## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G  | uide explains how to complete this form.   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:   |
|---|--|---|--|
| 3 CANDIDATE/  | MS / MRS / MR FIRST  | MI                                      | OFFICE USE ONLY  |
| OFFICEHOLDER<br>NAME  | Mr Joe   | R                                       | Date Received  |
|   | NICKNAME LAST  | SUFFIX                                  | Date Neceived  |
|   | Chief Molinar  |   | 1/3/2021 2:40:33 PM  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX; APT / SUITE #; 4717 Hondo Pass Dr PMB 268 El Paso, TX 79904    | PITY; STATE; ZIP CODE                   |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER ( 915 ) 321-2747  | EXTENSION                               | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN  | MS / MRS / MR FIRST  | MI                                      | Receipt # Amount \$  |
| TREASURER<br>NAME   | Mrs Kendra   | L<br>                                   | Date Processed   |
|   | NICKNAME LAST  | SUFFIX                                  | Date Imaged  |
|   | Bray   |   | Date imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | street address (no po box please); APT / SU 9003 Virgo Ln El Paso, TX 79904-1000 | JITE #, CITY;                           | STATE; ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (915 ) 321-2747   | EXTENSION                               |  |
| 9 REPORT TYPE   | January 15 30th day before el  |   | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
|   |  | reporting Limit                         |  |
| 10 PERIOD<br>COVERED  | Month Day Year 07/01/2020  | THROUGH 12/31                           | Day Year<br><b>/2020</b>   |
| 11 ELECTION   | BLECTION DATE  Month Day Year Primary  | ELECTION TYPE  Runoff Other Description |  |
|   | 11/03/2020 General   | Special                                 |  |
| 12 OFFICE   | OFFICE HELD (if any)   | 13 OFFICE SOUGHT (if known              |  |
|   |  | City Representativ                      | re - District 4  |
|   | GO TO  | PAGE 2                                  |  |

## City Clerk Dept. /4/2021 8:32:58 AN

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME                          |                    | <b>15</b> F  | iler ID (Ethics Commission Filers)  |
|---------------------------------------|--------------------|--|-------------------------------------|
| Mr Joe R Molinar                      |                    |  |                                     |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAND   | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOURES. | T THE CANDIDATE'S OR OFFICEHOLDER'S |
|                                       | COMMITTEE TYPE     | COMMITTEE NAME   |                                     |
|                                       | GENERAL            |  |                                     |
|                                       | SPECIFIC           | COMMITTEE ADDRESS  |                                     |
| Additional Pages                      |                    | COMMITTEE CAMPAIGN TREASURER NAME  |                                     |
|                                       |                    | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                                     |
| 17 CONTRIBUTION<br>TOTALS             | PLEDG              | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>RIBUTIONS MADE ELECTRONICALLY)  | \$ 11.00                            |
|                                       |                    | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 26463.86                         |
| EXPENDITURE<br>TOTALS                 | 3. TOTAL           | UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                |
|                                       | 4. TOTAL           | POLITICAL EXPENDITURES   | \$ 28907.19                         |
| CONTRIBUTION<br>BALANCE               |                    | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY<br>ORTING PERIOD   | \$ 1453.05                          |
| OUTSTANDING<br>LOAN TOTALS            |                    | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>AY OF THE REPORTING PERIOD  | \$                                  |
| <b>18</b> AFFIDAVIT                   |                    | I swear, or affirm, under penalty of perjur<br>true and correct and includes all informa<br>under Title 15, Election Code.   |                                     |
|                                       |                    | Joe R Molinar  |                                     |
|                                       |                    | Signature of Candidat  | e or Officeholder                   |
| AFFIX NOTARY STAM                     | P/SEALABOVE        |  |                                     |
| Sworn to and subsc                    | ribed before me, b | by the said Joe R Molinar  | , this the _4                       |
| <sub>day of</sub> January             |                    | to certify which, witness my hand and seal of office.  |                                     |
|                                       | Jo                 | hn Glendon   |                                     |
| Signature of officer a                | dministering oath  | Printed name of officer administering oath   | Title of officer administering oath |

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

| 19  | FILER NAME  | 20 Filer ID (Ethics Co | mmission Filers)   |
|-----|---|------------------------|--------------------|
| Mr  | Joe R Molinar   |                        |                    |
| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                |                        | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |                        | \$ 19310.00        |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |                        | \$ 7142.86         |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS                                     |                        | \$ 2500.00         |
| 4.  | SCHEDULE E: LOANS   |                        | \$                 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO            | NTRIBUTIONS            | \$ 25110.40        |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              |                        | \$                 |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL              | CONTRIBUTIONS          | \$                 |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         |                        | \$ 3796.79         |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR             | NDS                    | \$                 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A            | BUSINESS OF C/OH       | \$                 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO         | NTRIBUTIONS            | \$                 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER | TIONS RETURNED         | \$ 1025.00         |
|     |   |                        |                    |

| MONET                       | ARY POLITICAL CONTRI   | BUTIONS                                       | SCHEDULE A1                           |
|-----------------------------|--|---|---------------------------------------|
| The                         | Instruction Guide explains how to complete this  | form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mr Joe R Mo | linar  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/16/2020           | <ul> <li>5 Full name of contributor  out-of-state PAC</li> <li>Arthur McDaniel</li> <li>6 Contributor address; City;</li> <li>4400 Loma De Oro El Paso, TX 7993</li> </ul> | State; Zip Code                               | 7 Amount of contribution (\$) 300     |
| 8 Principal occu<br>Retired |  | 9 Employer (See Instruc<br>Retired            | tions)                                |
| Date 07/16/2020             | Full name of contributor out-of-state PAC  Theresa Pacheco Contributor address; City;  5834 Chino Ave Chino, CA 91710-52   | State; Zip Code                               | Amount of contribution (\$)           |
| Principal occup Retired     | ation / Job title (See Instructions)   | Employer (See Instruction Retired             | tions)                                |
| Date 07/27/2020             | Full name of contributor out-of-state PAC  Rosalie Audirsch Contributor address; City;  5716 Longview Cir El Paso, TX 79924  | State; Zip Code                               | Amount of contribution (\$)           |
| Principal occup             | vation / Job title (See Instructions)  | Employer (See Instruc                         | ,                                     |
| Date 07/27/2020             | Full name of contributor  uut-of-state PAC  Rose Ortega Contributor address; City;  5223 Wally Dr El Paso, TX 79924-53   | (ID#:) State; Zip Code                        | Amount of contribution (\$)           |
| Principal occup Business Ow | vation / Job title (See Instructions) //NEr  | Employer (See Instruction The Postal Solution | •                                     |
|                             | ATTACH ADDITIONAL COPIES O   | F THIS SCHEDIU E AS N                         | IFFDFD                                |

