SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

TI	ne SPAC Instruction Guid	de explains how to complete this form.	s Commission Filers)	2 Total pages filed:
3	COMMITTEE NAME	1		OFFICE USE ONLY
	Consumer Energy Allian	ce		Date Received
4	COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE 2211 Norfolk St #610, Houston, TX 77098	E; ZIP CODE	RECEIVED By City Clerk's Office at 12:24 pm, Apr 28, 2023
5	CAMPAIGN	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked
Ĭ	TREASURER NAME	Mr. Matthew		Receipt # Amount \$
		NICKNAME LAST	SUFFIX	Date Processed
		Gonzales		Date Imaged
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2211 Norfolk St #610, Houston, TX 77098	STATE;	ZIP CODE
7	CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; 2211 Norfolk St #610, Houston, TX 77098	STATE;	ZIP CODE
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTER 203-3028	NSION	
9	REPORT TYPE	January 15 July 15 30th day before election Runoff	_	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR) 10th day after campaign treasurer termination
10	PERIOD COVERED	Month Day Year 03 28 2023 THROUGH		Month Day Year 04 26 2023
11	ELECTION	ELECTION DATE	ELECTION TYPE	
		Month Day Year Primary Runoff 05 06 2023 General Specia		ther escription————————————————————————————————————
		GO TO PAGE 2		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Ī			13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) SUPPORT (Candidate or Measure) OPPOSE (Candidate or Measure) ASSIST (Officeholder)		CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office	eholder)
		√ MEASURE	BALLOT IDENTIFICATION / # Mor Proposition K 05 DESCRIPTION El Paso Climate Charter	ELECTION DATE nth Day Year 06 2023
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, C	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$ 0
	2.	TOTAL POLITICAL (OTHER THAN PLEDO	CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF LOANS)	\$ \$548,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$ ₀
101/120	4.	TOTAL POLITICAL	EXPENDITURES	\$ \$548,245.78
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO	ONTRIBUTIONS MAINTAINED AS OF THE LAST PERIOD	DAY \$ 4.22
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN LAST DAY OF THE RI	MOUNT OF ALL OUTSTANDING LOANS AS OF EPORTING PERIOD	THE \$ 0
		·	nalty of perjury, that the accompanying lired to be reported by me under Title 15 Signature of Campaign	, Election Code.
		Please o	complete either option below:	,
(1) Affidavit AFFIX NOTARY STAMP	'SEALAI	BOVE		
Sworn to and subscrib	bed be	fore me, by the said _		, this the
day of	, 20	, to certify wh	nich, witness my hand and seal of office.	
Signature of officer adm	ninisterii	ng oath Printed	name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarat				
My name is Matthew			, and my date of birth is	09/07/1983
My address is 2211 N	ortolk	(street)	Houston (city), TX	77098 USA (state) (zip code (country)
Executed in El Paso		, ,	(as, on the 28day of April	, 20 23
			(nont	(year)
			Signature of Can	paign reasurer (Declarant)
			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Con	nmission Filers)		
19	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0		
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	ABOR ORGANIZATION	\$ 548,250.00		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORFORMANIZATION	PORATION OR LABOR	\$ 0		
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	\$ 0			
7.	SCHEDULE E: LOANS		\$ 0		
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 548,245.78		
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0		
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0		
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0		
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0		
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ o		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$ 0		

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

The Instruction Guide explains how to	complete this form.	1 Total pa	ges Schedule C1:
2 FILER NAME Consumer Energy Alliance		3 Filer ID	(Ethics Commission Filers)
4 Date 5 Corporation / Labor Organization in Consumer Energy Alliance 23		7 Amount 548,250	t of contribution (\$)
6 Corporation / Labor Organization a 2211 Norfolk St Ste. 610, Houston, T			
Date Corporation / Labor Organization in Corporation / Labor Organization a		Amoun	t of contribution (\$)
Date Corporation / Labor Organization n	ame	Amoun	t of contribution (\$)
Corporation / Labor Organization a	ddress; City; State; Zip Code		
Date Corporation / Labor Organization r	ame	Amoun	t of contribution (\$)
Corporation / Labor Organization a	nddress; City; State; Zip Code		
Date Corporation / Labor Organization n	ame	Amount	t of contribution (\$)
Corporation / Labor Organization a	nddress; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense 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

