

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000030	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Veronica	MI MI	OFFICE USE ONLY
	NICKNAME	LAST Carbajal	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 3016 Wheeling Avenue El Paso, TX 79930			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Emma C.	MI MI	
	NICKNAME Kitty	LAST Spalding	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 920 Blanchard El Paso, TX 79902			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(915)	532-3731		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 10/10/2023	THROUGH	Month Day Year 11/09/2023	
10 ELECTION	ELECTION DATE Month Day Year 12/09/2023		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) El Paso City Council Representative District 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 15

13 C / OH NAME Carbajal , Veronica (Ms.)	14 Filer ID (Ethics Commission Filers) 00000030
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,490.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,470.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,527.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 292.34

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Veronica Carbajal

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Carbajal , Veronica (Ms.)		19 Filer ID (Ethics Commission Filers) 00000030
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,705.34
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 785.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 292.34
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,470.12
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Fermin	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1436 Cedar Oak Dr. El Paso, TX 79936		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderrama, Evangelina	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 725 Hempstead Dr, El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Gallagher Bassett
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balovich J.D., Julie	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 305 Texas Oak Drive Alpine, TX 79830		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barba, Melissa	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3956 Las Vegas Drive El Paso, TX 79902		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) YISD
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Kenneth	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1115 Catalina Way El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Field Organizer		Employer (See Instructions) Kentucky Democratic Coordinated Campaign

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benoit, Christopher	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code 2700 Louisville Avenue El Paso, TX 79930	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Coyle & Benoit PLLC
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carreon, Amy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3316 Funston Pl. El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) EPISD
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Jong Davis, Alicia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 4101 N. Stanton St. El Paso, TX 79902	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez J.D., Octavio	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3948 Las Vegas El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) County of El Paso
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanigan, Rebecca G.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code P.O. Box 774 Portland, TX 78374	
Principal occupation / Job title (See Instructions) Civil Division Director		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Monica	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 134 Green Desert Cir. El Paso, TX 79928	
8 Principal occupation / Job title (See Instructions) Health Strategy Specialist		9 Employer (See Instructions) MHP Salud
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, Merlyn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1200 Galloway Drive El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkle, Peggy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8517 Hopewell Dr. El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Lactation Consultant		Employer (See Instructions) Self
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawyer Esq., C. Martin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 966 Douglass Ave. Apt. 207 Dunedin, FL 34698	
Principal occupation / Job title (See Instructions) Retired Lawyer		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medici, Patricia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1319 North Oregon Street, El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Hal Marcus Gallery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesta J.D., Alberto	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 1206 Mesita Dr. El Paso, TX 79902	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco, Alfonso	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 91 Rainey St. Austin, TX 78701	
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Amherst Group
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Toni (Dr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 7410 Sidewinder Bend Dr. El Paso, TX 79911	
Principal occupation / Job title (See Instructions) Family Physician		Employer (See Instructions) Centro San Vicente, Plume
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza, Ana	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 9133 Cuernavaca Dr. El Paso, TX 79907	
Principal occupation / Job title (See Instructions) Bridge Chaplain		Employer (See Instructions) Episcopal Diocese of the Rio Grande
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code PO BOX 7858 Albuquerque, TX 87194	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Samantha	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 12807 Boris Cove Trail Houston, TX 77047	
8 Principal occupation / Job title (See Instructions) Community Relations Manager		9 Employer (See Instructions) Harris County Attorney's Office
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruffier, Johnny	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 12440 Knightsbridge Dr, Horizon, TX 79928	
Principal occupation / Job title (See Instructions) Intern		Employer (See Instructions) Every Texan
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segura J.D., Bernadette	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 5147 Garry Owen Road El Paso, TX 79903	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt Ph.D, Kathy	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code 7289 Cactus Spine Ln. El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone J.D., Briana	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code 210 Rosemary Hollow Buda, TX 78610	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) National Center for State Courts

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Isabel <hr/> 6 Contributor address; City; State; Zip Code 4800 Caseta Rd. El Paso, TX 79922	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Joseph <hr/> Contributor address; City; State; Zip Code 5624 Valley Elder Lane El Paso, TX 79932	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Carbajal Campaign for Mayor <hr/> Contributor address; City; State; Zip Code 3016 Wheeling Ave El Paso, TX 79930	Amount of Contribution (\$) \$35.34
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/15	
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/20/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justicia Fronteriza PAC	8 Amount of contribution (\$) \$560.00	9 In-kind contribution description VAN access
	7 Contributor address; City; State; Zip Code 1535 Raphael Circle El Paso, TX 79936		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley	Amount of contribution (\$) \$25.00	In-kind contribution description Buttons
	Contributor address; City; State; Zip Code 10900 Stonebridge Dr. El Paso, TX 79934		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murga, Julieta	Amount of contribution (\$) \$200.00	In-kind contribution description Logo re-design
	Contributor address; City; State; Zip Code 2731 Idalia El Paso, TX 79930		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Designer		Employer (FOR NON-JUDICIAL) (See instructions) Social Insite Marketing + Design	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 11/15
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/14/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Veronica	9 Loan Amount (\$) \$87.67
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 3016 Wheeling Ave Wheeling Ave El Paso, TX 79930	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Attorney		13 Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 10/19/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carbajal, Veronica	Loan Amount (\$) \$204.67
Is lender a financial institution? No	Lender address; City; State; Zip Code 3016 Wheeling Ave. El Paso, TX 79930	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 12/15	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/09/2023	5 Payee name Amazon	
6 Amount (\$) \$31.34	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Materials for Yard Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stakes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name Anedot	
Amount (\$) \$179.40	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name California Designs	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 3115 Alameda El Paso, TX 79905	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stickers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 13/15	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/30/2023	5 Payee name City of El Paso	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 300 N. Campbell St. El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2023	Payee name EPMP	
Amount (\$) \$274.96	Payee address; City; State; Zip Code 1144 Vista de Oro Ste. A El Paso, TX 79935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers, Postcards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name EPMP	
Amount (\$) \$719.87	Payee address; City; State; Zip Code 1144 Vista de Oro Ste. A El Paso, TX 79935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers, Postcards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 14/15	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 10/14/2023	5 Payee name FedEx Office	
6 Amount (\$) \$87.87	7 Payee address; City; State; Zip Code 13155 Noel Rd. Suite 1600 Dallas, TX 75420	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Nevarez, Jeanette	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 11400 Arrow Rock Dr. El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Regency Printing	
Amount (\$) \$37.89	Payee address; City; State; Zip Code 2313 N. Piedras El Paso, TX 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/4 Rpt: 15/15	2	FILER NAME Carbajal , Veronica (Ms.)	3	Filer ID (Ethics Commission Filers) 00000030	
4	Date 10/19/2023	5	Payee name Square space, Inc.			
6	Amount (\$) \$204.67	7	Payee address; City; State; Zip Code 225 Varick Street New York, NY 10014			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website			
9		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 10/23/2023		Payee name Wells Fargo Bank			
	Amount (\$) \$12.00		Payee address; City; State; Zip Code 2340 N. Mesa El Paso, TX 79902			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blank checks			
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 10/26/2023		Payee name Zippy Printing			
	Amount (\$) \$63.87		Payee address; City; State; Zip Code 2855 Pershing Dr. El Paso, TX 79903			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards			
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				