| MONET                       | TARY POLITICAL CONTRI  | BUTIONS                             | SCHEDULE A1                           |
|-----------------------------|--|-------------------------------------|---------------------------------------|
| The                         | Instruction Guide explains how to complete this                                | form.                               | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mr Joe R Mo | linar  |                                     | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                      | 5 Full name of contributor out-of-state PAC Richard Bonart City;               | (ID#:) State; Zip Code              | 7 Amount of contribution (\$)         |
| 08/07/2020                  | 6524 Loma De Cristo Dr El Paso, TX   | •                                   | 500                                   |
| 8 Principal occu<br>Retired | pation / Job title (See Instructions)  | 9 Employer (See Instruction Retired | tions)                                |
| Date                        | Full name of contributor   | (ID#:)                              | Amount of contribution (\$)           |
| 08/11/2020                  | Matthew E Unger Contributor address; City; 121 Eadds Apt 1220 Arlington, VA 22 | State; Zip Code<br>2202-4724        | 200                                   |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruction Retired   | tions)                                |
| Date                        | Full name of contributor   | (ID#:)                              | Amount of contribution (\$)           |
| 08/18/2020                  | Robert Jeskey  Contributor address; City;  10448 Bon Aire Dr El Paso, TX 7992  | State; Zip Code                     | 60                                    |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruction Retired   | tions)                                |
| Date                        | Full name of contributor out-of-state PAC                                      | (ID#:)                              | Amount of contribution (\$)           |
| 08/28/2020                  | Diane Burke  Contributor address; City;  10749 Rushing Rd El Paso, TX 7992     | State; Zip Code                     | 50                                    |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruction Retired   | tions)                                |
|                             |  |                                     |                                       |
|                             | ATTAQUADDITIONAL CODICO  |                                     | IEEEE                                 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| 2 FILER NAME   | The            | Instruction Guide explains how to complete this | form.                 | 1 Total pages Schedule A1:    |
|--|----------------|---|-----------------------|-------------------------------|
| Elizabeth Vera  6 Contributor address; City; State; Zip Code 6756 Royal Crest Ct Fontana, CA 92336  8 Principal occupation / Job title (See Instructions) Housewife  Date  Full name of contributor  TREPAC\Texas Assoc of Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) PAC Fund  Date  Full name of contributor  Out-of-state PAC (IDF:   |                | olinar  |                       |                               |
| 8 Principal occupation / Job title (See Instructions) Housewife  Date  Full name of contributor  TREPAC\Texas Assoc of Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) PAC Fund  Date  Full name of contributor  Date  Full n   | 4 Date         |   | C (ID#:)              | 7 Amount of contribution (\$) |
| Housewife  Date  Full name of contributor  TREPAC\Texas Assoc of Realtors PAC  O9/03/2020  Contributor address; P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions)  PAC Fund  Date  Full name of contributor  Adriana Hernandez  Contributor address; City; State; Zip Code PAC Fund  PAC Fund  PAC Fund  PAC Fund  PAC Fund  Date  Full name of contributor  Adriana Hernandez  Contributor address; City; State; Zip Code 100  Business Owner  Business Owner  Employer (See Instructions)  Business Owner  Date  Full name of contributor  Out-of-state PAC (ID#:  Business Owner  Employer (See Instructions)  Business Owner  Date  Full name of contributor  Out-of-state PAC (ID#:  Employer (See Instructions)  Business Owner  Amount of contribution (\$)  Employer (See Instructions)  Business Owner  Pace (ID#:  Amount of contribution (\$)  Amount of contribution (\$)  Employer (See Instructions)   | 08/31/2020     |   | •                     | 150                           |
| TREPAC\Texas Assoc of Realtors PAC  Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) PAC Fund  Date Full name of contributor Adriana Hernandez  Contributor address; City; State; Zip Code 8409 Dyer St El Paso, TX 79904  Principal occupation / Job title (See Instructions) Business Owner  Date Full name of contributor Business Owner  Date Full name of contributor Out-of-state PAC (ID#:   | •              | pation / Job title (See Instructions)           |                       | <br>ptions)                   |
| O9/03/2020  Contributor address; P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) PAC Fund  Date Full name of contributor Adriana Hernandez Contributor address; City; State; Zip Code 8409 Dyer St El Paso, TX 79904  Principal occupation / Job title (See Instructions) Business Owner  Date Full name of contributor Business Owner  Date Full name of contributor Out-of-state PAC (ID#: Business Owner  Date Full name of contributor Out-of-state PAC (ID#: Business Owner  Date Full name of contributor Out-of-state PAC (ID#: Business Owner  Amount of contribution (\$)  Employer (See Instructions) Business Owner  Amount of contribution (\$)  EI Paso Municipal Police Officers Assoc - EPMPOA Contributor address; City; State; Zip Code 2000 747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions) Employer (See Instructions)  | Date           | Full name of contributor                        | C (ID#:)              | Amount of contribution (\$)   |
| PAC Fund  Date  Full name of contributor  Adriana Hernandez  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  T47 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  | 09/03/2020     | Contributor address; City;                      | State; Zip Code       | 3000                          |
| Adriana Hernandez  Contributor address; City; State; Zip Code  8409 Dyer St El Paso, TX 79904  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  El Paso Municipal Police Officers Assoc - EPMPOA  Contributor address; City; State; Zip Code  747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  2000  2000  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |                | pation / Job title (See Instructions)           |                       | etions)                       |
| O9/10/2020  Contributor address; City; State; Zip Code  8409 Dyer St El Paso, TX 79904  Principal occupation / Job title (See Instructions)  Business Owner  Employer (See Instructions)  Business Owner  Date  Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  El Paso Municipal Police Officers Assoc - EPMPOA  Contributor address; City; State; Zip Code  747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | Date           | Full name of contributor                        | C (ID#:)              | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)  Business Owner    Date  | 09/10/2020     | Contributor address; City;                      | State; Zip Code       | 100                           |
| Date  Full name of contributor  Contributor address;  City;  State; Zip Code  747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions)  Amount of contribution (\$)  Amount of contribution (\$)  State; Zip Code  Type Co | Principal occu |   | Employer (See Instruc | ctions)                       |
| 09/10/2020 EI Paso Municipal Police Officers Assoc - EPMPOA Contributor address; City; State; Zip Code 747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | Business Ov    | vner  | Business Owner        | ı                             |
| 09/10/2020 Contributor address; City; State; Zip Code 747 E. San Antonio Suite 103 El Paso, TX 79901-2557  Principal occupation / Job title (See Instructions) Employer (See Instructions)   | Date           | Full name of contributor out-of-state PAC       | (ID#:)                | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions)   | 09/10/2020     |   |                       | 2000                          |
|  |                | 747 E. San Antonio Suite 103 El Pas             | so, TX 79901-2557     |                               |
|  | •              | pation / Job title (See Instructions)           |                       | ctions)                       |
|  |                |   |                       |                               |
|  |                |   |                       |                               |
|  |                |   |                       |                               |

