

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 | OFFICE USE ONLY | | |
| | Mr Joe R | | | | | |
| NICKNAME | | LAST | SUFFIX | Date Received | | |
| Chief Molinar | | | | 1/3/2021 2:40:33 PM | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; | | CITY; | STATE; | ZIP CODE | |
| | 4717 Hondo Pass Dr PMB 268 El Paso, TX 79904 | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (915) | 321-2747 | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | | |
| | Mrs Kendra L | | | Amount \$ | | |
| NICKNAME | | LAST | SUFFIX | Date Processed | | |
| Bray | | | | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | CITY; | STATE; | ZIP CODE | |
| | 9003 Virgo Ln El Paso, TX 79904-1000 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (915) | 321-2747 | | | | |
| 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 |
| | 07/01/2020 | | 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) | | |
| | | | | City Representative - District 4 | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
Mr Joe R Molinar

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 |

| | | |
|--------------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 11.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 26463.86 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 28907.19 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1453.05 |
| OUTSTANDING LOAN TOTALS | 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.

Joe R Molinar
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joe R Molinar, this the 4 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

City Clerk Dept.
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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | |
|--|---|
| 19 FILER NAME Mr Joe R Molinar | 20 Filer ID (Ethics Commission Filers) |
|--|---|

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 19310.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 7142.86 |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 2500.00 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 25110.40 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 3796.79 |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 1025.00 |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

07/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Arthur McDaniel
6 Contributor address; City; State; Zip Code
4400 Loma De Oro El Paso, TX 79934-3711

7 Amount of contribution (\$)

300

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date

07/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Theresa Pacheco
Contributor address; City; State; Zip Code
5834 Chino Ave Chino, CA 91710-5251

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

07/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rosalie Audirsch
Contributor address; City; State; Zip Code
5716 Longview Cir El Paso, TX 79924-1305

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Innovative Solutions Team Inc

Date

07/27/2020

Full name of contributor out-of-state PAC (ID#: _____)
Rose Ortega
Contributor address; City; State; Zip Code
5223 Wally Dr El Paso, TX 79924-5323

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
The Postal Solution

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:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/07/2020

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

Richard Bonart

6 Contributor address; City; State; Zip Code

6524 Loma De Cristo Dr El Paso, TX 79912-7301

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

08/11/2020

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

Matthew E Unger

Contributor address; City; State; Zip Code

121 Eadds Apt 1220 Arlington, VA 22202-4724

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

08/18/2020

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

Robert Jeskey

Contributor address; City; State; Zip Code

10448 Bon Aire Dr El Paso, TX 79924-1712

Amount of contribution (\$)

60

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

08/28/2020

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

Diane Burke

Contributor address; City; State; Zip Code

10749 Rushing Rd El Paso, TX 79924-1216

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

08/31/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Elizabeth Vera
6 Contributor address; City; State; Zip Code
6756 Royal Crest Ct Fontana, CA 92336

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)
Housewife

9 Employer (See Instructions)
Housewife

Date

09/03/2020

Full name of contributor out-of-state PAC (ID#: _____)
TREPAC\Texas Assoc of Realtors PAC
Contributor address; City; State; Zip Code
P.O. Box 2246 Austin, TX 78768-2246

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)
PAC Fund

Employer (See Instructions)
PAC Fund

Date

09/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
Adriana Hernandez
Contributor address; City; State; Zip Code
8409 Dyer St El Paso, TX 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)
Business Owner

Date

09/10/2020

Full name of contributor out-of-state PAC (ID#: _____)
El Paso Municipal Police Officers Assoc - EPMPOA
Contributor address; City; State; Zip Code
747 E. San Antonio Suite 103 El Paso, TX 79901-2557

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)
PAC Fund

Employer (See Instructions)
PAC Fund

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Fernando Hernandez
6 Contributor address; City; State; Zip Code
8409 Dyer St El Paso, TX 79904

