

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
	MS	VERONICA					
	NICKNAME	LAST	SUFFIX	Date Received			
	VERO	CARBAJAL		1/15/2021 1:28:39 PM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	3016 WHEELING AVENUE		El Paso	TX	79930		
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 915 )	490-9463					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked			
	MS	EMMA	C				
	NICKNAME	LAST	SUFFIX	Receipt #			
	KITTY	SPALDING		Amount \$			
					Date Processed		
					Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	920 BLANCHARD AVENUE		El Paso	TX	79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(915 )	532-3731					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	10	25	2020	THROUGH	12	31	2020
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	11	03	2020	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
MS VERONICA CARBAJAL

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6943.20
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 15,631.20
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2505.99
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 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.

**VERONICA CARBAJAL**  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VERONICA CARBAJAL, this the 15 day of January, 2021, 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 - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MS VERONICA CARBAJAL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6943
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 15,6331.20
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 500
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<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:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ARMANDO VILLAREAL

**6** Contributor address; City; State; Zip Code

1309 AMBER MORGAN, El Paso TX 79936

**7** Amount of contribution (\$)

50

**8** Principal occupation / Job title (See Instructions)

INSTRUCTOR

**9** Employer (See Instructions)

EPCC

Date

10/25/2020

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

LUCY DEL VALLE

Contributor address; City; State; Zip Code

801 ARIZONA, El Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/25/2020

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

ALMA PADILLA

Contributor address; City; State; Zip Code

1315 PELHAM PKWAY, BRONX NY 10469

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

CHAPIN SCHOOL

Date

10/25/2020

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

ANNA MCVEIGH-MURPHY

Contributor address; City; State; Zip Code

6820 SW 26TH AVE, PORTLAND OR 97219

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

CURACUBBY

**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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MS VERONICA CARBAJAL

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**4** Date

10/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JUDITH ACKERMAN

**6** Contributor address; City; State; Zip Code

3344 EILEEN DR, EI Paso TX 79904

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

RETIRED

**9** Employer (See Instructions)

NA

Date

10/25/2020

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

CHELSIE EVALDI

Contributor address; City; State; Zip Code

3030 SAVANNAH, EI Paso TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

SELF-EMPLOYED

Employer (See Instructions)

NA

Date

10/26/2020

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

MELISSA BARBA

Contributor address; City; State; Zip Code

3956 Las Vegas, EI Paso TX 79902

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

ASSISTANT DIRECTOR

Employer (See Instructions)

UTEP

Date

10/26/2020

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

MARGARET BARNES

Contributor address; City; State; Zip Code

4222 N STANTON, EI Paso TEXAS 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

TRLA

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**4** Date

10/26/2020

**5** Full name of contributor

HEIDE SOLBRIG

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

5 JOHN ST, WALTHAM MA

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

ART PROFESSOR

**9** Employer (See Instructions)

New Hampshire INSTITUTE OF ART

Date

10/26/2020

Full name of contributor

NICHOLAS CARCERANO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, El Paso TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

EPISD

Date

10/26/2020

Full name of contributor

EDGARDO TIRADO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

PO Box 25724, MIAMI FL 33102

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

MARINE ENGINEER

Employer (See Instructions)

MEBA

Date

10/26/2020

Full name of contributor

GUADALUPE SWITALA

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3408 ROLLING HILLS LN, GRAPEVINE TX 76051

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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**4** Date

10/26/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GUADALUPE SWITALA

**6** Contributor address; City; State; Zip Code

3408 ROLLING HILLS LN, GRAPEVINE TX 76051

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

NA

**9** Employer (See Instructions)

NA

Date

10/26/2020

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

SILVIA BUSTAMANTE

Contributor address; City; State; Zip Code

532 ANASAZI CT, EI Paso TX 79912

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RISK MANAGER

Employer (See Instructions)

TRLA

Date

10/26/2020

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

EDGAR PICAZO

Contributor address; City; State; Zip Code

3418 PERSHING, EI Paso TX 79903

Amount of contribution (\$)

175

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/26/2020

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

ISABEL BRIONES

Contributor address; City; State; Zip Code

1401 ADOLPH CARSON, EI Paso TX 79936

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

SELF

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**4** Date  
  
10/26/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JENNY LLOYD

**6** Contributor address; City; State; Zip Code

4011 RAMSEY, AUSTIN TX 78756

**7** Amount of contribution (\$)

25

**8** Principal occupation / Job title (See Instructions)

LAWYER

**9** Employer (See Instructions)

MILLER LLOYD PC

Date

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

Amount of contribution (\$)