| ## Principal occupation / Job title (See Instructions)  Retired  ## Principal occupation / Job title (See Instructions)  ## Principal occupati | The        | Instruction Guide explains how to complete this | form.                 | 1 Total pages Schedule A1:            |
|--|------------|---|-----------------------|---------------------------------------|
| Fernando Hernandez  09/10/2020   |            | linar   |                       | 3 Filer ID (Ethics Commission Filers) |
| 8 Principal occupation / Job title (See Instructions) Business Owner  Date  Full name of contributor  Contributor address;  9 Employer (See Instructions) Business Owner  Date  Full name of contributor  Contributor address;  City;  State;  Zip Code  9437 E.B. Taulbee Dr El Paso, TX 79924-6004  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  Geraldine T Hayes  Contributor address;  City;  State;  Zip Code  Retired  Amount of contribution (\$)  Amount of contribution (\$)  Retired  Date  Full name of contributor  Geraldine T Hayes  Contributor address;  City;  State;  Zip Code  50  9209 Igoe Pl El Paso, TX 79924-6939  Principal occupation / Job title (See Instructions)  Retired Educator  Date  Full name of contributor  Out-of-state PAC (ID#:  Date  Full name of contributor  Out-of-state PAC (ID#:  Amount of contribution (\$)  Amount of contribution (\$)  See Instructions  Retired  Date  Full name of contributor  Out-of-state PAC (ID#:  Date  Full name of contributor  Out-of-state PAC (ID#:  Amount of contribution (\$)  Amount of contribution (\$)  Sabel J Alarcon  Contributor address;  City;  State;  Zip Code  40  | 4 Date     | _ out or orate time (                           | (ID#:)                | 7 Amount of contribution (\$)         |
| Business Owner  Date Full name of contributor out-of-state PAC (ID#:   | 09/10/2020 |   | State; Zip Code       | 100                                   |
| Robert J Coleman  Contributor address; City; State; Zip Code 9437 E.B. Taulbee Dr El Paso, TX 79924-6004  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  Geraldine T Hayes  Contributor address; City; State; Zip Code 9209 Igoe Pl El Paso, TX 79924-6939  Principal occupation / Job title (See Instructions)  Retired Educator  Date  Full name of contributor  Date  Full name of contributor  Out-of-state PAC (ID#:   | •          |   |                       | tions)                                |
| O9/21/2020   Contributor address; City; State; Zip Code   200    Principal occupation / Job title (See Instructions)   Employer (See Instructions)   Retired    Date   Full name of contributor   out-of-state PAC (ID#:   | Date       | Full name of contributor  ut-of-state PAC (     | (ID#:)                | Amount of contribution (\$)           |
| Retired    Date   Full name of contributor   out-of-state PAC (ID#:  | 09/21/2020 | Contributor address; City;                      |                       | 200                                   |
| Geraldine T Hayes Contributor address; City; State; Zip Code 9209 Igoe PI EI Paso, TX 79924-6939  Principal occupation / Job title (See Instructions) Retired Educator  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Isabel J Alarcon Contributor address; City; State; Zip Code 2609 Ceylon Dr El Paso, TX 79925-5321  |            |   |                       | tions)                                |
| O9/23/2020   Contributor address; City; State; Zip Code   50    9209 Igoe PI El Paso, TX 79924-6939   Employer (See Instructions)    Retired Educator   Retired    Date   Full name of contributor   out-of-state PAC (ID#:  | Date       | Full name of contributor  uut-of-state PAC (    | (ID#:)                | Amount of contribution (\$)           |
| Principal occupation / Job title (See Instructions)  Retired Educator  Pate 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  | 09/23/2020 | <u> </u>  | State; Zip Code       | 50                                    |
| Retired Educator    Date   Full name of contributor   out-of-state PAC (ID#:)   Amount of contribution (\$)   Isabel J Alarcon   Contributor address; City; State; Zip Code   2609 Ceylon Dr El Paso, TX 79925-5321   40   |            | 9209 Igoe Pl El Paso, TX 79924-6939             | )                     |                                       |
| Usabel J Alarcon Contributor address; City; State; Zip Code 2609 Ceylon Dr El Paso, TX 79925-5321  | •          |   |                       | tions)                                |
| 09/23/2020 Contributor address; City; State; Zip Code 2609 Ceylon Dr El Paso, TX 79925-5321  | Date       | Full name of contributor  ut-of-state PAC (     | (ID#:)                | Amount of contribution (\$)           |
|  | 09/23/2020 | Contributor address; City;                      | , , ,                 | 40                                    |
| Customer Service Representative  Unknown   | •          | pation / Job title (See Instructions)           | Employer (See Instruc | tions)                                |