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)
Business Owner

9 Employer (See Instructions)
Business Owner

Date

09/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Robert J Coleman
Contributor address; City; State; Zip Code
9437 E.B. Taulbee Dr El Paso, TX 79924-6004

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Geraldine T Hayes
Contributor address; City; State; Zip Code
9209 Igoe Pl El Paso, TX 79924-6939

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
Retired Educator

Employer (See Instructions)
Retired

Date

09/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Isabel J Alarcon
Contributor address; City; State; Zip Code
2609 Ceylon Dr El Paso, TX 79925-5321

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)
Customer Service Representative

Employer (See Instructions)
Unknown

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
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2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

09/29/2020

5 Full name of contributor

Shane Haggerty

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

10577 Canyon Sage Dr El Paso, TX 79924-2464

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

Account Representative

9 Employer (See Instructions)

Barrett Insurance

Date

10/05/2020

Full name of contributor

Rochester Dasher

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1313 Honeysuckle Dr El Paso, TX 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Real Estate Agent

Employer (See Instructions)

Self Employed

Date

10/08/2020

Full name of contributor

Geraldine T Hayes

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

9209 Igoe Pl El Paso, TX 79924-6939

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

Date

10/12/2020

Full name of contributor

William Holt

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

9202 Stonewall Rd El Paso, TX 79924

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Crossing Guard

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:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/2020

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

Raul Quinonez Jr

6 Contributor address; City; State; Zip Code

6020 Fandango Pl El Paso, TX 79912

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

10/19/2020

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

JP Bryan

Contributor address; City; State; Zip Code

P.O. Box 372 Marathon, TX 79842

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self Employed

Date

10/21/2020

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

George Jasso

Contributor address; City; State; Zip Code

11969 Arrow Knoll Cir El Paso, TX 79936

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Laborer

Employer (See Instructions)

Unknown

Date

10/25/2020

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

Diana Y Servin

Contributor address; City; State; Zip Code

3001 Porter Ave El Paso, TX 79930-3631

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

11/12/2020

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

John Vandeven

6 Contributor address; City; State; Zip Code

9205 Omar Bradley Dr

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

11/13/2020

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

Diane Burke

Contributor address; City; State; Zip Code

10749 Rushing Rd El Paso, TX 79924-1216

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/16/2020

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

Richard E Chase

Contributor address; City; State; Zip Code

4541 Major Sprague Ave El Paso, TX 79924-6829

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/20/2020

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

El Paso County Sheriff's Officer Assoc

Contributor address; City; State; Zip Code

747 E San Antonio Suite 103 El Paso, TX 79901

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

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:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

11/23/2020

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

Zelda A Rocha

6 Contributor address; City; State; Zip Code

232 Fountain Rd El Paso, TX 79912-3845

7 Amount of contribution (\$)

30

8 Principal occupation / Job title (See Instructions)

Housewife

9 Employer (See Instructions)

Housewife

Date

11/25/2020

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

JP Bryan

Contributor address; City; State; Zip Code

P.O. Box 372 Marathon, TX 79842

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self Employed

Date

11/30/2020

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

Mariyn Guida

Contributor address; City; State; Zip Code

2505 Scenic Crest Cir El Paso, TX 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/01/2020

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

TREPAC

Contributor address; City; State; Zip Code

P.O. Box 2246 Austin, TX 78768-2246

Amount of contribution (\$)

3000

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

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:
9

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

12/02/2020

5 Full name of contributor

Rose Ortega

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

5223 Wally Dr El Paso, TX 79924-5323

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

The Postal Solution

Date

12/03/2020

Full name of contributor

Gina Posada

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

10748 Coral Sands Dr El Paso, TX 79924

Amount of contribution (\$)

20

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/16/2020

Full name of contributor

Maynard Haddad

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

701 E Yandell El Paso, TX 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Business Owner

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/14/2020

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

Kaleb Warnock

7 Contributor address; City; State; Zip Code

5129 Roger Maris El Paso, TX 79924

8 Amount of Contribution \$

5000

9 In-kind contribution description
Billboard Rental

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)

