902	\$250.00
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;			Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City:	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State:	Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDIT				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

i il ille reque	sted information is not applicable, bo NOT include th	ns page in u	ie report.	
TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule	e A2:
² FILER NAM El Paso	Progress		3 Filer ID (Ethics Comr 00086944	mission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor	Zip Code	8 Amount of I g Contribution \$ I	In-kind contribution description
		,	Check if travel outside	of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL	.)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUD	ICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse	(if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL	.)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUD	ICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse	(if any) (FOR JUDICIAL)
if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
² FILER NAME El Paso F	Progress		3 Filer ID (Ethics C 00086944	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#	8 Amount of Pledge \$	9 In-kind contribution description	
	7 Pledgor address; City; St	Check if travel outs	i - . ide of Texas. Complete Schedule T.	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sl	ate; Zip Code	Check if travel outs	I
Principal occup	 pation / Job title (See Instructions)	Employer (See	- T. L. T.	and of Tokas, Complete Galloads 1.
	P		γ	
Date	Full name of pledgor 🔲 out-of-state PAC (ID#:_)	Amount of Pledge \$	l In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
				ide of Texas, Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEFDED	
lf	contributor is out-of-state PAC, please see Ins			requirements.

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
2 FILER NAME El Paso	o Progress	3 Filer ID (Ethics Commission Filers) 00086944
4 Date 10/11/20 22	5 Corporation / Labor Organization name AECOM	7 Amount of contribution (\$) \$5,000
	6 Corporation / Labor Organization address; City; State; Zip Code 2829 Montana Ave, Suite 206, El Paso, TX 79903	
Date 10/20/20 22	Corporation / Labor Organization name Jobe Materials L.P.	Amount of contribution (\$) \$3,000
	Corporation / Labor Organization address; City; State; Zip Code 1150 Southview Dr, El Paso, TX 79928	
Date 10/21/20 22	Corporation / Labor Organization name Serria Machanary	Amount of contribution (\$) \$3,000
	Corporation / Labor Organization address; City; State; Zip Code 939 Hawkins Blvd, El Paso, TX 79915	
Date 10/27/20	Corporation / Labor Organization name Jordan Foster	Amount of contribution (\$) \$3,000
22	Corporation / Labor Organization address; City; State; Zip Code 7700 C F Jordan Dr, El Paso, TX 79912	
Date 10/28/20 22	Corporation / Labor Organization name Hunt Companies	\$10,000 (\$)
	60 n Mesa St, El Paso, TX 79901 City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

ii trie requ	ested information is not applicable, bo NOT include this page	in the report.	
	The Instruction Guide explains how to complete this form.	1 Total pages Sched	ule C2:
² FILER NAME Paso	Progress	3 Filer ID (Ethics Cor 0008694	
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outside	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	I In-kind contribution I description I
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City: State; Zip Code		1
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City, State; Zip Code		
		Check if travel outside	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsid	le of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED	

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule D:
² FILER NAME El Paso Progress	3 Filer ID (Ethics Commission Filers) 00086944
4 Date 5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution Contribution \$ description
6 Corporation / Labor Organization address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Date Corporation / Labor Organization name	Amount of In-kind contribution Contribution I description
Corporation / Labor Organization address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Date Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
Corporation / Labor Organization address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Date Corporation / Labor Organization name	Amount of I In-kind contribution Contribution \$ I description
Corporation / Labor Organization address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
Date Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
Corporation / Labor Organization address; City; State; Zip Code	
	Check if travel outside of Texas. Complete Schedule T.
ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED

LOANS

SCHEDULE E

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

The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
El Paso Pro	ogress		00086944
LI 1 000 1 10	59.000		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal fun	de were denocited into natitical
none		account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	48 Custostas addisoss		
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	l
,	,		
Description of Coll	ateral	100	
		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
-		·	<u>=</u>
lf le	ATTACH ADDITIONAL COPender is out-of-state PAC, please see In	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