| MONET                           | TARY POLITICAL CONTRI  | BUTIONS                                       | SCHEDULE A1                           |
|---------------------------------|--|---|---------------------------------------|
| The                             | Instruction Guide explains how to complete this                                  | form.   | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mr Joe R Mo     | olinar   |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                          | 5 Full name of contributor □ out-of-state PAC Shane Haggerty                     | C (ID#:)                                      | 7 Amount of contribution (\$)         |
| 09/29/2020                      | 6 Contributor address; City; 10577 Canyon Sage Dr El Paso, TX                    | State; Zip Code 79924-2464                    | 200                                   |
| 8 Principal occu<br>Account Rep | pation / Job title (See Instructions)  resentative                               | 9 Employer (See Instruction Barrett Insurance | etions)                               |
| Date                            | Full name of contributor out-of-state PAC  | C (ID#:)                                      | Amount of contribution (\$)           |
| 10/05/2020                      | Rochester Dasher  Contributor address; City;  1313 Honeysuckle Dr El Paso, TX 79 | State; Zip Code                               | 50                                    |
| Principal occup                 | oation / Job title (See Instructions) Agent                                      | Employer (See Instruction Self Employed       | tions)                                |
| Date                            | Full name of contributor   | C (ID#:)                                      | Amount of contribution (\$)           |
| 10/08/2020                      | Geraldine T Hayes  Contributor address;  City;                                   | State; Zip Code                               | 100                                   |
|                                 | 9209 Igoe Pl El Paso, TX 79924-693   | 9   |                                       |
| Principal occup Retired Educ    | pation / Job title (See Instructions)  | Employer (See Instruction Retired             | tions)                                |
| Date                            | Full name of contributor out-of-state PAC  | C (ID#:)                                      | Amount of contribution (\$)           |
| 10/12/2020                      | William Holt Contributor address; City;  | State; Zip Code                               | 10                                    |
|                                 | 9202 Stonewall Rd El Paso, TX 7993   | 24  |                                       |
| Principal occup Crossing Gu     | pation / Job title (See Instructions)  | Employer (See Instruc                         | ctions)                               |
|                                 | ATTACH ADDITIONAL COPIES   | OF THIS SCHEDULE AS N                         | NEEDED                                |

| MONE                        | TARY POLITICAL CONTRI  | BUTIONS                                 | SCHEDULE A1                           |
|-----------------------------|--|---|---------------------------------------|
| The                         | Instruction Guide explains how to complete this                                | form.                                   | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mr Joe R Mo | linar  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                      | 5 Full name of contributor ☐ out-of-state PAC Raul Quinonez Jr                 | (ID#:)                                  | 7 Amount of contribution (\$)         |
| 10/13/2020                  | 6 Contributor address; City; 6020 Fandango PI EI Paso, TX 7991                 | State; Zip Code                         | 50                                    |
| 8 Principal occu<br>Retired | pation / Job title (See Instructions)  | 9 Employer (See Instruction Retired     | ctions)                               |
| Date                        | Full name of contributor  ut-of-state PAC                                      | ; (ID#:)                                | Amount of contribution (\$)           |
| 10/19/2020                  | JP Bryan  Contributor address; City;  P.O. Box 372 Marathon, TX 79842          | State; Zip Code                         | 3000                                  |
| Principal occup Business Ow | pation / Job title (See Instructions) /ner                                     | Employer (See Instruction Self Employed | tions)                                |
| Date                        | Full name of contributor   | C (ID#:)                                | Amount of contribution (\$)           |
| 10/21/2020                  | George Jasso Contributor address; City;  | State; Zip Code                         | 200                                   |
|                             | 11969 Arrow Knoll Cir El Paso, TX 7  | <u> </u>                                |                                       |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruction Unknown       | itions)                               |
| Date                        | Full name of contributor out-of-state PAC                                      | G (ID#:)                                | Amount of contribution (\$)           |
| 10/25/2020                  | Diana Y Servin  Contributor address; City;  3001 Porter Ave El Paso, TX 79930- | State; Zip Code                         | 100                                   |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruc                   | tions)                                |
|                             | ATTACH ADDITIONAL COPIES (   | OF THIS SCHEDULE AS N                   | NEEDED                                |