Business Owner

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

Business Owner

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

09/19/2020

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

Mark-Thomas Bray

Contributor address; City; State; Zip Code

9003 Virgo Ln El Paso, TX 79904-1000

Amount of Contribution \$

2142.86

In-kind contribution description
Billboard Rental

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Program Manager

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)

SAWTST, LLC

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF 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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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

11/13/2020

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

El Paso Municipal Police Officers Assoc

7 Pledgor address; City; State; Zip Code

747 E. San Antonio Ave Suite # 103 El Paso, TX 79901

8 Amount of Pledge \$

2500

9 In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

PAC

11 Employer (See Instructions)

Date

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

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

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#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

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#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
1/4/2021 8:32:58 AM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

Mr Joe R Molinar

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.

| | | | | | |
|---|--|--|---|--|--|
| 1 Total pages Schedule F1: 19 | | 2 FILER NAME Mr Joe R Molinar | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 07/15/2020 | | 5 Payee name Northgate El Paso Post Office | | | |
| 6 Amount (\$) 19.55 | | 7 Payee address; City; State; Zip Code 5249 Sanders Ave El Paso, TX 79924-9998 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Postal Services - Mailing | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 07/23/2020 | | Payee name Wix.com | | | |
| Amount (\$) 23.81 | | Payee address; City; State; Zip Code Wix.com | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Website Lease | | |
| | <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 | | | | | |
| Date 07/23/2020 | | Payee name State Farm Bank | | | |
| Amount (\$) 400 | | Payee address; City; State; Zip Code P.O. Box 23025 Columbus, GA 31902-3025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | | Description Credit card payment | | |
| | <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 | | | | | |

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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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/23/2020 | 5 Payee name GoDaddy.com LLC | |
| 6 Amount (\$) 5.17 | 7 Payee address; City; State; Zip Code 14455 N. Hayden Rd Suite 219 Scottsdale, AZ 85260 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Registration of Domain Name |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|--|
| Date 07/25/2020 | Payee name Harbor Freight Tools | |
| Amount (\$) 33.06 | Payee address; City; State; Zip Code 10060 Dyer St El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Paint; cable ties, sand paper |
| | <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 07/31/2020 | Payee name PayPal Inc | |
| Amount (\$) 0.33 | Payee address; City; State; Zip Code 2211 N First St San Jose, CA 95131 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Transaction Fee |
| | <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 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.

| | | | | | |
|---|---|--|---|--|--|
| 1 Total pages Schedule F1: 19 | | 2 FILER NAME Mr Joe R Molinar | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 08/09/2020 | | 5 Payee name VistaPrint.com | | | |
| 6 Amount (\$) 176.8 | | 7 Payee address; www.vistaprint.com City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description Printing of postcards | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/10/2020 | | Payee name PayPal Inc | | | |
| Amount (\$) 14.13 | | Payee address; 2211 N First St San Jose, CA 95131 City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | | Description Transaction Fee | | |
| | <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 | |
| Date 08/15/2020 | | Payee name Zapa Graphics - Orland Zapanta | | | |
| Amount (\$) 823.24 | | Payee address; 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026 City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description Campaign signs & banners | | |
| | <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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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/16/2020 | 5 Payee name State Farm Bank | |
| 6 Amount (\$) 400 | 7 Payee address; City; State; Zip Code P.O. Box 23025 Columbus, GA 31902-3025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description Credit card payment |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/16/2020 | Payee name Amazon.com Inc | |
| Amount (\$) 107.05 | Payee address; City; State; Zip Code Amazon.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printer Ink Cartridge |
| | <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 | | |
| Date 08/17/2020 | Payee name Sam's Club | |
| Amount (\$) 385 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - Postage Expense | Description Postage Stamps |
| | <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 | | |