10/27/2020

NICOLE ANTEBI

Contributor address; City; State; Zip Code

2425 SILVER LAKE BLVD, Los Angeles CA 90039

50

Principal occupation / Job title (See Instructions)

PROFESSOR

Employer (See Instructions)

CUNY

Date

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

Amount of contribution (\$)

10/27/2020

EIREANN LORSUNG

Contributor address; City; State; Zip Code

25 SAVOY ST, PORTLAND ME

10

Principal occupation / Job title (See Instructions)

ADJUNCT PROFESSOR

Employer (See Instructions)

EMERSON COLLEGE

Date

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

Amount of contribution (\$)

10/27/2020

JENNY SHEPHERD

Contributor address; City; State; Zip Code

10615 DK RANCH, AUSTIN TX 78759

25

Principal occupation / Job title (See Instructions)

MANAGER

Employer (See Instructions)

TASB

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# MONETARY POLITICAL CONTRIBUTIONS

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MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/27/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CORINNE CHACON

**6** Contributor address; City; State; Zip Code  
1117 DEL NORTE, EI Paso TX 79915

**7** Amount of contribution (\$)  
  
20

**8** Principal occupation / Job title (See Instructions)  
NA

**9** Employer (See Instructions)  
NA

Date  
  
10/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
PEGGY HINKLE

Contributor address; City; State; Zip Code  
8517 HOPEWELL DR, EI Paso TX 79925

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)  
IBCLC

Employer (See Instructions)  
SELF

Date  
  
12/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CELIA BALLI

Contributor address; City; State; Zip Code  
6522 ROLLA ST, HOUSTON TX 77055

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)  
ATTORNEY

Employer (See Instructions)  
KBR

Date  
  
10/28/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
KATHERINE MARTINEZ

Contributor address; City; State; Zip Code  
16-14 BELL BLVD, BAYSIDE NY 11360

Amount of contribution (\$)  
  
75

Principal occupation / Job title (See Instructions)  
EDUCATOR

Employer (See Instructions)  
NYCDOE

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/2020

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

SAMEENA KARMALLY

6 Contributor address; City; State; Zip Code

14 BISHOP GATE, ALLEN TX 75002

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

SELF

Date

10/29/2020

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

VONA VAN CLEEF

Contributor address; City; State; Zip Code

4800 N STANTON, El Paso TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

10/29/2020

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

MARCIA LIU

Contributor address; City; State; Zip Code

4002 7TH AVE, BROOKLYN NY 11232

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

PSYCHOLOGIST

Employer (See Instructions)

CUNY

Date

10/29/2020

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

ALEJANDRO COSSIO

Contributor address; City; State; Zip Code

4415 YANDELL, El Paso TX 79903

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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**4** Date  
  
10/29/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JERRY MALDONADO

**6** Contributor address; City; State; Zip Code  
182 MONTGOMERY ST, NEWBURGH, NY 12550

**7** Amount of contribution (\$)  
  
100

**8** Principal occupation / Job title (See Instructions)  
PROGRAM OFFICER

**9** Employer (See Instructions)  
FOUNDATION

Date  
  
10/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARK SALAZAR

Contributor address; City; State; Zip Code  
2831 TAYLOR AVE, El Paso TX 79930

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)  
PERSONAL CARE ASSISTANT

Employer (See Instructions)  
IN-HOME ATTENDANT CARE

Date  
  
10/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
FRANK MARTINEZ

Contributor address; City; State; Zip Code  
12058 BEN PROCTOR, El Paso TX 79936

Amount of contribution (\$)  
  
10

Principal occupation / Job title (See Instructions)  
SUBSTITUTE TEACHER

Employer (See Instructions)  
SISD

Date  
  
10/29/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ALHELly ESCOTO

Contributor address; City; State; Zip Code  
724 SCOTT, El Paso TX 79932

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)  
NA

Employer (See Instructions)  
NA

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# MONETARY POLITICAL CONTRIBUTIONS