SUBTOTALS - SPAC

FORM SPAC

2. SCHI 3. SCHI 5. SCHI 6. SCHI 7. SCHI 8. SCHI 9. SCHI		R LABOR ORGANIZATION ORPORATION OR LABOR ABOR ORGANIZATION	\$\\$250.00 \$\\$0.00 \$\\$0.00 \$\\$0.00 \$\\$0.00 \$\\$0.00 \$\\$0.00
2. SCHI 3. SCHI 4. SCHI 5. SCHI 6. SCHI 7. SCHI 8. SCHI 9. SCHI	DULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION DULE B: PLEDGED CONTRIBUTIONS DULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION DULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION DULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LACE CORPORATION OF LACE CORPO	R LABOR ORGANIZATION ORPORATION OR LABOR ABOR ORGANIZATION	\$\$0.00 \$\$0.00 \$\$24,000.0 \$\$0.00
3. SCHI 4. SCHI 5. SCHI 6. SCHI 7. SCHI 8. SCHI 9. SCHI	DULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OF CONTRIBUTIONS FROM CORPORATION OF CONTRIBUTIONS FROM CORPORATION OF CONTRIBUTIONS FROM CORPORATION OF LABOR CORPORATION OF LA	R LABOR ORGANIZATION ORPORATION OR LABOR ABOR ORGANIZATION	\$\$0.00 \$\$24,000.0 \$\$0.00 \$\$0.00
4. SCHI 5. SCHI 7. SCHI 8. SCHI 9. SCHI	DULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OF CONTRIBUTIONS FROM CORPORATION OF CORPORATION OF LABOR CORPORA	ORPORATION OR LABOR ABOR ORGANIZATION	\$\$24,000.0 \$\$0.00 \$\$0.00
5. SCHI 6. SCHI 7. SCHI 8. SCHI 9. SCHI	DULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION DULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA DULE E: LOANS DULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	ORPORATION OR LABOR ABOR ORGANIZATION	\$\$0.00 \$\$0.00
6. SCHI 7. SCHI 8. SCHI 9. SCHI	ORGANIZATION DULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA DULE E: LOANS DULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	ABOR ORGANIZATION	\$\$0.00
7. SCHI 8. SCHI 9. SCHI	DULE E: LOANS DULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL		
8. SCHI	DULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00
9. SCHI		CONTRIBUTIONS	
	DULE F2: UNPAID INCURRED OBLIGATIONS		\$\$5,660.9
10. SCH			\$\$0.00
	DULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	AL CONTRIBUTIONS	\$\$0.00
11. SCH	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$O
12. SCHI	DULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS T	O A BUSINESS OF C/OH	\$\$0.00
13. SCH	DULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00
14. SCHI	DULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$\$0.00