| MONET                       | ARY POLITICAL CONTRIE  | BUTIONS                    | SCHEDULE A1                           |
|-----------------------------|--|----------------------------|---------------------------------------|
| The                         | Instruction Guide explains how to complete this f  | form.                      | 1 Total pages Schedule A1:            |
| 2 FILER NAME<br>Mr Joe R Mo | linar  |                            | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/12/2020           | 5 Full name of contributor ☐ out-of-state PAC (III)  John Vandeven  6 Contributor address; City;  9205 Omar Bradley Dr                                   | ID#:) State; Zip Code      | 7 Amount of contribution (\$) 50      |
| 8 Principal occu<br>Retired | pation / Job title (See Instructions)  F   | employer (See Instruct     | tions)                                |
| Date 11/13/2020             | Full name of contributor out-of-state PAC (In Diane Burke Contributor address; City;  10749 Rushing Rd El Paso, TX 79924                                 | State; Zip Code            | Amount of contribution (\$)           |
| Principal occup             | ation / Job title (See Instructions)   | Employer (See Instruct     | ions)                                 |
| Date                        | Full name of contributor   | ID#:)                      | Amount of contribution (\$)           |
| 11/16/2020                  | Richard E Chase  Contributor address; City;  4541 Major Sprague Ave El Paso, TX  | State; Zip Code 79924-6829 | 25                                    |
| Principal occup             | pation / Job title (See Instructions)  | Employer (See Instruct     | ions)                                 |
| Date 11/20/2020             | Full name of contributor out-of-state PAC (I  El Paso County Sheriff's Officer Associate Contributor address; City;  747 E San Antonio Suite 103 El Paso | C State; Zip Code          | Amount of contribution (\$)  2000     |
| Principal occup             | eation / Job title (See Instructions)  | Employer (See Instruct     | tions)                                |
|                             |  |                            |                                       |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| S   Full name of contributor   S   State; Zip Code   State; Zip     | Mr Joe R Molin  4 Date 5 Z 11/23/2020 6 2 8 Principal occupation Housewife  Date JI 11/25/2020 P  Principal occupation Business Owner  Date | Zelda A Rocha Contributor address; City;  Z32 Fountain Rd El Paso, TX 79912  tion / Job title (See Instructions)  Full name of contributor out-of-state PAC  IP Bryan Contributor address; City;  P.O. Box 372 Marathon, TX 79842 | State; Zip Code -3845  9 Employer (See Instruction Housewife | 3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)  30  Amount of contribution (\$) |
|---|---|---|--|---|
| Zelda A Rocha  6 Contributor address; City; State; Zip Code 232 Fountain Rd El Paso, TX 79912-3845  8 Principal occupation / Job title (See Instructions) Housewife  Date  Full name of contributor Contributor address; City; State; Zip Code P.O. Box 372 Marathon, TX 79842  Principal occupation / Job title (See Instructions) Business Owner  Date  Full name of contributor Contributor address; City; State; Zip Code P.O. Box 372 Marathon, TX 79842  Principal occupation / Job title (See Instructions) Business Owner  Date  Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$)  Mariyn Guida Contributor address; City; State; Zip Code 2505 Scenic Crest Cir El Paso, TX 79930  Principal occupation / Job title (See Instructions) Retired  Date  Full name of contributor City: City | 11/23/2020 6 2  8 Principal occupation Housewife  Date  JI  11/25/2020 P  Principal occupation Business Owner  Date                         | Zelda A Rocha Contributor address; City;  232 Fountain Rd El Paso, TX 79912  tion / Job title (See Instructions)  Full name of contributor  | State; Zip Code -3845  9 Employer (See Instruction Housewife | 30 Amount of contribution (\$)  |
| B Principal occupation / Job title (See Instructions) Housewife  Date  Full name of contributor  JP Bryan  Contributor address; City; State; Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Date  Full name of contributor  Contributor address; City; State; Dip Code P.O. Box 372 Marathon, TX 79842  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Contributor address; City; State; Date  Full name of contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor address; City; State; Date  Full name of contributor  Contributor  Contributor  Contributor  Contributor  Contributor  Contributor  Contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor  Contributor  Contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor  Contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Contributor address; City; State; Dip Code Date  Full name of contributor  Co  | 8 Principal occupation Housewife  Date  JI  11/25/2020  Principal occupation Business Owner  Date   | 232 Fountain Rd El Paso, TX 79912  tion / Job title (See Instructions)  Full name of contributor  | 9 Employer (See Instruction Housewife                        | Amount of contribution (\$)   |
| Housewife  Date  Full name of contributor  JP Bryan  Contributor address; City; State; Zip Code P.O. Box 372 Marathon, TX 79842  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Mariyn Guida Contributor address; City; State; Zip Code 2505 Scenic Crest Cir El Paso, TX 79930  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  Out-of-state PAC (ID#:   | Housewife  Date  JI  11/25/2020  Principal occupation Business Owner  Date  | Full name of contributor  out-of-state PAC  IP Bryan Contributor address; City; P.O. Box 372 Marathon, TX 79842   | Housewife C (ID#:)   | Amount of contribution (\$)   |
| JP Bryan Contributor address; City; State; Zip Code P.O. Box 372 Marathon, TX 79842  Principal occupation / Job title (See Instructions) Business Owner  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Mariyn Guida Contributor address; City; State; Zip Code 2505 Scenic Crest Cir El Paso, TX 79930  Principal occupation / Job title (See Instructions)  Retired  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  TREPAC Contributor address; State; Zip Code (ID#: Amount of contribution (\$)  Retired  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  TREPAC Contributor address; State; Zip Code (ID#: Amount of contribution (\$)  TREPAC Contributor address; State; Zip Code (ID#: Amount of contribution (\$)  TREPAC Contributor address; State; Zip Code (ID#: Amount of contribution (\$)  P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) Employer (See Instructions)   | 11/25/2020 Principal occupation Business Owner  | P Bryan  Contributor address; City;  P.O. Box 372 Marathon, TX 79842  |  |   |
| 11/25/2020   Contributor address;   City;   State;   Zip Code   3000  | 11/25/2020 P Principal occupation Business Owner Date   | Contributor address; City; P.O. Box 372 Marathon, TX 79842  | State; Zip Code  | 3000  |
| Business Owner    Self Employed   | Business Owne   | ion / Job title (See Instructions)  |  |   |
| Mariyn Guida Contributor address; City; State; Zip Code  2505 Scenic Crest Cir El Paso, TX 79930  Principal occupation / Job title (See Instructions) Retired  Date Full name of contributor TREPAC  12/01/2020 Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Retired  Amount of contribution (\$)  TREPAC  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)   |   |   |  | ctions)   |
| 11/30/2020 Contributor address; City; State; Zip Code 2505 Scenic Crest Cir El Paso, TX 79930  Principal occupation / Job title (See Instructions) Retired Eull name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  TREPAC  12/01/2020 Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  | I.V   | Full name of contributor  | C (ID#:)   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions)  Retired  Pate Full name of contributor out-of-state PAC (ID#:)  TREPAC  Contributor address; City; State; Zip Code  P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  3000  Employer (See Instructions)  |   |   | State; Zip Code  | 100   |
| Retired    Date   | 2   | 2505 Scenic Crest Cir El Paso, TX 7   | 9930   |   |
| TREPAC  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Contributor address; City; State; Zip Code  Brincipal occupation / Job title (See Instructions)  Employer (See Instructions)   |   | ion / Job title (See Instructions)  |  | ctions)   |
| 12/01/2020 Contributor address; City; State; Zip Code 3000 P.O. Box 2246 Austin, TX 78768-2246  Principal occupation / Job title (See Instructions) Employer (See Instructions)   | Date  | Full name of contributor out-of-state PAC   | C (ID#:)   | Amount of contribution (\$)   |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)   |   |   | State; Zip Code  | 3000  |
|   | P   | P.O. Box 2246 Austin, TX 78768-224  | 46   |   |
|   |   | ion / Job title (See Instructions)  |  | ctions)   |
|   |   |   |  |   |
|   |   |   |  |   |
|   |   |   |  |   |