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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/19/2020 | 5 Payee name Zapa Graphics - Orlando Zapanta | |
| 6 Amount (\$) 114.52 | 7 Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904-6028 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Campaign signs & banners |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/19/2020 | Candidate / Officeholder name VistaPrint.com | |
| Amount (\$) 171.62 | Office sought VistaPrint.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Door hangers |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Office held | | |
| Date 08/24/2020 | Candidate / Officeholder name Wix.com | |
| Amount (\$) 23.81 | Office sought Wix.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Lease |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Office held | | |

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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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/25/2020 | 5 Payee name Zapa Graphics - Orlando Zapanta | |
| 6 Amount (\$) 129.9 | 7 Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Magnetic signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|---|
| Date 08/28/2020 | Payee name Michelle Sanchez | |
| Amount (\$) 100 | Payee address; City; State; Zip Code 10016 Caribou Dr Unit C El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Maintenance - August 2020 |
| | <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 08/28/2020 | Payee name Michelle Sanchez | |
| Amount (\$) 100 | Payee address; City; State; Zip Code 10016 Caribou Dr Unit C El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Maintenance - September 2020 |
| | <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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/06/2020 | 5 Payee name VistaPrint.com | |
| 6 Amount (\$) 155.15 | 7 Payee address; City; State; Zip Code VistaPrint.com | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Push Cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|---|
| Date 09/15/2020 | Payee name State Farm Bank | |
| Amount (\$) 151.44 | Payee address; City; State; Zip Code P.O. Box 23025 Columbus, GA 31902-3025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Credit card payment |
| | <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 09/15/2020 | Payee name Sam's Club | |
| Amount (\$) 330 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - Postage Expense | Description Postage Stamps |
| | <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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/16/2020 | 5 Payee name Clear Channel Outdoor | |
| 6 Amount (\$) 6312.5 | 7 Payee address; City; State; Zip Code 2305 Sparkman St El Paso, TX 79903 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Billboard Rentals |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|---|
| Date 09/20/2020 | Payee name Kaboom Party Hall | |
| Amount (\$) 400 | Payee address; City; State; Zip Code 4601 Hondo Pass Dr Ste J El Paso, TX 79924-1457 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Party Hall Rental |
| | <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 09/25/2020 | Payee name Wix.com | |
| Amount (\$) 23.81 | Payee address; City; State; Zip Code Wix.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Lease |
| | <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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/01/2020 | 5 Payee name Zapa Graphics - Orlando Zapanta | |
| 6 Amount (\$) 101.35 | 7 Payee address; City; State; Zip Code 3410 Wickham Ave Ste 100 El Paso, TX 79904-6026 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Campaign signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/02/2020 | Payee name The Postal Solution | |
| Amount (\$) 16.59 | Payee address; City; State; Zip Code 4717 Hondo Pass Dr Ste 1-D El Paso, TX 79904 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Copying documents |
| | <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 | | |
| Date 10/11/2020 | Payee name State Farm Bank | |
| Amount (\$) 400 | Payee address; City; State; Zip Code P.O. Box 23025 Columbus, GA 31902-3025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Credit card payment |
| | <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 | | |

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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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/12/2020 | 5 Payee name PayPal Inc | |
| 6 Amount (\$) 0.59 | 7 Payee address; City; State; Zip Code PayPal.com | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Transaction Fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |

