SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

2019 APR 26 PM1:32 FORM SPAC COVER SHEET PG 1

'n	ne SPAC Instruction Guid	le explains how to complete this form.	1 Filer ID (Ethics Commis	sion Filers)	2 Total pages fil 20	ed:
3	COMMITTEE NAME				OFFICE	USE ONLY
		Progress 915			Date Received	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		
	Change of Address					
	1	6524 Loma De Cristo	El Paso Texas 799	912	Date Hand-delivered	or Date Postmarked
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	Receipt #	Amount \$
	NAME	Mr. Joe		Α	Date Processed	
		NICKNAME LAST		SUFFIX	Date Imaged	
L		Garibay				
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); AF 6228 Camino Alegre	PT / SUITE #; CTTY;	state;	79912	
		OZZO GAMINIO / NOGIO	Int I Was		70012	
7	CAMPAIGN	STREET ADDRESS OR PO BOX; AF	PT / SUITE #; CITY;	STATE;	ZIP CODE	
	TREASURER MAILING ADDRESS	6228 Camino Alegre	El Paso	Texas	79912	
	Change of Address					
8	CAMPAIGN TREASURER	ARIEA CODE PHONE NUMBER	EXTENSIO	N		
	PHONE	(915) 493-1204				
9	REPORT TYPE	January 15 30	Oth day before election		Exceeded \$500 limit	
			ith day before election		Dissolution (Attach PAC 10th day after campaign	· -
10	PERIOD COVERED	Month Day Year			Month Day	Year
		3 / 26 / 2019	THROUGH		4 / 24 /	2019
11	ELECTION	ELECTION DATE Month Day Year Print	El Runott	LECTION TYPE		
			neral Special	Description		
		GO '	TO PAGE 2			
İ						

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

		the state of the s			
12 COMMITTEE NAME	Program 015	13	Filer ID (Ethics Commissio	n Filers)	
	Progress 915				
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE				
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officehold	der)		
OPPOSE (Candidate or Measure)					
		Month	LECTION DATE Day Year		
ASSIST (Officeholder)	MEASURE	Proposition A 5 /	4 /2019		
\		Preserve "Tax Reinv	estment Zone 12"		
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TH.		.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ \$7,313.	.30	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		EMIZED \$ \$0.	00	
	4. TOTAL POLITICAL EXPENDITURES		\$ \$20,832	2.43	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTII	CONTRIBUTIONS MAINTAINED AS OF THE LAST NG PERIOD	\$ \$3,411.7	77	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$ \$0.	00	
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. PETE ARMENDARIZ Notary ID #11277307 My Commission Expires July 7, 2022 Signature of Campaign Treasurer					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed I	Sworn to and subscribed before me, by the said OF GARIBAY, this the 26 th day of ARIL, 20/9, to certify which, witness my hand and seal of office.				
atitioned	Tatitind Pete house ARIZ NOTARY				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COM	Progress 915	18 Filer ID (Ethics Cor	nmis	sion Filers)
19		DULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,905.00
2.	V	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	188.30
з.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L	ABOR ORGANIZATION	\$	
5.	V	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORGANIZATION	PORATION OR LABOR	\$	220.00
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	OR ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	V	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	17,332.43
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,500.00
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	