| The                             | Instruction Guide explains how to comple                    | ete this form.                        | 1 Total pages Schedule A1:            |
|---------------------------------|---|---------------------------------------|---------------------------------------|
| 2 FILER NAME<br>Mr Joe R Mo     |   |                                       | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                          | 5 Full name of contributor □ out-of-s Rose Ortega           | state PAC (ID#:                       | 7 Amount of contribution (\$)         |
| 12/02/2020                      | 6 Contributor address; City; 5223 Wally Dr El Paso, TX 799. | State; Zip Code 24-5323               | 50                                    |
| 8 Principal occu<br>Business Ov | upation / Job title (See Instructions)  VNEr                | 9 Employer (See In<br>The Postal Solu | •                                     |
| Date                            | Full name of contributor out-of-s                           | state PAC (ID#:                       | —) Amount of contribution (\$)        |
| 12/03/2020                      | Gina Posada Contributor address; City;                      | State; Zip Code                       | 20                                    |
|                                 | 10748 Coral Sands Dr El Paso,                               | TX 79924                              |                                       |
| Principal occu<br>Retired       | pation / Job title (See Instructions)                       | Employer (See In Retired              | structions)                           |
| Date                            | Full name of contributor  uut-of-s                          | state PAC (ID#:                       | Amount of contribution (\$)           |
| 12/16/2020                      | Maynard Haddad Contributor address; City;                   | State; Zip Code                       | 50                                    |
|                                 | 701 E Yandell El Paso, TX 7990                              | 02                                    |                                       |
| Principal occu Business O       | pation / Job title (See Instructions)  NNEr                 | Employer (See In Business Owne        | ·                                     |
| Date                            | Full name of contributor out-of-s                           | state PAC (ID#:                       | Amount of contribution (\$)           |
|                                 | Contributor address; City;                                  | State; Zip Code                       |                                       |
| Principal occu                  | pation / Job title (See Instructions)                       | Employer (See In                      | structions)                           |
|                                 |   |                                       |                                       |
|                                 |   |                                       |                                       |
|                                 |   |                                       |                                       |
|                                 |   |                                       |                                       |

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

| 00111  |   |            |  |  |  |
|--|---|------------|--|--|--|
| Th   | e Instruction Guide explains how to complete this form    | n.         | 1 Total pages Schedule A2:   |  |  |
| <sup>2</sup> FILER NAME<br>Mr Joe R M        |   |            | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 TOTAL O                                    | F UNITEMIZED IN-KIND POLITICAL CONTRIE                    | BUTIONS    | \$   |  |  |
| 5 Date 09/14/2020                            | Date  6 Full name of contributor                          |            | 8 Amount of Contribution \$ 9 In-kind contribution description Billboard Rental 5000  Check if travel outside of Texas. Complete Schedule T.       |  |  |
| 10 Principal occ                             | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions)  |  |  |
| Business O<br>14 Contributor's<br>Business O | employer/law firm (FOR JUDICIAL)                          |            | n of contributor's spouse (if any) (FOR JUDICIAL)  |  |  |
| Date 09/19/2020                              | Full name of contributor  out-of-state PAC (ID#:          | Zip Code   | Amount of Contribution \$   In-kind contribution description   Billboard Rental   2142.86   Check if travel outside of Texas. Complete Schedule T. |  |  |
| Principal occi<br>Program Ma                 | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe    | er (FOR NON-JUDICIAL)(See Instructions)  |  |  |
|  | principal occupation (FOR JUDICIAL)                       | Contribu   | utor's job title (FOR JUDICIAL) (See Instructions)   |  |  |
| Contributor's<br>SAWTST, L                   | employer/law firm (FOR JUDICIAL)                          | Law firm   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)   |  |  |
| If contributor                               | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |            |  |  |  |
|  |   |            |  |  |  |

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

| PLEDG                                  | ED CONTRIBUTIONS   |                                |                              | SCHEDULE B                         |
|--|--|--------------------------------|------------------------------|------------------------------------|
| The                                    | Instruction Guide explains how to complete this                      | form.                          | 1 Total pages Schedu         | le B:                              |
| <sup>2</sup> FILER NAME<br>Mr Joe R Mo | linar  |                                | 3 Filer ID (Ethics Co        | mmission Filers)                   |
| 4 TOTAL OF                             | UNITEMIZED PLEDGES   |                                | \$                           |                                    |
| <b>5</b> Date                          | 6 Full name of pledgor ☐ out-of-state PAC (ID#:                      | OC                             | 8 Amount of Pledge \$        | 9 In-kind contribution description |
| 11/13/2020                             | 7 Pledgor address; City; Sta<br>747 E. San Antonio Ave Suite # 103 I | te; Zip Code<br>El Paso, TX 7! | 2500 Check if travel outside | de of Texas. Complete Schedule T.  |
| 10 Principal occu<br>PAC               | pation / Job title (See Instructions)                                | <b>11</b> Employer (See        | Instructions)                |                                    |
| Date                                   | Full name of pledgor   | te; Zip Code                   | Amount<br>of Pledge \$       | In-kind contribution description   |
| Principal occup                        | ation / Job title (See Instructions)                                 | Employer (See                  |                              | le of Texas. Complete Schedule T.  |
| Date                                   | Full name of pledgor   | )                              | Amount of Pledge \$          | In-kind contribution description   |
|  | Pledgor address; City; Sta   | te; Zip Code                   |                              |                                    |
| Principal occup                        | pation / Job title (See Instructions)                                | Employer (See                  |                              | e of Texas. Complete Schedule T.   |
| Date                                   | Full name of pledgor   | )                              | Amount of Pledge \$          | In-kind contribution description   |
|  | Pledgor address; City; State;  | Zip Code                       |                              | ·<br>·                             |
|  |  |                                |                              | de of Texas. Complete Schedule T.  |
| Principal occup                        | ation / Job title (See Instructions)                                 | Employer (See                  | Instructions)                |                                    |
|  |  |                                |                              |                                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