| | | |
|--|---|--|
| Date 10/23/2020 | Payee name allPrint of El Paso LLC | |
| Amount (\$) 2771.2 | Payee address; City; State; Zip Code 7230-D Gateway East El Paso, TX 79915 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing / mailing postcards |
| | <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 10/25/2020 | Payee name PayPal Inc | |
| Amount (\$) 3.5 | Payee address; City; State; Zip Code PayPal.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Transaction Fee |
| | <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 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.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/26/2020 | 5 Payee name Wix.com | |
| 6 Amount (\$) 23.81 | 7 Payee address; City; State; Zip Code Wix.com | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website Lease |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/28/2020 | Candidate / Officeholder name El Diario Paso Del Norte Publishing, Inc | |
| Amount (\$) 480 | Office sought 1801 Texas Ave El Paso, TX 79901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Campaign Ads in Newspaper |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name El Diario Paso Del Norte Publishing, Inc | | |
| Date 11/04/2020 | Office held 10016 Caribou Dr Unit C El Paso, TX 79924 | |
| Amount (\$) 100 | Candidate / Officeholder name Michelle Sanchez | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Maintenance - October |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name Michelle Sanchez | | |
| Office sought 10016 Caribou Dr Unit C El Paso, TX 79924 | | |
| Office held 10016 Caribou Dr Unit C El Paso, TX 79924 | | |

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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/04/2020 | 5 Payee name Michelle Sanchez | |
| 6 Amount (\$) 100 | 7 Payee address; City; State; Zip Code 10016 Caribou Dr Unit C El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website Maintenance - November |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/08/2020 | Candidate / Officeholder name VistaPrint | |
| Amount (\$) 130.6 | Office sought VistaPrint.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Printing Push Cards |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name VistaPrint | | |
| Date 11/08/2020 | Office held VistaPrint.com | |
| Amount (\$) 9.73 | Candidate / Officeholder name Amazon.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Address Labels |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Amazon.com | | |
| Office sought Amazon.com | | |
| Office held | | |

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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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/11/2020 | 5 Payee name VistaPrint | |
| 6 Amount (\$) 181.05 | 7 Payee address; City; State; Zip Code VistaPrint.com | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Door Hangers |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/14/2020 | Payee name State Farm Bank | |
| Amount (\$) 400 | Payee address; City; State; Zip Code P. O. Box 23025 Columbus, Ga 31902-3025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit card payment | Description Credit card payment |
| | <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 | | |
| Date 11/19/2020 | Payee name Bancuet - Christopher Hernandez | |
| Amount (\$) 400 | Payee address; City; State; Zip Code 3212 Pierce Ave El Paso, TX 79930 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description SMS text messaging |
| | <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 | | |

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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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/20/2020 | 5 Payee name Zapa Graphics - Orlando Zapanta | |
| 6 Amount (\$) 140.72 | 7 Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | Office sought | Office held |

| | | |
|--|---|--|
| Date 11/20/2020 | Payee name Zapa Graphics - Orlando Zapanta | |
| Amount (\$) 21.61 | Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Hardware for signs |
| | <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 11/23/2020 | Payee name Wix.com | |
| Amount (\$) 23.81 | Payee address; City; State; Zip Code Wix.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Lease |
| | <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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/24/2020 | 5 Payee name Lowe's Home Centers, LLC | |
| 6 Amount (\$) 31.33 | 7 Payee address; City; State; Zip Code 4531 Woodrow Bean Transmountain El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Supplies - Sign Maintenance |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/30/2020 | Payee name PayPal.com | |
| Amount (\$) 3.2 | Payee address; City; State; Zip Code PayPal.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fee | Description Processing Fees |
| | <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 | | |
| Date 12/01/2020 | Payee name allPrint of El Paso, LLC | |
| Amount (\$) 2771.2 | Payee address; City; State; Zip Code 7230 Gateway East Ste D El Paso, TX 79915 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing / mailing postcards |
| | <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 | | |

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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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/04/2020 | 5 Payee name Zapa Graphics - Orlando Zapanta | |
| 6 Amount (\$) 43.3 | 7 Payee address; City; State; Zip Code 3410 Wickham Ave Ste 100 El Paso, TX 79904-6026 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Service | (b) Description Campaign signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/05/2020 | Payee name The Postal Solution | |
| Amount (\$) 17.78 | Payee address; City; State; Zip Code 4717 Hondo Pass Dr Ste 1-D | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printing / Scanning 8 /day Runoff Report |
| | <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 | | |
| Date 12/06/2020 | Payee name Bancuet - Christopher Hernandez | |
| Amount (\$) 300 | Payee address; City; State; Zip Code 3212 Pierce Ave El Paso, TX 79930 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expendce | Description SMS text messaging |
| | <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 | | |