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MS VERONICA CARBAJAL

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**4** Date

10/30/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DESIREE MILLER

**6** Contributor address; City; State; Zip Code

14837 TIERRA CORUNA, El Paso TX 79938

**7** Amount of contribution (\$)

25

**8** Principal occupation / Job title (See Instructions)

NA

**9** Employer (See Instructions)

NA

Date

10/30/2020

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

CHRISTOPHER CRANE

Contributor address; City; State; Zip Code

9375 VISCOUNT, El Paso TX 79925

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

MILITARY

Employer (See Instructions)

US ARMY

Date

10/30/2020

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

FRANCISCO PROSKAUER

Contributor address; City; State; Zip Code

135 LOOP RD, AQUADILLA , Puerto Rico

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

10/30/2020

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

JESUS MIRAMONTES

Contributor address; City; State; Zip Code

7518 MONTEREY, El Paso TX 79915

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

TRANSLATOR

Employer (See Instructions)

SOUL PUBLISHING

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**4** Date

10/30/2020

**5** Full name of contributor

REBECCA RASURA

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

3437 KILLEEN, El Paso TX 79936

**7** Amount of contribution (\$)

20.2

**8** Principal occupation / Job title (See Instructions)

FILE REVIEWER

**9** Employer (See Instructions)

AAN INC

Date

10/30/2020

Full name of contributor

LORENA GOMEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1309 RANDOLPH, El Paso TX 79902

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

PROGRAM MANAGER

Employer (See Instructions)

CBP

Date

10/31/2020

Full name of contributor

HELEN AMEZQUITA

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

12054 MICHAELANGELO, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

RN

Employer (See Instructions)

HEALTHCARE

Date

10/31/2020

Full name of contributor

CLAUDIA ENCAMACION

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

6613 SOUTHWIND, EL PASO TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

YISD

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**4** Date

10/31/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PABLO ALMAGUER

**6** Contributor address; City; State; Zip Code

309 HIBISCUS, MCALLEN TX 78501

**7** Amount of contribution (\$)

**25**

**8** Principal occupation / Job title (See Instructions)

ATTORNEY

**9** Employer (See Instructions)

TRLA

Date

10/31/2020

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

AUDREY SPEARMAN

Contributor address; City; State; Zip Code

6032 CAPROCK, EL PASO TX 79912

Amount of contribution (\$)

**10**

Principal occupation / Job title (See Instructions)

PRODUCT SUPPORT

Employer (See Instructions)

WORKING SOLUTIONS

Date

10/31/2020

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

VLADIMIR SOTO

Contributor address; City; State; Zip Code

15575 SPECTRUM, ADDISON TX 75001

Amount of contribution (\$)

**25**

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

Bank of America

Date

10/31/2020

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

EVAN CARCERANO

Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, EI Paso TX 79912

Amount of contribution (\$)

**15**

Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

Employer (See Instructions)

FOSSIL

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/01/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

EVAN CARCERANO

**6** Contributor address; City; State; Zip Code

7740 NARDO GOODMAN, EI PASO TX 79912

**7** Amount of contribution (\$)

10

**8** Principal occupation / Job title (See Instructions)

SALES ASSOCIATE

**9** Employer (See Instructions)

FOSSIL

Date

11/01/2020

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

MELINDA MOORE

Contributor address; City; State; Zip Code

164 AINSLIE ST, BROOKLYN NY 11211

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

11/02/2020

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

JOSE MEDINA

Contributor address; City; State; Zip Code

333 SCHERMERHORN, BROOKLYN NY 11211

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

VISA

Date

11/02/2020

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

DELIRIS MONTANEZ

Contributor address; City; State; Zip Code

6108 LOS SIGLOS, EL PASO TX 79912

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

GOVERNMENT

Employer (See Instructions)

DHS/CBP

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**22**

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

11/03/2020

5 Full name of contributor

JAMIE GALLEGOS

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

1609 E 10TH ST, AUSTIN TX 78702

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

DEVELOPMENT COORDINATOR

9 Employer (See Instructions)

TRLA

Date

11/03/2020

Full name of contributor

BEN BASS

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

6812 VILLA HERMOSA, EI Paso TX 79912

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

EI Paso ALLIANCE

Date

11/03/2020

Full name of contributor

MARIELA MARTINEZ

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

209-10 41ST AVE, BAYSIDE NY 11361

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

LEGAL AID SOCIETY

Date

11/04/2020

Full name of contributor

DIEGO CARLOS

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

510 RANDOLPH, EI Paso TX 79902

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

EPISD

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**22**

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

11/04/2020

5 Full name of contributor

EDUARDO ARELLANO

6 Contributor address;

7344 DESIERTO AZUL, EL PASO TX 79912

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

PROFESSOR

9 Employer (See Instructions)

UTEP

Date

11/07/2020

Full name of contributor

JESUS VALDEZ

Contributor address;