|    | LOANS                                    |   |   | SCHEDULE E                             |
|----|--|---|---|--|
|    | The                                      | Instruction Guide explains how to compl | ete this form.                                      | Total pages Schedule E:                |
| 2  | FILER NAME                               |   |   | 3 Filer ID (Ethics Commission Filers)  |
| M  | r Joe R Molina                           | ar                                      |   |  |
| 4  | TOTAL OF UN                              | IITEMIZED LOANS                         |   | \$                                     |
| 5  | Date of loan                             | 7 Name of lender  ut-of-state F         | PAC (ID#:)  | 9 Loan Amount (\$)                     |
| 6  | Is lender<br>a financial<br>Institution? | 8 Lender address; City;                 | State; Zip Code                                     | 10 Interest rate                       |
|    | Y N                                      |   |   | 11 Maturity date                       |
| 12 | Principal occupation                     | on / Job title (See Instructions)       | 13 Employer (See Instructions)                      |  |
| 14 | Description of Coll                      | ateral                                  | Check if personal function account (See Instruction | ds were deposited into political ions) |
| 16 | GUARANTOR<br>INFORMATION                 | 17 Name of guarantor                    |   | 19 Amount Guaranteed (\$)              |
|    | not applicable                           | 18 Guarantor address; City;             | State; Zip Code                                     |  |
| 20 | Principal Occupat                        | ion (See Instructions)                  | 21 Employer (See Instructions)                      |  |
|    | Date of loan                             | Name of lender out-of-state             | PAC (ID#:)  | Loan Amount (\$)                       |
|    | Is lender<br>a financial                 | Lender address; City;                   | State; Zip Code                                     | Interest rate                          |
|    | Institution? Y N                         |   |   | Maturity date                          |
|    | Principal occupation                     | on / Job title (See Instructions)       | Employer (See Instructions)                         |  |
|    | Description of Colla                     | ateral                                  | Check if personal function account (See Instruction | ds were deposited into political ions) |
|    | GUARANTOR<br>INFORMATION                 | Name of guarantor                       |   | Amount Guaranteed (\$)                 |
|    |  |   | State; Zip Code                                     |  |
|    | not applicable                           |   |   |  |
|    | Principal Occupati                       | on (See Instructions)                   | Employer (See Instructions)                         |  |
|    | If le                                    | ATTACH ADDITIONAL COP                   | IES OF THIS SCHEDULE AS NEE                         |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

|  | The instruction dutic explains now to t                          | Joinpiete tina form. |                            |                       |
|--|--|----------------------|----------------------------|-----------------------|
| 1 Total pages Schedule F1:                                   |  |                      | 3 Filer ID (Ethic          | cs Commission Filers) |
| 19   | Mr Joe R Molinar   |                      |                            |                       |
| 4 Date   | 5 Payee name   |                      |                            |                       |
| 07/15/2020   | Northgate El Paso Post Office                                    |                      |                            |                       |
| 6 Amount (\$)  | 7 Payee address;   | City;                | State;                     | Zip Code              |
| 19.55  | 5249 Sanders Ave El Paso, TX 7992                                | <u>2</u> 4-9998      |                            |                       |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                            |                       |
| PURPOSE  | Advertising Expense  | Postal Service       | s - Mailing                |                       |
| OF<br>EXPENDITURE  |  |                      |                            |                       |
| EXPENDITORE  |  |                      |                            |                       |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi       | in, TX, officeholder livin | g expense             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought        |                            | Office held           |
| Date   | Payee name   |                      |                            |                       |
| 07/23/2020   | Wix.com  |                      |                            |                       |
| Amount (\$)  | Payee address;   | City;                | State;                     | Zip Code              |
| 23.81  | Wix.com  |                      |                            |                       |
|  | Category (See Categories listed at the top of this schedule)     | Description          | _                          |                       |
| PURPOSE  | Advertising Expense  | Website Lease        | €                          |                       |
| OF<br>EXPENDITURE  |  |                      |                            |                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Chack if Austi       | in, TX, officeholder livin | a expense             |
|  | <u> </u>   |                      | - TX, officeriolder livin  |                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF   | Candidate / Officeholder name                                    | Office sought        |                            | Office held           |
| Date   | Payee name   |                      |                            |                       |
| 07/23/2020   | State Farm Bank  |                      |                            |                       |
| Amount (\$)  | Payee address;   | City;                | State;                     | Zip Code              |
| 400  | P.O. Box 23025 Columbus, GA 3190                                 | 2-3025               |                            |                       |
|  | Category (See Categories listed at the top of this schedule)     | Description          |                            |                       |
| PURPOSE  | Credit Card Payment  | Credit card pay      | yment                      |                       |
| OF<br>EXPENDITURE  |  |                      |                            |                       |
| EXPENDITURE  |  |                      |                            |                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin      | n, TX, officeholder living | g expense             |
| Complete ONLY if direct                                      | Candidate / Officeholder name                                    | Office sought        |                            | Office held           |
| expenditure to benefit C/OF                                  | 1  |                      |                            |                       |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE      | EDED                       |                       |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

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

| 1 Total pages Schedule F1:                                   | 2 FILER NAME   |                  | 3 Filer ID (Ethics         | Commission Filers)   |
|--|--|------------------|----------------------------|----------------------|
| 19   | Mr Joe R Molinar   |                  |                            |                      |
| 4 Date   | 5 Payee name   |                  |                            |                      |
| 07/23/2020   | GoDaddy.com LLC  |                  |                            |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;            | State;                     | Zip Code             |
| 5.17   | 14455 N. Hayden Rd Suite 219 Scott                               | sdale, AZ 8526   | 0                          |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                            |                      |
| PURPOSE  | Advertising Expense  | Registration of  | f Domain Nan               | ne                   |
| OF<br>EXPENDITURE  |  |                  |                            |                      |
|  | (C) Check if travel outside of Texas. Complete Schedule T.       | Check if Austir  | n, TX, officeholder living | expense              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought    |                            | Office held          |
| Date   | Payee name   |                  |                            |                      |
| 07/25/2020   | Harbor Freight Tools   |                  |                            |                      |
| Amount (\$)  | Payee address;   | City;            | State;                     | Zip Code             |
| 33.06  | 10060 Dyer St El Paso, TX 79924                                  |                  |                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description      | _                          |                      |
| PURPOSE  | Advertising Expense  | Paint; cable tie | es, sand pape              | r                    |
| OF<br>EXPENDITURE  |  |                  |                            |                      |
| EXPENDITORE  |  |                  |                            |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought    |                            | Office held          |
| Date   | Payee name   |                  |                            |                      |
| 07/31/2020   | PayPal Inc   |                  |                            |                      |
| Amount (\$)  | Payee address;   | City;            | State;                     | Zip Code             |
| 0.33   | 2211 N First St San Jose, CA 95131                               |                  |                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description      |                            |                      |
| PURPOSE  | Fees   | Transaction Fe   | ee                         |                      |
| OF<br>EXPENDITURE  |  |                  |                            |                      |
| EXPENDITORE  |  |                  |                            |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin  | n, TX, officeholder living | expense              |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought    |                            | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE  | DED                        |                      |
|  |  |                  |                            | Davidson I. 4/4/0000 |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District