	The instruction Guide explains now to co	ompiete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
17	Consumer Energy Alliance				
4 Date	5 Payee name				
04/24/2023	Ashley Portillo				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
612.00	13140 Delia Selene, San Elizario, TX 79849				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/05/2023	B Strategic Solutions				
Amount (\$)	Payee address;	City;	State; Zip Code		
60,000.00	1617 N Taylor Street, Arlington, VA 22207				
	Category (See Categories listed at the top of this schedule) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/24/2023	Brisa E. Rivera				
Amount (\$)	Payee address;	City;	State; Zip Code		
432.00	501 Clareville Ave, San Elizario, TX 79849				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
17	Consumer Energy Alliance		
4 Date	5 Payee name		
04/24/2023	Claudia Salazar		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
324.00	12473 Cuatro Aces Circle Apt 13B, San Eliz	zario, TX 79849	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Consulting Expense	Canvassing	
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/06/2023	HBW Resources		
Amount (\$)	Payee address;	City;	State; Zip Code
25,000.00	2211 Norfolk St Suite 610, Houston, TX 77098		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing/Bra	nding
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/11/2023	HBW Resources		
Amount (\$)	Payee address;	City;	State; Zip Code
25,000.00	2211 Norfolk St Suite 610, Houston, TX 77098		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Marketing/Brand	ding
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E VS NEI	EDED.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Travel Out Of District
Contract Labor Other (enter a category not listed above)

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

oreal card aymen	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/24/2023	Cristina Ramos			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
540.00	2819 Nashville Ave, El Paso, TX 79930			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2023	Francisco Mendez			
Amount (\$)	Payee address;	City;	State;	Zip Code
333.00	9285 Railroad Dr, El Paso, TX 79924			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2023	Jose Fierro			
Amount (\$)	Payee address;	City;	State;	Zip Code
630.00	11251 Socorro Rd, Socorro, TX 79927			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District
Other (enter a category

Candidate/Officeholder/Politica Credit Card Payment	al Committee		Wages/Cont		Other (er	nter a catego	ory not listed above)
	1	The Instruction Guide explains how to	complete 1	this form.			
1 Total pages Schedule F1:	2 FILER N.	AME			3 Filer	ID (Ethics	s Commission Filers)
17		er Energy Alliance					
4 Date 04/24/2023	5 Payee na	me					
04/24/2020	Luz Miri	am Jauregui					
6 Amount (\$)	7 Payee ac	ldress;		City;		State;	Zip Code
630.00	14919 F	Horizon Blvd, Horizon City, TX 7992	8				
8	(a) Categor	y (See Categories listed at the top of this schedule)	(b) De	scription			
PURPOSE	Consultir	ng Expense	Canv	assing			
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete Schedule T.		Check if Aust	in, TX, office	eholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Offi	ce sought			Office held
Date	Payee na	me					
04/24/2023	Maria C	overnali					
Amount (\$)	Payee ac	ldress;		City;		State;	Zip Code
540.00	1284 G	allina Court, San Elizario, TX 79849					
	Category	(See Categories listed at the top of this schedule)	De	scription			
PURPOSE OF	Consulting Expense		Ca	nvassing			
EXPENDITURE	,			iiivacoiiig			
		Check if travel outside of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense			expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Offic	ce sought			Office held
Date	Payee na	ame					
04/24/2023	Mayra <i>i</i>	Arellano					
Amount (\$)	Payee ac	ldress;		City;		State;	Zip Code
468.00	830 Herr	adura, San Elizario, TX 79849					
	000 11011	addra, Gari Elizario, 170 100 10					
	Category	(See Categories listed at the top of this schedule)	Des	scription			
PURPOSE OF EXPENDITURE	Consulting	Expense	Canvassing				
		Check if travel outside of Texas. Complete Schedule T.		Check if Austi	n, TX, office	holder living	expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Offi	ice sought			Office held
	AT.	TACH ADDITIONAL COPIES OF THIS	SCHED	ULE AS NEI	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Travel Out of E Salaries/Wages/Contract Labor Other (enter a c