4800 CASETA, El Paso TX 79922

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

NA

Date

11/07/2020

Full name of contributor

CARMEN RODRIGUEZ

Contributor address;

1809 GEORGIA PLACE, El Paso TX 79902

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

11/07/2020

Full name of contributor

CARMEN RODRIGUEZ

Contributor address;

1809 GEORGIA PLACE, El Paso TX 79902

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/15/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAQUEL ROJO

**6** Contributor address; City; State; Zip Code

641 DAVENTREE CT, EL PASO TX 79928

**7** Amount of contribution (\$)

44

**8** Principal occupation / Job title (See Instructions)

OCCUPATIONAL THERAPIST

**9** Employer (See Instructions)

DOD

Date

11/18/2020

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

DESIREE MILLER

Contributor address; City; State; Zip Code

14241 SMOKEY POINT, EI Paso TX 79938

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

11/19/2020

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

BRYAN MONROE

Contributor address; City; State; Zip Code

10316 BON AIRE DR, EI Paso TX 79924

Amount of contribution (\$)

5

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

Date

11/18/2020

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

VERONICA CARRILLO

Contributor address; City; State; Zip Code

1026 CALIFORNIA, EI Paso TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

INFO SECURITY ANALYST

Employer (See Instructions)

UTEP

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

11/21/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

VERONICA CARRILLO

**6** Contributor address; City; State; Zip Code

1026 CALIFORNIA, El Paso TX 79902

**7** Amount of contribution (\$)

25

**8** Principal occupation / Job title (See Instructions)

IMPLEMENTATION CONSULTANT

**9** Employer (See Instructions)

ULTIMATE SOFTWARE

Date

11/22/2020

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

BLANCA ENRIQUEZ

Contributor address; City; State; Zip Code

1391 WHIRLAWAY, EL PASO TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Vice President

Employer (See Instructions)

URBAN STRATEGIES

Date

11/22/2020

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

JESSICA JIMENEZ

Contributor address; City; State; Zip Code

1762 GREEN GATE WAY, El Paso TX 79936

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

DISTRICT MANAGER

Employer (See Instructions)

PAPAYA

Date

11/30/2020

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

VLADIMIR SOTO

Contributor address; City; State; Zip Code

15575 SPECTRUM, ADDISON TX 75001

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

Bank of America

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/07/2020

**5** Full name of contributor

JESUS VALDEZ

**6** Contributor address;

4800 CASETA, El Paso TX 79922

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

**7** Amount of contribution (\$)

**25**

**8** Principal occupation / Job title (See Instructions)

RETIRED

**9** Employer (See Instructions)

NA

Date

12/07/2020

Full name of contributor

CARMEN RODRIGUEZ

Contributor address;

1809 GEORGIA PLACE, El Paso TX 79902

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

**100**

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

12/15/2020

Full name of contributor

RAQUEL ROJO

Contributor address;

641 DAVENTREE CT, EL PASO TX 79928

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

**44**

Principal occupation / Job title (See Instructions)

OCCUPATIONAL THERAPIST

Employer (See Instructions)

DOD

Date

12/19/2020

Full name of contributor

BRYAN MONROE

Contributor address;

10316 BON AIRE DR, El Paso TX 79924

out-of-state PAC (ID#: \_\_\_\_\_)

City;

State;

Zip Code

Amount of contribution (\$)

**5**

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

NA

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

12/22/2020

**5** Full name of contributor

JESSICA JIMENEZ

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

1762 GREEN GATE WAY, El Paso TX 79936

**7** Amount of contribution (\$)

10

**8** Principal occupation / Job title (See Instructions)

DISTRICT MANAGER

**9** Employer (See Instructions)

PAPAYA

Date

12/31/2020

Full name of contributor

VLADIMIR SOTO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

15575 SPECTRUM, ADDISON TX 75001

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

SOFTWARE ENGINEER

Employer (See Instructions)

