

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM SPAC
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
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3 COMMITTEE NAME El Paso Municipal Police Officers' Association PAC for Prop "A"	OFFICE USE ONLY
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4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 747 E. San Antonio Ste 103 El Paso, TX 79901	Date Received 10/28/2019 4:08:23 PM
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5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI Mr. Mark NICKNAME LAST SUFFIX Campos	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
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6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 747 E. San Antonio, Ste. 103 El Paso, TX 79901
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7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 544-4792
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination
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10 PERIOD COVERED	Month Day Year Month Day Year 09/30/2019 THROUGH 10/26/2019
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11 ELECTION	ELECTION DATE Month Day Year 11/05/2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Bond Election</u>
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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
El Paso Municipal Police Officers' Association PAC for Prop "A"

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year 11/05/2019 DESCRIPTION City of El Paso Proposition "A" - Public Safety

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 32799.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7200.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Mark Campos
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Campos, this the 5 day of November, 2019, to certify which, witness my hand and seal of office.

John Glendon

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

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SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
El Paso Municipal Police Officers' Association PAC for Prop "A"		
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 40000.00
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32799.52
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
0

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 0	
2 FILER NAME Mr. Mark Campos		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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)			

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
0

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission 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; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / 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; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / 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; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
1

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

4 Date
09/30/2019

5 Corporation / Labor Organization name
El Paso Municipal Police Officers' Association - PAC

6 Corporation / Labor Organization address; City; State; Zip Code

747 E. San Antonio Ste. 103; El Paso, TX 79901

7 Amount of contribution (\$)

20000

Date
10/10/2019

Corporation / Labor Organization name
El Paso Municipal Police Officers' Association - PAC

Corporation / Labor Organization address; City; State; Zip Code
747 E. San Antonio Ste. 103; El Paso, TX 79901

Amount of contribution (\$)
20000

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

Date

Corporation / Labor Organization name

Amount of contribution (\$)

Corporation / Labor Organization address; City; State; Zip Code

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

SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 0	
2 FILER NAME Mr. Mark Campos		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code	7 Amount of Contribution \$	8 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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PLEGGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

The Instruction Guide explains how to complete this form.

1 Total pages Schedule D:
0

2 FILER NAME
Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

4 Date **5** Corporation / Labor Organization name

.....

6 Corporation / Labor Organization address; City; State; Zip Code

7 Amount of Contribution \$ **8** In-kind contribution description

.....

Check if travel outside of Texas. Complete Schedule T.

Date Corporation / Labor Organization name

.....

Corporation / Labor Organization address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description

.....

Check if travel outside of Texas. Complete Schedule T.

Date Corporation / Labor Organization name

.....

Corporation / Labor Organization address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description

.....

Check if travel outside of Texas. Complete Schedule T.

Date Corporation / Labor Organization name

.....

Corporation / Labor Organization address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description

.....

Check if travel outside of Texas. Complete Schedule T.

Date Corporation / Labor Organization name

.....

Corporation / Labor Organization address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description

.....

Check if travel outside of Texas. Complete Schedule T.

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 0
2 FILER NAME Mr. Mark Campos		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2019	5 Payee name Leo Marketing	
6 Amount (\$) 3500	7 Payee address; City; State; Zip Code 1127 E Rio Grande Ave; El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Media & Graphic Design
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 09/30/2019	Payee name Airport Printing	
Amount (\$) 1808.97	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd; El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of door hangers
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 09/30/2019	Payee name 501 Bistro	
Amount (\$) 891.66	Payee address; City; State; Zip Code 501 Texas Ave; El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Food & Beverage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2019	5 Payee name Office Depot	
6 Amount (\$) 136.33	7 Payee address; City; State; Zip Code 1313 George Dieter Dr #B; El Paso, TX 79936	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/01/2019	Payee name Commercial Print Solutions	
Amount (\$) 310	Payee address; City; State; Zip Code 645 Wallenberg Dr; El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pop Up Banners
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 10/01/2019	Payee name Clear Channel Outdoor	
Amount (\$) 4895	Payee address; City; State; Zip Code 2305 Sparkman St; El Paso, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Advertising
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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POLITICAL EXPENDITURES MADE 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: 6		2 FILER NAME Mr. Mark Campos		3 Filer ID (Ethics Commission Filers)	
4 Date 10/01/2019		5 Payee name Jeremy Jordan			
6 Amount (\$) 2000		7 Payee address; City; State; Zip Code 522 W San Francisco Ave; El Paso, TX 79901			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Field Management		
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/04/2019		Payee name Jeremy Jordan			
Amount (\$) 1130		Payee address; City; State; Zip Code 522 San Francisco Ave; El Paso, TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Labor		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/11/2019		Payee name Airport Printing			
Amount (\$) 6612.06		Payee address; City; State; Zip Code 7 Leigh Fisher Blvd; El Paso, TX 79906			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers		
	Candidate / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)		
4 Date 10/11/2019	5 Payee name Jeremy Jordan			
6 Amount (\$) 1086	7 Payee address; City; State; Zip Code 522 W San Francisco; El Paso, TX 79901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Labor		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 10/14/2019	Payee name Ryan Henry			
Amount (\$) 543.5	Payee address; City; State; Zip Code 1019 Central Pkwy N Suite 108; San Antonio, TX 78232			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Services	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 10/18/2019	Payee name KVIA-TV			
Amount (\$) 2550	Payee address; City; State; Zip Code 4140 Rio Bravo; El Paso, TX 79902			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)		
4 Date 10/18/2019	5 Payee name Jeremy Jordan			
6 Amount (\$) 534	7 Payee address; City; State; Zip Code 522 W. San Francisco Ave; El Paso, TX 79901			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Labor		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 10/25/2019	Payee name Airport Printing			
Amount (\$) 5000	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd; El Paso, TX 79906			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 10/18/2019	Payee name Jeremy Jordan			
Amount (\$) 1044	Payee address; City; State; Zip Code 522 W. San Francisco Ave; El Paso, TX 79901			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Labor		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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POLITICAL EXPENDITURES MADE 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: 6	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)			
4 Date 10/18/2019	5 Payee name Jeremy Jordan				
6 Amount (\$) 758	7 Payee address; City; State; Zip Code 522 W San Francisco Ave; El Paso, TX 79901				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Field Labor			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
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 F2: 0	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)
---	---	--

4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS	\$
---	-----------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
------------------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 Complete <u>ONLY</u> 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
----------------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling 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.

1 Total pages Schedule H: 0	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date	Business name			
Amount (\$)	Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Mr. Mark Campos	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--	--

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME

Mr. Mark Campos

3 Filer ID (Ethics Commission Filers)

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 / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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**POLITICAL COMMITTEE
AFFIDAVIT 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" --

1 COMMITTEE NAME

El Paso Municipal Police Officers' Association PAC for Prop "A"

2 Filer ID (Ethics Commission Filers)

3 Affidavit 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.

Mark Campos

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Campos, this the 5 day of November, 20 19, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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