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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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/07/2020 | 5 Payee name allPrint of El Paso LLC | |
| 6 Amount (\$) 2771.2 | 7 Payee address; City; State; Zip Code 7230 Gateway Ste D El Paso, TX 79915 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing / mailing postcards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/19/2020 | Payee name State Farm Bank | |
| Amount (\$) 3040 | Payee address; City; State; Zip Code P.O. Box 23025 Columbus, GA 31902-3025 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Credit card payment | Description Credit card payment |
| | <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 | | |
| Date 12/20/2020 | Payee name VistaPrint.com | |
| Amount (\$) 148.13 | Payee address; City; State; Zip Code VistaPrint.com | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Note cards |
| | <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 | | |

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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.

| | | | | | |
|---|--|---|---|--|--|
| 1 Total pages Schedule F1: 19 | | 2 FILER NAME Mr Joe R Molinar | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 12/23/2020 | | 5 Payee name Wix.com | | | |
| 6 Amount (\$) 23.81 | | 7 Payee address; City; State; Zip Code Wix.com | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Website Lease | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 12/26/2020 | | Payee name Sam's Club | | | |
| Amount (\$) 55 | | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other - Postage expense | | Description Postage Stamps | | |
| | <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 | | | | | |
| Date 12/28/2020 | | Payee name Michelle Sanchez | | | |
| Amount (\$) 100 | | Payee address; City; State; Zip Code 10016 Caribou Dr Unit C El Paso, TX 79924 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | | Description Website maintenance - December 2020 | | |
| | <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 | | | | | |

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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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 19 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/30/2020 | 5 Payee name The Postal Solution | |
| 6 Amount (\$) 100 | 7 Payee address; City; State; Zip Code 4717 Hondo Pass Dr Ste 1-D El Paso, TX 79904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description PMB rental renewal |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | |
| Date | Office held | |
| Amount (\$) | Candidate / Officeholder name | |
| Date | Office sought | |
| Amount (\$) | Office held | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | |
| Date | Office held | |
| Amount (\$) | Candidate / Officeholder name | |
| Date | Office sought | |
| Amount (\$) | Office held | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought | |
| Date | Office held | |
| Amount (\$) | Candidate / Officeholder name | |
| Date | Office sought | |
| Amount (\$) | Office held | |

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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.

| | | |
|--|---|--|
| 1 Total pages Schedule F2: 0 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

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

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

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

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

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

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

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

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

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

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

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

| |
|--|
| |
|--|

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F4: 4 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

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

| | |
|------------------------------------|-------------------------------------|
| 5 Date 07/09/2020 | 6 Payee name FedEx |
|------------------------------------|-------------------------------------|

| | |
|-------------------------------------|--|
| 7 Amount (\$) 8.59 | 8 Payee address; City; State; Zip Code 6600 Montana Ave El Paso, TX 79925 |
|-------------------------------------|--|

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

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

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

| | |
|---------------------------|----------------------------|
| Date 09/25/2020 | Payee name FedEx |
|---------------------------|----------------------------|

| | |
|---------------------------|---|
| Amount (\$) 5.4 | Payee address; City; State; Zip Code 6600 Montana Ave El Paso, TX 79925 |
|---------------------------|---|

| | | |
|----------------------------|------------------------------------|--|
| 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) Printing Expense | Description Printing Services |
| | (c) <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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F4: 4 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|---|---|--|