BANK OF AMERICAN

Date

10/30/2020

Full name of contributor

MYRA GARCIA

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3707 Oxford Ave., El Paso, TX 79903

Amount of contribution (\$)

155

Principal occupation / Job title (See Instructions)

Social Worker

Employer (See Instructions)

Date

10/30/2020

Full name of contributor

PHILLIP HILL

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1504 Dale Douglas Dr., El Paso, TX 79936

Amount of contribution (\$)

130

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/30/2020

**5** Full name of contributor

ANA REZA

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

9133 Cuernavaca Dr., El Paso, TX 79907

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

Bridge Chaplain

**9** Employer (See Instructions)

Episcopal Diocese of Rio Grande

Date

10/30/2020

Full name of contributor

MANUEL B RAMIREZ

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

308 Lawton Dr., El Paso, TX 79902

Amount of contribution (\$)

65

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2020

Full name of contributor

CLAUDETTE PRZYGODA

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

2232 W 23rd Pl, Chicago, IL 60608

Amount of contribution (\$)

55

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2020

Full name of contributor

ADRIAN CORREA

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

11805 Snow Hawk, El Paso, TX 79936

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**22**

2 FILER NAME

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/2020

5 Full name of contributor

JACK LOPEZ

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

532 Alicia Dr., El Paso, TX 79905

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/30/2020

Full name of contributor

AIMEE CARRILLO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1421 Geronimo Dr. Apt. 413, El Paso, TX 79925

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2020

Full name of contributor

BRIANA STONE

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

210 Rosemary Hollow, Buda, TX 78610

Amount of contribution (\$)

65

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2020

Full name of contributor

RICHARD CARRILLO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1500 N Stanton Apt B, El Paso, TX 79902

Amount of contribution (\$)

150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
10/30/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

TONY RAMIREZ

**6** Contributor address; City; State; Zip Code

10240 Letona St, El Paso, TX 79927

**7** Amount of contribution (\$)

150

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
10/30/2020

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

ALBERTO LOYA

Contributor address; City; State; Zip Code

516 W MISSOURI AVE APT 1, EL PASO, TX 79901

Amount of contribution (\$)

85

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
10/30/2020

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

YOLANDA LEYVA

Contributor address; City; State; Zip Code

3105 Mountain Ave., El Paso, TX 79930

Amount of contribution (\$)

65

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Professor

UTEP

Date  
  
10/30/2020

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

NICOLAS SILVA

Contributor address; City; State; Zip Code

7990 Artcraft Road, El Paso, TX 79932

Amount of contribution (\$)

35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**22**

**2** FILER NAME

MS VERONICA CARBAJAL

**3** Filer ID (Ethics Commission Filers)

**4** Date

10/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JOHN HERNANDEZ

**6** Contributor address; City; State; Zip Code

1402 Roswell Road, El Paso, TX 79915

**7** Amount of contribution (\$)

30

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

10/26/2020

Full name of contributor  out-of-state PAC (ID#: C00749861)

FUTURE GENERATIONS VICTORY FUND

Contributor address; City; State; Zip Code

2518 S. Brandon Ct. Seattle, WA 96106

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>0</b>	
2 FILER NAME <b>MS VERONICA CARBAJAL</b>		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

MS VERONICA CARBAJAL

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)

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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

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?  
  