POLITICAL EXPENDITURES MADE FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Foot/Beverage Expense Gift/Awards/Memorials Expense Legal Services		pense ages/Contract Labor	Travel In District Travel Out Of District Other (enter a categ	
·		The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N. El Paso	^{AME} Progress			3 Filer ID (Ethic 000869	s Commission Filers) 44
4 Date	5 Payee na	ıme				
10/11/2022	PayPal,	Inc				
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
144.99	2211 N	1st St, San Jose, CA				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Fees			Fees		
OF				+ -		
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Se	chedule T	Check if Austin	n, TX, officeholder livin-	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
10/12/2022	EFO, LL	.C				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
5,260.00	6006 N	Mesa Suite 710 El Pas	so TX 7	9912		
"	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Website, Grap	hics, Social	Media
		Check if travel outside of Texas. Complete So	chedule T	Check if Austin	n, TX, officeholder livin	д ехрепѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/17/2022	Adam R	omero				
Amount (\$)	Payee ac			City;	State;	Zip Code
256	232 Stra	tus Rd El Paso, TX 79	9912			
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Contra	ct Labor		Door to Door (Canvassing	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	R LABOR ORGANIZATION DRPORATION OR LABOR BOR ORGANIZATION CONTRIBUTIONS	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COORGANIZATIONS 10. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	R LABOR ORGANIZATION DRPORATION OR LABOR BOR ORGANIZATION CONTRIBUTIONS	\$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO. 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	R LABOR ORGANIZATION DRPORATION OR LABOR BOR ORGANIZATION CONTRIBUTIONS	\$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00 \$\$2,974.70 \$\$0.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	DRPORATION OR LABOR BOR ORGANIZATION CONTRIBUTIONS	\$\$0.00 \$\$0.00 \$\$0.00 \$\$0.00 \$\$2,974.70
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	DRPORATION OR LABOR BOR ORGANIZATION CONTRIBUTIONS	\$\$0.00 \$\$0.00 \$\$0.00 \$\$2,974.70
ORGANIZATION 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LA 7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	BOR ORGANIZATION	\$\$0.00 \$\$0.00 \$\$2,974.70 \$\$0.00
7. SCHEDULE E: LOANS 8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO. 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	CONTRIBUTIONS	\$\$0.00 \$\$2,974.70 \$\$0.00
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$2,974.70 \$\$0.00
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$\$0.00
10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	AL CONTRIBUTIONS	
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	AL CONTRIBUTIONS	\$\$0.00
12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	i	\$ O
	O A BUSINESS OF C/OH	\$\$0.00
13. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$\$0.00

POLITICAL EXPENDITURES MADE FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:		pense ages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	
4 Tatal annua Pahadula Etc	2 FILER N		3 110 11 10 11	omplete tina roini.	2 Filer ID (Ethic	s Commission Filers)
1 Total pages Schedule F1:		Progress			000869	70
4 Date	5 Payee na					
10/17/2022	Jovanie	Alvarez				
6 Amount (\$)	7 Payee ac	Idress;	·	City,	State,	Zip Code
256	2518 Na	itions Ave El Paso, TX	79930			
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE	Contrac	ct Labor		Door to Door	Canvassing	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas, Complete Sc	chedule T	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	_	ate / Officeholder name		Office sought		Office held
Date	Payee na	ime				
10/18/2022	Airport F	Printing Service				
Amount (\$)	Payee ac	idress;		City;	State	Zip Code
1,297.92	7 Leigh	Fisher Blvd, El Paso,	TX 7990	06		
		(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Printing	g Expense		Door Hangers	3	
		Check if travel outside of Texas. Complete Sc	thedule T.	Check if Austi	ın, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/22/2022	Orlando	Zapante				
Amount (\$)	Payee ac			City;	State;	Zip Code
1,420.78	3410 Wi	ckham Ave, El Paso 1	ΓX 7990)4		
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Printing	g Expense		Signs		
		Check if travel outside of Texas. Complete Sc	hedule T	Check if Austi	in. TX. officeholder ving	expense
Complete ONLY if direct expenditure to benefit C/OF	= :	ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Com 00086944	mission Filers)	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$\$0.00	
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
6.	\$\$0.00		
7.	\$\$0.00		
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$6,824.1	
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$0.00	
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00	
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O	
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		ense ges/Contract Labor	Travel In District Travel Out Of Distric Other (enter a categ	et ory not listed above)
		The Instruction Guide explain	is how to co	mplete this form.		
1 Total pages Schedule F1:		Progress			3 Filer ID (Ethic 000869	s Commission Filers) 44
4 Date	5 Payee na	ame				
10/24/2022	EFO, LI	_C				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
3,797.50	6006 N	Mesa Suite 710 El Pa	so TX 79	9912		
8	(a) Catego	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Adverti	sing Expense		Video Produc	tion/Social m	edia ad buys
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	Schedule T	Check if Aust	un. TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/24/2022	EFO, LI	_C				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
2,770.63	6006 N	Mesa Suite 710 El Pa	so TX 79	9912		
	Categor	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE	Advert	sing Expense		Digital Ads		
OF EXPENDITURE						
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name	•••	Office sought		Office held
Date	Payee n	ame	<u> </u>			
10/24/2022	Adam F	Romero				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
256	232 Stra	itus Rd El Paso, TX 79	9912			
	Category	/ (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Contra	ct Labor		Door to Door	Canvassing	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	in, TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	
A CONTRACTOR OF THE CONTRACTOR						