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 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)	
17	Consumer Energy Alliance				
4 Date	5 Payee name				
04/01/2023	Renegade Public Affairs				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
	7212 Depart Jawal Dr. El Boso TV 70012				
16,934.80	7212 Desert Jewel Dr, El Paso, TX 79912				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Consulting Expense	Texting			
OF EXPENDITURE					
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name				
04/24/2023	Renegade Public Affairs				
Amount (\$)	Payee address;	City;	State;	Zip Code	
20,399.68	7212 Desert Jewel Dr, El Paso, TX 79912				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Consulting Expense	Texting			
OF EXPENDITURE		rexting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held	
expenditure to benefit C/OF	1				
Date	Payee name				
04/25/2023	Renegade Public Affairs				
Amount (\$)	Payee address;	City;	State;	Zip Code	
		,		•	
5,902.00	7212 Desert Jewel Dr, El Paso, TX 79912				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF	Consulting Expense	Texting			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1	-			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to o	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
17	Consumer Energy Alliance					
4 Date	5 Payee name					
04/24/2023	Sandra Fierro					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
630.00	PO Box 2519, San Elizario, TX 79849-2519					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Consulting Expense	Canvassing				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	1					
D-t-	Payee name					
Date	1 ayee hame					
04/24/2023	Silvia Montelongo					
Amount (\$)	Payee address;	City;	State; Zip Code			
540.00	14604 Pasaje Place, El Paso, TX 79928					
		1				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Consulting Expense	Canvassing				
EXPENDITURE		Carryacomg				
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
04/04/0000	Sucky Portillo					
04/24/2023						
Amount (\$)	Payee address;	City;	State; Zip Code			
612.00	13140 Delia Selene, San Elizario, TX 79849					
	10140 Della Geleffe, Gan Elizano, 17 19049					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE		_				
OF EXPENDITURE	Consulting Expense	Canvassing				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
SAPORIGINAL TO DELIGIT O/OF	•					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI E AS NEE	=DED			
	ALIAGUADDITIONAL COFILO OF ITIO	COLLEGE WO WEL				

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District
Other (enter a categor

Candidate/Officeholder/Politica		Vages/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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
17	Consumer Energy Alliance		
4 Date 04/24/2023	5 Payee name		
	Suky Vacio		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
558.00	1405 Enrique Perez Cir, San Elizario, TX 79	9849	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/01/2023	Timothy Schellhardt		
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	175 E. Delaware Place #5916, Chicago, Illinois 6	60611	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Copywriting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/10/2023	VMP Strategies LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
25,000.00	649 Londonderry, El Paso, TX 79907		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Canvassing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/12/2023	Barracuda Public Relations LLC			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,082.50	2209 Pittsburgh, El Paso, TX 79930			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising Expense	Videography		
EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF				
Date	Payee name			
04/05/2023	Brian Rubin			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,000.00	8177 S. Trenton Way Centennial, CO 80112			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	T.V. and Radio	Spot Editing	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
04/05/2023	Carla Pino Newstreet			
Amount (\$)	Payee address;	City;	State; Zip Code	
90.00	7679 Persian Court, Orlando FL 32819			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Media Translation	n	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

(Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
	17	Consumer Energy Alliance			
4	Date	5 Payee name			
	04/07/2023	Clear Channel Outdoor			
6	Amount (\$)	7 Payee address;	City;	State;	Zip Code
	11,935.00	2305 Sparkman St. El Paso, TX 79903			
8		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE	Advertising Expense	Billboards		
	OF EXPENDITURE				
		(C) Chack if travel outside of Toyon Complete Schodule T	Charle if Augst	n TV officebolder living	
		Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	Date	Payee name			
	04/19/2023	Corre Viewell I C			
		Core-Visual LLC			
	Amount (\$)	Payee address;	City;	State;	Zip Code
	16,775.00	424 Alcazar Street NE, Albuquerque, NM 87108	3		
		Category (See Categories listed at the top of this schedule)	Description		
	PURPOSE	Advertising Expense	Video Editing		
	OF EXPENDITURE		Video Editing		
	LAI LINDITORL				
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	Date	Payee name			
	04/10/2023				
		DijitMedia LLC			
	Amount (\$)	Payee address;	City;	State;	Zip Code
		1752 Dars Ave. Dittaburseb DA 15005			
	2,100.00	1753 Barr Ave., Pittsburgh, PA 15205			
		Category (See Categories listed at the top of this schedule)	Description		
	PURPOSE OF EXPENDITURE	Advertising Expense	Video Editing		
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
	Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
	expenditure to benefit C/OF				
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel In District
Travel Out Of District
Ontract Labor
Other (enter a category of

Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	oursi (errier a sateg	3.7
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/17/2023	DijitMedia LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,900.00	1753 Barr Ave., Pittsburgh, PA 15205			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Video Editing	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/05/2023	El Paso Mail & Print Service			
Amount (\$)	Payee address;	City;	State;	Zip Code
23,139.88	1144 Vista De Oro Ste. A, El Paso, TX 79935			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Mailers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/05/2023	El Paso Mail & Print Service			
Amount (\$)	Payee address;	City;	State;	Zip Code
25,770.00	1144 Vista De Oro Ste. A, El Paso, TX 79935			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Mailers and Ra	ack Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form