Y N

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

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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**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	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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/26/2020</b>	<b>5</b> Payee name <b>JEAN-CARLO TIRADO</b>	
<b>6</b> Amount (\$) <b>400</b>	<b>7</b> Payee address; City; State; Zip Code <b>12285 ROBERTA LYNNE, El Paso TX 79936</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	<b>(b)</b> Description <b>CAMPAIGN STAFF</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>10/27/2020</b>	<b>Payee name</b> <b>H&amp;H MAILING SERVICES</b>	
<b>Amount (\$)</b> <b>370.53</b>	<b>Payee address; City; State; Zip Code</b> <b>9431 CARNEGIE, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAMPAIGN MATERIAL</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>10/28/2020</b>	<b>Payee name</b> <b>H&amp;H MAILING SERVICES</b>	
<b>Amount (\$)</b> <b>5539.25</b>	<b>Payee address; City; State; Zip Code</b> <b>9431 CARNEGIE, El Paso TX 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAMPAIGN MATERIAL</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/29/2020</b>	<b>5</b> Payee name <b>EL DIARIO DE EI Paso</b>	
<b>6</b> Amount (\$) <b>830</b>	<b>7</b> Payee address; City; State; Zip Code <b>1801 TEXAS AVE., EI Paso TX 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN AD</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>
Date <b>10/29/2020</b>	Payee name <b>FACEBOOK</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY, Menlo Park, CA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADS</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>
Date <b>10/30/2020</b>	Payee name <b>DOMINIC CHACON</b>	
Amount (\$) <b>600</b>	Payee address; City; State; Zip Code <b>5525 PLAINVIEW, EL PASO TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	Description <b>CAMPAIGN STAFF</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/30/2020</b>	<b>5</b> Payee name <b>NEWS PRESS &amp; GAZETTE/KVIA</b>	
<b>6</b> Amount (\$) <b>374</b>	<b>7</b> Payee address; City; State; Zip Code <b>4140 RIO BRAVO, El Paso TX 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>TV CAMPAIGN COMMERCIAL</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>VERONICA CARBAJAL</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/02/2020</b>	<b>Payee name</b> <b>FACEBOOK</b>	
<b>Amount (\$)</b> <b>400</b>	<b>Payee address; City; State; Zip Code</b> <b>1 HACKER WAY, Menlo Park CA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADS</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/02/2020</b>	<b>Payee name</b> <b>GRACIELA BLANDON</b>	
<b>Amount (\$)</b> <b>300</b>	<b>Payee address; City; State; Zip Code</b> <b>1337 DESERT CANYON, El Paso TX 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	Description <b>CAMPAIGN STAFF</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/03/2020</b>	<b>5</b> Payee name <b>GOOGLE</b>	
<b>6</b> Amount (\$) <b>12.79</b>	<b>7</b> Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PARKWAY, Mountain View CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	<b>(b)</b> Description <b>SERVICE FEE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>11/04/2020</b>	Payee name <b>ACT BLUE</b>	
Amount (\$) <b>223.8</b>	Payee address; City; State; Zip Code <b>PO Box 441146, SOMERVILLE MA 02144</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>	Description <b>SERVICE CHARGE</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>11/10/2020</b>	Payee name <b>ONESTREAM LIVE</b>	
Amount (\$) <b>39</b>	Payee address; City; State; Zip Code <b>TAPIOLA CENTER TOWER TAPIONTORI 1, ESPOO FINLAND</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTIING EXPENSE</b>	Description <b>VIDEO LIVE STREAMING</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/10/2020</b>	<b>5</b> Payee name <b>ACT BLUE</b>	
<b>6</b> Amount (\$) <b>345.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 441146, SOMERVILLE MA 02144</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>	<b>(b)</b> Description <b>SERVICE CHARGE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/12/2020</b>	<b>Payee name</b> <b>SQUARESPACE</b>	
<b>Amount (\$)</b> <b>28.15</b>	<b>Payee address; City; State; Zip Code</b> <b>8 CLARKSON ST, New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CAMPAIGN WEBSITE</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/16/2020</b>	<b>Payee name</b> <b>GOOGLE</b>	
<b>Amount (\$)</b> <b>326.34</b>	<b>Payee address; City; State; Zip Code</b> <b>1600 AMPHITHEATRE PARKWAY, Mountain View CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADS</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/16/2020</b>	<b>5</b> Payee name <b>ANNIE'S LIST</b>	
<b>6</b> Amount (\$) <b>50</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 303277, AUSTIN TX 78703</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>11/16/2020</b>	Payee name <b>ELEVATED SOLUTIONS</b>	
Amount (\$) <b>100</b>	Payee address; City; State; Zip Code <b>27 CONCORD, El Paso TX 79906</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAMPAIGN</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>11/16/2020</b>	Payee name <b>ZOOM</b>	
Amount (\$) <b>15.99</b>	Payee address; City; State; Zip Code <b>55 ALMADEN BLVD, San Jose CA 95113</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CAMPAIGN COMMUNICATION</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/17/2020</b>	<b>5</b> Payee name <b>DOMINIC CHACON</b>	