SCHEDULE A1

		CONEDULE AT
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAMI		3 Filer ID (Ethics Commission Filers)
	Progress 915	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Lydia R. De Haro 6 Contributor address; City; State; Zip Code	
3/26/19	4309 Memphis Ave. El Paso Texas 79903	25
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Carol Roberts-Spence	
	Contributor address; City; State; Zip Code	
3/27/19	7600 Dianjou Dr. El Paso Texas 79912	20
Principal occu	ipation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Alex Gomez Contributor address; City; State; Zip Code	
3/27/19	7477 Plaza Redonda El Paso Texas 79912	70
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
	Carlos Gallinar Contributor address; City; State; Zip Code	
3/27/19	1427 Hawthorne St El Paso Texas 79902	100
Principal occu	upation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Progress 915		
4 Date	5 Full name of contributor out-of-state PAI	iC (ID#:)	7 Amount of contribution (\$)
	Sharon S. Miles-Bonart, PH.D. 6 Contributor address; City; State	e; Zip Code	
3/28/19	6524 Loma De Cristo Dr. El Paso	Texas 79912	1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
	Sondra Holliday		
	Contributor address; City; State	e; Zip Code	
3/28/19	135 Greeff Lane Memphis TN 3	88111	20
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			,
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Javier Saucedo		
	Contributor address; City; State	e; Zip Code	
3/31/19	6617 Dawn Dr # D El Paso Texa	as 79912	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Gina C. Hacker Contributor address; City; State	e; Zip Code	
4/1/19	3133 High Point Dr. El Paso Tex	as 79904	100
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O	NETHIC COLEDIN E AC AU	
	If contributor is out-of-state PAC, please see inst		

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Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#:_____ Deborah Kastrin 6 Contributor address: City; State; Zip Code 4/1/19 3940 Flamingo Dr El Paso Texas 79902 500 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date _ out-of-state PAC (ID#:_ Richard Provencio Contributor address: 4/5/19 6213 Cadiz El Paso Texas 79925 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:__ Francisco Gonzalez Contributor address: City; State; Zip Code 4/7/19 7379 Gulf Creek Dr. El Paso Texas 79911 20 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Rene Castanos Contributor address; City; State; Zip Code 4/7/19 25 6574 Wind Ridge Drive El Paso Texas 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

SCHEDULE A1

			SCHEDULE AT
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Progress 915		3 Filer ID (Ethics Commission Filers)
	l logiess 913		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Daniela Dominguez		
	6 Contributor address; City; State;	Zip Code	
4/8/19	5944 Anapaula Drive El Paso Te	xas 79932	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
'	Medardo Montoya		
	Contributor address; City; State;	Zip Code	
4/9/19	921 Dakota River Ave El Paso Te	xas 79932	25
	ation / Job title (See Instructions)	Employer (See Instruct	
	,	p.oya. (200	,
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
Date		(low	
	Hector Murguia		
	Contributor address; City; State;	Zip Code	
4/10/19	814 West Sunset El Paso Texas 7	79922	25
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(IDe:	Amount of contribution (\$)
	Luis Rios	, , , , , , , , , , , , , , , , , , , ,	
	,		
4/10/19	732 Camino Norte Ct El Paso Tex	kas 79932	25
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	40,000		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Christi DeBates 6 Contributor address; City; State; Zip Code 4/10/19 3005 Devils Tower Circle El Paso Texas 79904 50 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ Jean-Claude Linossi Contributor address; City; State; Zip Code 4/10/19 812 DULCE TIERRA DR El Paso Texas 79912 25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Patricia Vazquez City; State; Zip Code Contributor address: 4/11/19 1604 Plaza Chica El Paso Texas 79912 25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ Douglas Schwartz Contributor address; City; State; Zip Code 4/11/19 P.O. Box 13611 El Paso Texas 79913 1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 9/8/2015

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#:__ Georgena Askew 6 Contributor address: City; State; Zip Code 4/12/19 11821 Pueblo Carmel Way El Paso Texas 79936 25 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date Scott Schwartz Contributor address: City; State; Zip Code 4/12/19 PO Box 12010 El Paso Texas 79913 1,000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:____ William C. and Patricia A. Sanders Contributor address; City; State; Zip Code 4/13/19 4223 Boy Scout Ln El Paso Texas 79922 100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Mark Wancho

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City; State; Zip Code

Employer (See Instructions)

6233 Caprock Ct. El Paso Texas 79912

4/13/19

Contributor address:

Principal occupation / Job title (See Instructions)