	The instruction Guide explains now to co	ompiete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
17	Consumer Energy Alliance		
4 Date	5 Payee name		
03/31/2023	El Paso Mail & Print Service		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
5,971.67	1144 Vista De Oro Ste. A, El Paso, TX 79935		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Yard Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/17/2023	El Paso Mail & Print Service		
Amount (\$)	Payee address;	City;	State; Zip Code
23,139.88	1144 Vista De Oro Ste. A, El Paso, TX 79935		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Mailer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/13/2023	El Paso Mail & Print Service		
Amount (\$)	Payee address;	City;	State; Zip Code
2,331.97	1144 Vista De Oro Ste. A, El Paso, TX 79935		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Mailer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/24/2023	El Paso Mail & Print Service			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,706.25	1144 Vista De Oro Ste. A, El Paso, TX 7993	-		·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Yard Signs		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ı	Office held
Date	Payee name			
04/21/2023	El Paso Mail & Print Service			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,759.06	1144 Vista De Oro Ste. A, El Paso, TX 79935			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Rack Cards		
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
Date	Payee name			
04/11/2023	Entravision Communications Corp			
Amount (\$)	Payee address;	City;	State;	Zip Code
12,750.00	5426 N. Mesa, El Paso, TX 77912			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertisem	nents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/18/2023	Entravision Communications Corp			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
24,820.00	5426 N. Mesa, El Paso, TX 77912			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertisments	;	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/18/2023	Entravision Communications Corp			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,996.00	5426 N. Mesa, El Paso, TX 77912			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Advertisements		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/18/2023	iHeartMedia & Entertainment			
Amount (\$)	Payee address;	City;	State;	Zip Code
5,826.09	4045 N Mesa, El Paso, Texas			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Advertiser	ments	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

rse Travel Out Of D es/Contract Labor Other (enter a c

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
17	Consumer Energy Alliance		
4 Date	5 Payee name		
04/11/2023	KVIA-TV		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
12,435.00	4140 Rio Bravo St, El Paso, Texas 79902		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertiseme	ents
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/18/2023	KVIA-TV		
Amount (\$)	Payee address;	City;	State; Zip Code
28,045.75	4140 Rio Bravo St, El Paso, Texas 79902		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertisem	nents
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/19/2023	Schike Creative		
Amount (\$)	Payee address;	City;	State; Zip Code
3,467.00	140 Manhattan Drive, Boulder, Colorado 80303		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Digital Media De	esign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/11/2023	Sinclair Broadcast Group			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
9,263.75	200 S. Alto Mesa Street, El Paso, TX 79912	2		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertiseme	ents	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/11/2023	Sinclair Broadcast Group			
Amount (\$)	Payee address;	City;	State; Zip Code	
10,262.50	200 S. Alto Mesa Street, El Paso, TX 79912			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertiseme	ents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/17/2023	Sinclair Broadcast Group			
Amount (\$)	Payee address;	City;	State; Zip Code	
26,986.25	200 S. Alto Mesa Street, El Paso, TX 79912			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertisem	ents	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

oreal card ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/17/2023	Sinclair Broadcast Group			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
-33,726.75	200 S. Alto Mesa Street, El Paso, TX 79912			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	TV Advertisemer	nts	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/04/2023	TAG LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
36,650.00	PO Box 1243, Alexandria, VA 22313 US			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Digital Advertis	sements	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/18/2023	TAG LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
15,725.00	PO Box 1243, Alexandria, VA 22313 US			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Digital Advertise	ements	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

	The instruction Guide explains now to t	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
17	Consumer Energy Alliance			
4 Date	5 Payee name			
04/26/2023	TAG LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
11,750.00	PO Box 1243, Alexandria, VA 22313 US			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Digital Advertisements		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH				Office held
Date	Payee name			
04/18/2023	Townsquare Media LLC			
Amount (\$)	Payee address;	City;	State;	Zip Code
6,835.00	4180 N Mesa St, El Paso			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Broadcast Advert	isements	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/20/2023	Volce123			
Amount (\$)	Payee address;	City;	State;	Zip Code
580.00	PO Box 1407. White Plains, NY 10602			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Polling Expense	P2P Calls		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	