<b>6</b> Amount (\$) <b>1000</b>	<b>7</b> Payee address; City; State; Zip Code <b>5525 PLAINVIEW, EL PASO TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	<b>(b)</b> Description <b>CAMPAIGN STAFF</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/20/2020</b>	<b>Payee name</b> <b>FACEBOOK</b>	
<b>Amount (\$)</b> <b>477.88</b>	<b>Payee address; City; State; Zip Code</b> <b>1 HACKER WAY, Menlo Park, CA 94025</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ONLINE CAMPAIGN ADS</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>11/23/2020</b>	<b>Payee name</b> <b>JEAN-CARLO TIRADO</b>	
<b>Amount (\$)</b> <b>1000</b>	<b>Payee address; City; State; Zip Code</b> <b>12285 ROBERTA LYNNE, El Paso TX 79936</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	Description <b>CAMPAIGN STAFF</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/01/2020</b>	<b>5</b> Payee name <b>GRACIELA BLANDON</b>	
<b>6</b> Amount (\$) <b>700</b>	<b>7</b> Payee address; City; State; Zip Code <b>1337 DESERT CANYON, EI Paso TX 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	<b>(b)</b> Description <b>CAMPAIGN STAFF</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>
Date <b>12/03/2020</b>	Payee name <b>GOOGLE</b>	
Amount (\$) <b>12.79</b>	Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PARKWAY, Mountain View CA 94043</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>SERVICE FEE</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>
Date <b>12/03/2020</b>	Payee name <b>ACT BLUE</b>	
Amount (\$) <b>13.22</b>	Payee address; City; State; Zip Code <b>PO Box 441146, SOMERVILLE MA 02144</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING</b>	Description <b>SERVICE CHARGE</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>EI Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/07/2020</b>	<b>5</b> Payee name <b>STAR LENGAS</b>	
<b>6</b> Amount (\$) <b>1000</b>	<b>7</b> Payee address; City; State; Zip Code <b>15 Isbell Rd., Fort Mitchell, AL 36856</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	<b>(b)</b> Description <b>CAMPAIGN STAFF</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>12/10/2020</b>	<b>Payee name</b> <b>ONESTREAM LIVE</b>	
<b>Amount (\$)</b> <b>39</b>	<b>Payee address; City; State; Zip Code</b> <b>TAPIOLA CENTER TOWER TAPIONTORI 1, ESPOO FINLAND</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>VIDEO LIVE STREAMING</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b> <b>12/10/2020</b>	<b>Payee name</b> <b>BRYAN MONROE</b>	
<b>Amount (\$)</b> <b>1000</b>	<b>Payee address; City; State; Zip Code</b> <b>10316 BON AIRE, El Paso TX 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES</b>	Description <b>CAMPAIGN STAFF</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/14/2020</b>	<b>5</b> Payee name <b>SQUARE SPACE</b>	
<b>6</b> Amount (\$) <b>28.15</b>	<b>7</b> Payee address; City; State; Zip Code <b>8 CLARKSON ST, New York NY 10014</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	<b>(b)</b> Description <b>CAMPAIGN WEBSITE</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>12/15/2020</b>	Payee name <b>ZOOM</b>	
Amount (\$) <b>15.99</b>	Payee address; City; State; Zip Code <b>55 ALMADEN BLVD, San Jose CA 95113</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CAMPAIGN COMMUNICATION</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
Date <b>12/23/2020</b>	Payee name <b>REGENCY PRINTING</b>	
Amount (\$) <b>38.97</b>	Payee address; City; State; Zip Code <b>2313 N PIEDRAS, EL PASO TX 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>CAMPAIGN MATERIAL</b>
	<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 <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>11</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/30/2020</b>	<b>5</b> Payee name <b>RUMI HERNANDEZ</b>	
<b>6</b> Amount (\$) <b>100</b>	<b>7</b> Payee address; City; State; Zip Code <b>904 West Yandell Dr., El Paso TX 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>CAMPAIGN</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Veronica Carbajal</b>	Office sought <b>El Paso MAYOR</b>
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<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

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME MS VERONICA CARBAJAL	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 500
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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

MS VERONICA CARBAJAL

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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME MS VERONICA CARBAJAL	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

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

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>MS VERONICA CARBAJAL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

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

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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

MS VERONICA CARBAJAL

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> 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

**MS VERONICA CARBAJAL**

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

City Clerk Dept.  
1/15/2021 2:06:12 PM

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

MS VERONICA CARBAJAL

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.  
1/15/2021 2:06:12 PM