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME 18 Filer ID (Ethics Com 00086944			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$\$0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$\$0.00	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		
6.	\$\$0.00		
7. SCHEDULE E: LOANS			
8.	8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
9.	9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
10.	10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$0	
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		rpense /ages/Contract Labor	Travel In District Travel Out Of District Other (enter a category)	
	1	The Instruction Guide explain	s now to c	ompiete this form.		
1 Total pages Schedule F1	2 FILER N El Paso	^{AME} Progress			3 Filer ID (Ethic 000869	s Commission Filers)
4 Date	5 Payee na	ime				
10/24/2022	Jovanie	Alvarez				
6 Amount (\$)	7 Payee ac	idress;		City;	State;	Zip Code
256	2518 Na	ations Ave El Paso, TX	79930			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	Contrac	ct Labor		Door to Door	Canvassing	
OF EXPENDITURE	Contrac	, Labor			ourracening	
	(c)	Check if travel outside of Texas. Complete Sc	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	ıme				
10/25/2022	Hazel P	rado				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
300	409 Em	erald Bluff Dr Horizon	City, T	X 79928		
		(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Graphic Desig	jn	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10/26/2022	Melody	Jimenez				
Amount (\$)	Payee ad			City;	State;	Zip Code
364	565 RIve	erdale 79907 El Paso,	TX 799	930		
	Category	(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Contra	ct Labor		Door to Door	Canvassing	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX. officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME 18 Filer ID (Ethics Comm 00086944			nmission Filers)	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$\$0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$\$0.00	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L	ABOR ORGANIZATION	\$\$0.00	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COF	PORATION OR LABOR	\$\$0.00	
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
7. SCHEDULE E: LOANS				
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$\$4,303.5	
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$\$0.00	
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$\$0.00	
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$\$0.00	
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$\$0.00	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$\$0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: El Paso Progress 00086944 4 Date 5 Payee name 10/26/2022 Fair Data, LLC 6 Amount (\$) 7 Payee address; City: Zip Code State: 711 N Copia St, El Paso, TX 79903 1500 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Data Voter Database **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Fair Data, LLC 10/26/2022 Amount (\$) City: Payee address; State: Zio Code 711 N Copia St, El Paso, TX 79903 2,716.40 Category (See Categories listed at the top of this schedule) Description Advertising Expense Text Messages (SMS) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/27/2022 PayPal, Inc Amount (\$) Payee address; City; State: Zip Code 2211 N 1st St, San Jose, CA 87.19 Category (See Categories listed at the top of this schedule) Description **PURPOSE Fees** Fees EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, afficeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Gitt/Augrale/Memorials Ex Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica		xpense Wages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
	El Paso Progress		00086944	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OBLIGATION	IS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF				***
EXPENDITURE	Political Non-Po	olitical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF EXPENDITURE				
EXTENDITORE	(C) Check if travel outside of Texas. Complete Schedule T.	Check of Aus	stin, TX, officeholder living ex	rnense
44				
11 Complete ONLY if direct expenditure to benefit C/O		Office sought	Office hel	d
	<u> </u>			
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF	C Name	alisinal		
EXPENDITURE	Political Non-P	oliticat		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Chack if A	ustin, TX, officeholder living	avnanca
Complete ONLY if direct				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office hel	a
		AAUERIU - * 5 * *		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	
				Davids of 714 010004

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME El Paso Progress		3 Filer ID (Ethics Commission Filers) 00086944
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
	(C) Check if travel outside of Texas. Complete	e Schedule T Check if Au	ustin, TX, officeholder living expense
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-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of II	nis schedule) Description	
	Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	
	and the second s		Devised 7/40/2004