25

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Progress 915 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#:___ Clark Edwinson 6 Contributor address; City; State; Zip Code 7280 Luz de Pueblo Court El Paso Texas 79912 4/14/19 25 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Jorge Herrera Contributor address; City; State; Zip Code 4/18/19 6321 La Posta Dr. El Paso Texas 79912 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Connie Hayes Contributor address: City; State; Zip Code 4/19/19 7560 Violet Vista Ave #101 Las Vegas NV 89130 25 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Hector Zavaleta Contributor address; City; State; Zip Code 4/19/19 109 S. FESTIVAL DR. El Paso Texas 79912 25 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1; 8
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Progress 915		
4	Date	5 Full name of contributor ut-of-state PAC ((ID#:)	7 Amount of contribution (\$)
		Eric Kapenga		
		6 Contributor address; City; State;	Zip Code	94
	4/22/19	1200 Mesita Drive El Paso Texas 79	9902	100
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state_PAC ((ID#:)	Amount of contribution (\$)
		Richard C. Bonart, D.V.M.		
		Contributor address; City; State;	7in Code	
	4/00/40			
	4/23/19	6524 Loma De Cristo Dr. El Paso T	exas /9912	2,100
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
			r	
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		I		
		Contributor address; City; State;	Zip Code	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	Yana\
	Minupai occup	AUON / JOD tille (Gee matricularis)	Embiokai (Saa meneen	ions)
_				
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)

		Contributor address; City; State;	Zip Code	
		1		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	· · · · · · · · · · · · · · · · · · ·			
Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 2	
2 FILER NAMI	Progress 915		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$0	
5 Date	6 Full name of contributor ul-of-state PAC (ID#: Sharon S. Miles-Bonart, PH.D.		8 Amount of 9 In-kind contribution Contribution \$ description	
3/29/19	7 Contributor address; City; State; Zip Coo		60.62 Business cards	
	6524 Loma De Cristo Dr. El Paso Texas	79912	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description	
	Sharon S. Miles-Bonart, PH.D. Contributor address; City; State; Zip Cod	de	67.06 Business cards	
4/3/19	6524 Loma De Cristo Dr. El Paso Texas	s 79912	Check if travel outside of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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)			
14	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ILE AS NEEDED	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2
2 FILER NAMI	E Progress 915		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ \$0
5 Date 4/8/19	6 Full name of contributor out-of-state PAC (ID#: Sharon S. Miles-Bonart, PH.D. 7 Contributor address; City; State; Zip Cocc 6524 Loma De Cristo Dr. El Paso Texas	79912	8 Amount of Contribution \$ In-kind contribution description 60.62 Business Cards Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	т Етрюу	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas, Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	I F AS NEEDED
lf :	contributor is out-of-state PAC, please see instruction		

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Revised 9/8/2015

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2

5	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C2; 1
2 FILER NAI	ME	3 Filer ID (Ethics Commission Filers)
	Progress 915	The factor servings and finding
4 Date	5 Corporation / Labor Organization name	7 Amount of 8 In-kind contribution
	Anabel Ramirez	Contribution \$ description
	Allabel Hallinez	\$220.00 T-Shirts
	• • • • • • • • • • • • • • • • • • • •	\$220.00 T-Stills
	6 Corporation / Labor Organization address; City; State; Zip Code	
4/19/19	3921 Panama Way # A El Paso Texas 79922	
		Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of In-kind contribution Contribution \$ description
		Contribution \$ description
		21
	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
	14	*
	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
	Companies / Labor Opposites address: City Clate, 7in Cade	
	Corporation / Labor Organization address; City; State; Zip Code	,
		<u> </u>
		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	2
		*
		Check if travel outside of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committae Lagal Services Sa	alaries/Wages/Contract Labor Other (enter a category not listed above)
Crown Cast a grant	The Instruction Guide explains ho	ow to complete this form.
1 Total pages Schedule F1: 5	2 FILER NAME Progress 915	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3/29/19	Airport Printing Sen	vice
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$ 945.63	7 Leigh Fisher Blvd	j
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		LI Check if Austin, TX, officeholder living expense
	Printing Expense	Production and mailing of post cards
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/29/19	Fastsigns	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$81.19	4224 Mesa # F	El Paso Texas 79902
	Category (See Categories listed at the top of this schedu	ule) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Advertising Expense	Purchased a banner
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/31/19	ActBlue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$8.69	P.O. Box 441146 Somerville	MA 02145
		<u> </u>
	Category (See Categories listed at the top of this schedu	
PURPOSE		Check If Austic TV efficient living avenue
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Fees	Donation processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to c	Other (enter a category not liste implete this form.	d above)
1 Total pages Schedule F1:	2 FILER NAME Progress 915	3 Filer ID (Ethics Commis	sion Filers)
4 Date	5 Payee name	1	
4/1/19	Anthony Aguero		
6 Amount (\$)	7 Payee address; City; State; Zip Code		_
\$ 2,500	1331 E. Rio Grande Ave El Paso To	exas 79902	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check it travel outside of Texas. Complete Schedule T,	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Salaries/Wages/Contract Labor	Block walking contacting vote	rs
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office h	eld
Date	Payee name		
4/1/19	Wells Fargo		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.00	221 N Kansas El Paso Texas 7	9901	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	
EXPENDITURE			
	Fees	Check processing fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he	əld
Date	Payee name	111111111111111111111111111111111111111	
4/3/19	Big Media		:
Amount (\$)	Payee address; City; State; Zip Code		
\$1,362.94	5710 Doniphan Dr E	Paso Texas 79932	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Advertising Expense	Signs	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Tr Salaries/Wages/Contract Labor Of