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

| | |
|-----------------------------|-----------------------------------|
| 5 Date 09/26/2020 | 6 Payee name Sam's Club |
|-----------------------------|-----------------------------------|

| | | | | |
|-------------------------------|---|-------|--------|----------|
| 7 Amount (\$) 32.45 | 8 Payee address; 9498 Gateway North El Paso, TX 79924 | City; | State; | Zip Code |
|-------------------------------|---|-------|--------|----------|

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

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

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

| | |
|--------------------|--------------------------|
| Date 09/27/2020 | Payee name VistaPrint |
|--------------------|--------------------------|

| | | | | |
|-----------------------|----------------------------------|-------|--------|----------|
| Amount (\$) 113.12 | Payee address; VistaPrint.com | 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) Printing Expense | Description Large campaign door hangers |
| | <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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F4: 4 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

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

| | |
|------------------------------------|---|
| 5 Date 10/01/2020 | 6 Payee name allPrint of El Paso LLC |
|------------------------------------|---|

| | |
|---------------------------------------|---|
| 7 Amount (\$) 2771.2 | 8 Payee address; City; State; Zip Code 7230 Gateway East Ste D El Paso, TX 79915 |
|---------------------------------------|---|

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

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

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

| | |
|---------------------------|---------------------------------|
| Date 11/14/2020 | Payee name Sam's Club |
|---------------------------|---------------------------------|

| | |
|---------------------------|---|
| Amount (\$) 385 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 |
|---------------------------|---|

| | | |
|----------------------------|------------------------------------|--|
| 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) Advertising Expense | Description Postage Stamps |
| | <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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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 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F4: 4 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|---|--|--|

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

| | |
|------------------------------------|---|
| 5 Date 11/25/2020 | 6 Payee name City Of El Paso |
|------------------------------------|---|

| | |
|-------------------------------------|--|
| 7 Amount (\$) 1.03 | 8 Payee address; City; State; Zip Code 300 North Campbell El Paso, TX 79901 |
|-------------------------------------|--|

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

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

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

| | |
|---------------------------|---|
| Date 12/01/2020 | Payee name El Diario Paso Del Norte Publishing, Inc |
|---------------------------|---|

| | |
|---------------------------|---|
| Amount (\$) 480 | Payee address; City; State; Zip Code 1801 Texas Ave El Paso, TX 79901 |
|---------------------------|---|

| | | |
|----------------------------|------------------------------------|--|
| 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) Advertising Expense | Description Advertising in Newspaper |
| | <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.

| | | |
|--|--|--|
| 1 Total pages Schedule G: 0 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

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

| | | | | |
|--|-------------------------|-------|--------|----------|
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 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 | | | | |

| | | |
|-------------------------------|---|---|
| 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 |
|--|-------------------------------|---------------|-------------|

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

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

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

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

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

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

| | | |
|--|--|--|
| 1 Total pages Schedule I: 0 | 2 FILER NAME Mr Joe R Molinar | 3 Filer ID (Ethics Commission Filers) |
|--|--|--|

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

| | | | | |
|----------------------|-------------------------|------|-------|----------|
| 6 Amount (\$) | 7 Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

4 Date

11/06/2020

5 Name of person from whom amount is received

Kaboom Party Hall - David Atilano

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

4601 Hondo Pass Dr Ste J El Paso, TX 79924-1457

8 Amount (\$)

400

7 Purpose for which amount is received

Check if political contribution returned to filer

Refund of Party Hall Rental - Cancelled due to Covid-19

Date

11/16/2020

Name of person from whom amount is received

Clear Channel Outdoor

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

2305 Sparkman St El Paso, TX 79903

Amount (\$)

625

Purpose for which amount is received

Check if political contribution returned to filer

Error in billboard rental

Date

Name of person from whom amount is received

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

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

Purpose for which amount is received

Check if political contribution returned to filer

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1/4/2021 8:32:58 AM

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME

Mr Joe R Molinar

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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1/4/2021 8:32:58 AM

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

Mr Joe R Molinar

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.
1/4/2021 8:32:58 AM