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

By cal Committee	Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Salaries/	Nages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)
2 ELLED M				3 Filer ID (Ethics	Commission Filers)
				00086944	Commission Filers,
5 Business	name				
7 Business	address;		City;	State	Zip Code
(a) Category	{See Categories listed at the top of this s	schedule)	(b) Description		
(c)	Check if travel outside of Texas, Complete Sc	chedule T,	Check if Austin	TX, officeholder living exp	pense
Candid H	ate / Officeholder name		Office sought	C	Office held
Business	name				
Business	address;		City;	State;	Zip Code
Category	(See Categories listed at the top of this so	chedule)	Description		
	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder fiving exp	ense
Candida H	ate / Officeholder name		Office sought		Office held
Business	name		. ',		_
Business	address;		City;	State;	Zip Code
Category	(See Categories listed at the top of this s	schedule)	Description		5
	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder living ex	pense
Candid H	ate / Officeholder name		Office sought	(Office held
ATT	ACH ADDITIONAL COPIES	OF THIS :	SCHEDULE AS NEE	DED	
	2 FILER N. EI Paso 5 Business 7 Business (a) Category (c) Candid: H Business Category Candid: H Business Category Candid: H Candid: H Candid: H Candid: H	The Instruction Guide explain 2 FILER NAME EI PASO Progress 5 Business name 7 Business address; (a) Category (See Categories listed at the top of this seed at the top of	The Instruction Guide explains how to The Instruction Guide explains h	Legal Services Salaries AVages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME EI PASO Progress 5 Business name 7 Business address; City; (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought Business name Business address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin Office sought Business address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin Office sought Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Check if Vavel outside of Texas. Complete Schedule T. Check if Austin Office Sought Category (See Categories listed at the top of this schedule) Description	Category (See Categories listed at the top of this schedule) Business name Category (See Categories listed at the top of this schedule)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Total pages contains	El Paso Progress		00086944
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City	State Zip Code
8	(a) Category (See instructions for examples of acceptable		e instructions regarding type of information
PURPOSE OF	categories.)	required.)	
EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE	Category (See instructions for examples of acceptable		e instructions regarding type of information
OF	categories.)	required.)	
EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE	Category (See instructions for examples of acceptable		e instructions regarding type of information
OF EXPENDITURE	categories.)	required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (Se	e instructions regarding type of information
OF EXPENDITURE	- varagarinas.j	equireu.J	
EAFENDITORE			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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

SCHEDULE K

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

<u> </u>		<u> </u>	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K	:
2 FILER NAME		3 Filer ID (Ethics Com	mission Filers)
El Paso P	Progress	00086944	
4 Date	5 Name of person from whom amount is received	8	Amount (\$)
	6 Address of person from whom amount is received; City; St	ate, Zip Code	
	7 Purpose for which amount is received Check i	f political contribution retur	ned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check i	f political contribution retur	ned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received City; St	ate; Zip Code	
	Purpose for which amount is received Check i	f political contribution retur	ned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	tate; Zip Code	
	Purpose for which amount is received Check i	f political contribution retur	ned to filer
_	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME El Paso Progress		3 Filer ID (Ethics Commission Filers) 00086944
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledger / Payee		
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2	F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportat	tion Purpose of travel (including name of conference	, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Dissolution" •• 2 Filer ID (Ethics Commission Filers) 1 COMMITTEENAME El Paso Progress 00086944 3 Statement of Dissolution I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file. Signature of Campaign Treasurer DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED Please complete either option below: (1) Affidavit AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said ______, this the ______ _____, 20 _____, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath (2) Unsworn Declaration ______ and my date of birth is ______ My name is _____ My address is ______(street) (city) (state) (zip code)(country) Executed in _____ County, State of _____ , on the ____ day of ___ (month) Signature of Campaign Treasurer (Declarant)