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

Candidate/Officeholder/Politica	al Committee	Legal Services	Salaries/Wa	ges/Contract Labor	Other (enter a category not listed above)					
The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F1:	2 FILER NA				3 Filer ID (Ethics Commission Filers)					
5	Progress 915									
4 Date	5 Payee nar	5 Payee name								
4/7/19		ActBlue								
6 Amount (\$)	7 Payee add	dress; City; State;	Zip Code							
\$ 25.48	\$ 25.48 P.O. Box 441146 Somerville MA 02145									
8	(a) Category	(a) Category (See Categories listed at the top of this schedule) (b) Description								
PURPOSE OF				\equiv	utside of Texas. Complete Schedule T.					
EXPENDITURE				Check if Ausum	n, TX, officeholder living expense					
		Fees		Donation processing fee						
9 Complete ONLY if direct		ate / Officeholder name		Office sought	Office held					
expenditure to benefit C/OF	1									
Date	Рауее пал	пе								
4/9/19		DuLac International								
Amount (\$)	Payee add	dress; City; State; 2	Zip Code							
\$70.00	711 N. Copia St. El Paso Texas 79903									
	Category	(See Categories listed at the top of this	schedule)	Description						
PURPOSE	Check if travel outside of Texas. Complete Schedule T.									
OF EXPENDITURE	Check if Austin, TX, officeholder living expense									
	,	Advertising Expense Artwork								
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	Office held					
Date	Payee nar	ne								
4/11/19		Anthony Aguero								
Amount (\$)	Payee add	dress; City; State; 2	Zip Code		**					
\$3,000	1331 E. Rio Grande Ave El Paso Texas 79902									
	Category	(See Categories listed at the top of this	schedule)	Description						
PURPOSE				Check if travel out	tside of Texas. Complete Schedule T.					
OF	, TX, officeholder living expense									
EXPENDITURE	Salarie	es/Wages/Contract La	abor	Block wa	alking contacting voters					
Complete ONLY if direct	Candida	te / Officeholder name	·····	Office sought	Office held					
expenditure to benefit C/OH										
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

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

The instruction Guide 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	the matieuten delae explains new to o	ompieto tino romi.					
1 Total pages Schedule F1:	2 FILER NAME Progress 915		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
4/12/19	Airport Printing Service						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$5,116.39	7 Leigh Fisher Blvd El Paso Texas	79906					
8	(a) Category (See Categories listed at the top of this schedula)	e) (b) Description					
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
OF EXPENDITURE							
	Printing Expense	Production	and mailing of post cards				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	,					
4/14/19	ActBlue						
Amount (\$)	Payee address; City; State; Zip Code						
\$88.90	P.O. Box 441146 Somerville MA 0	2145					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check # travel ou	tside of Texas. Complete Schedule T.				
OF EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Fees	Donati	on processing				
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office he					
Date	Payee name						
4/17/19	KVIA						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,746.75	4140 Rio Bravo El Paso Texas 799	902					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE		Check if travet outside of Texas. Complete Schedule T.					
OF EXPENDITURE	Advertising Expense	Check if Austin	, TX, officeholder living expense				
		TV Ad	s				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E VS VI	FNFN				
	AT IMOU WADDITIONAL COLIES OF 1UIS	SOUEDOFE WOULD	EUEU				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	_	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Other (enter a category not listed above)					
98 TV		The inst	ruction Guid	de explains	s how to c	omplete this for	m.				
1 Total pages Schedule F1: 5	2 FILER NAME Progress 915							nission Filers)			
4 Date	5 Payee na	ame							-		
4/19/19		atex E	l Paso Ti	imes							
6 Amount (\$)	7 Payee a			State; Zi	n Code						
(4)	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ja. 000,	Oity,	O	p 0000						
\$2,366.58	300 1	N. Camp	bell St. 1	El Paso	Texas	79901					
8	(a) Category	/ (See Catego:	ries listed at the	top of this so	:hedule)	(b) Descriptio	n				
PURPOSE						Check if travel outside of Texas. Complete Schedule T.					
OF	F					Check if Austin, TX, officeholder living expense					
EXPENDITURE											
		Adve	ertising E	xpense	•	Newspa	iper a	ads			
9 Complete ONLY if direct expenditure to benefit C/OF		late / Office	holder name	e		Office soug	ght		Office	held	
Date	Payee na	me									
4/21/19		A	ActBlue								
Amount (\$)	Payee ac	ldress;	City; 5	State; Zip	o Code						
\$9.88	P.O.	Box 441	146 Som	nerville	MA 021	145					
	Category	(See Categor	ies listed at the	top of this sc	hedule)	Description	п	-			
PURPOSE	OF Check if Austin, TX, officeholder living expense							side of Texas. Con	nplete Schedule T		
Ψ.											
EXPENDITURE											
			Fees			Donation processing fees					
Complete ONLY if direct expenditure to benefit C/OH		ate / Officel	nolder name	3		Office soug	ht		Office	held	
Date	Рауее па	ame		·		· ·					
	,	<u>-</u>									
Amount (\$)	Payee ad	ldress;	City; S	State; Ziç	Code						
	Category	(See Categor	les listed at the	top of this sci	hedule)	Description	n				
PURPOSE						Check if to	ravel outs	side of Texas. Con	nplete Schedule T.		
OF	Check if Austin, TX, officeholder living expense										
EXPENDITURE											
Complete ONLY if direct expenditure to benefit C/OH		ate / Office	holder nam	le		Office soug	ght		Office	held	
ATTACH ADDITIONAL CORIES OF THIS SCHEDULE AS NEEDED											

UNPAID INCURRED OBLIGATIONS

CITY CLERK DEPT 2019 APR 26 PM1:33 SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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 By Candidate/Officeholder/Political Committee			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/C	ontract Labor	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 F2:	2 FILER	Progess 915	·	3 Filer ID (Ethics Commission Filers)					
4	TOTAL OF UNITEM	IZED INC	JRRED OBLIGATIONS		\$ \$3,500					
5	Date 4/1/19	6 Payee name Stanton Street								
7	Amount (\$)	8 Payee address; City; State; Zip Code								
	\$3,500	500 W. Overland Suite 200 El Paso Texas 79901								
9	TYPE OF EXPENDITURE Political Non-Political									
10		(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description	on				
	PURPOSE				Check if	travel outside of To	exas. Complete Schedule T.			
	OF EXPENDITURE				Check	if Austin, TX, off	iceholder living expense			
		Во	posting facebook post							
11	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH									
-	Date Payee name									
_										
	Amount (\$)	Payee a	address; City; State;	Zip Code						
	X.									
	TYPE OF EXPENDITURE Political Non-Political									
		Categor	y (See Categories listed at the top of this s	schedule)	Description	on				
	PURPOSE				Checkif	travel outside of To	exas. Complete Schedule T.			
	OF EXPENDITURE				Check	il Austin, TX, off	iceholder living expense			
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH									
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									