| Credit Card Payment  | The Instruction Guide explains how to c                                       | complete this form.        | Other (enter a category not listed above) |
|--|---|----------------------------|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  |                            | 3 Filer ID (Ethics Commission Filers)     |
| 19   | Mr Joe R Molinar  |                            |   |
| 4 Date   | 5 Payee name  |                            |   |
| 08/09/2020   | VistaPrint.com  |                            |   |
| 6 Amount (\$)  | 7 Payee address;  | City;                      | State; Zip Code                           |
| 176.8  | www.vistaprint.com  |                            |   |
| 8  | (a) Category (See Categories listed at the top of this schedule)              | (b) Description            |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing Expense  | Printing of pos            | tcards                                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                    | Check if Austin            | n, TX, officeholder living expense        |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name   | Office sought              | Office held                               |
| Date   | Payee name  |                            |   |
| 08/10/2020   | PayPal Inc  |                            |   |
| Amount (\$)  | Payee address;  | City;                      | State; Zip Code                           |
| 14.13  | 2211 N First St San Jose, CA 95131  |                            |   |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)  Fees            | Description Transaction Fe | ∋e  |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check if Austir            | n, TX, officeholder living expense        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought              | Office held                               |
| Date   | Payee name  |                            |   |
| 08/15/2020   | Zapa Graphics - Orland Zapanta  |                            |   |
| Amount (\$)  | Payee address;  | City;                      | State; Zip Code                           |
| 823.24   | 3410 Wickham Ave Suite 100 El Paso  | o, TX 79904-60             | 26  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) Printing Expense | Description Campaign sign  | ns & banners                              |
|  | Check if travel outside of Texas. Complete Schedule T.                        | Check if Austin            | n, TX, officeholder living expense        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought              | Office held                               |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEE            | :DED                                      |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Expense Travel Out Of District

Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form

|  | The instruction dulad explains now to t                          | ompiete tine form. |                            |                      |
|--|--|--------------------|----------------------------|----------------------|
| 1 Total pages Schedule F1:                                   |  |                    | 3 Filer ID (Ethic          | s Commission Filers) |
| 19   | Mr Joe R Molinar   |                    |                            |                      |
| 4 Date   | 5 Payee name   |                    |                            |                      |
| 08/16/2020   | State Farm Bank  |                    |                            |                      |
| 6 Amount (\$)  | 7 Payee address;   | City;              | State;                     | Zip Code             |
| 400  | P.O. Box 23025 Columbus, GA 3190                                 | 2-3025             |                            |                      |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description    |                            |                      |
| PURPOSE  | Credit Card Payment  | Credit card pa     | yment                      |                      |
| OF<br>EXPENDITURE  |  |                    |                            |                      |
|  | (a)  |                    |                            |                      |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi     | n, TX, officeholder living | g expense            |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought      |                            | Office held          |
| Date   | Payee name   |                    |                            |                      |
| 08/16/2020   | Amazon.com Inc   |                    |                            |                      |
| Amount (\$)  | Payee address;   | City;              | State;                     | Zip Code             |
| 107.05   | Amazon.com   |                    |                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                            |                      |
| PURPOSE  | Printing Expense   | Printer Ink Car    | rtridge                    |                      |
| OF<br>EXPENDITURE  |  |                    |                            |                      |
|  |  |                    |                            |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           |                    | n, TX, officeholder living |                      |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought      |                            | Office held          |
| Date   | Payee name   |                    |                            |                      |
| 08/17/2020   | Sam's Club   |                    |                            |                      |
| Amount (\$)  | Payee address;   | City;              | State;                     | Zip Code             |
| 385  | 9498 Gateway North El Paso, TX 799                               | 924                |                            |                      |
|  | Category (See Categories listed at the top of this schedule)     | Description        |                            | <u></u>              |
| PURPOSE  | Other - Postage Expense  | Postage Stam       | ps                         |                      |
| OF<br>EXPENDITURE  |  |                    |                            |                      |
|  |  |                    |                            |                      |
|  | Check if travel outside of Texas. Complete Schedule T.           |                    | n, TX, officeholder living | •                    |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought      |                            | Office held          |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE    | DED                        |                      |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

laries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form

|  | The instruction Guide explains now to t                          | complete this form. |                                       |
|--|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1:                                   |  |                     | 3 Filer ID (Ethics Commission Filers) |
| 19   | Mr Joe R Molinar   |                     |                                       |
| 4 Date   | 5 Payee name   |                     |                                       |
| 08/19/2020   | Zapa Graphics - Orlando Zapanta                                  |                     |                                       |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State; Zip Code                       |
| 114.52   | 3410 Wickham Ave Suite 100 El Pas                                | o, TX 79904-60      | 028                                   |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                                       |
| PURPOSE  | Printing Expense   | Campaign sign       | ns & banners                          |
| OF   |  |                     |                                       |
| EXPENDITURE  |  |                     |                                       |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi      | n, TX, officeholder living expense    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought       | Office held                           |
| Date   | Payee name   |                     |                                       |
| 08/19/2020   | VistaPrint.com   |                     |                                       |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code                       |
| 171.62   | VistaPrint.com   |                     |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE  | Printing Expense   | Door hangers        |                                       |
| OF   |  |                     |                                       |
| EXPENDITURE  |  |                     |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi      | n, TX, officeholder living expense    |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name                                    | Office sought       | Office held                           |
| Date   | Payee name   |                     |                                       |
| 08/24/2020   | Wix.com  |                     |                                       |
| Amount (\$)  | Payee address;   | City;               | State; Zip Code                       |
| 23.81  | Wix.com  |                     |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description         |                                       |
| PURPOSE  | Advertising Expense  | Website Lease       | 9                                     |
| OF<br>EXPENDITURE  |  |                     |                                       |
| LAI LINDITOIL  |  |                     |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin     | n, TX, officeholder living expense    |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name                                    | Office sought       | Office held                           |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE     | EDED                                  |

## SCHEDULE F1

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

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| Gredit Gard'i ayment   | The Instruction Guide explains how to o  | complete this form.       |                             |                    |
|--|--|---------------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Mr Joe R Molinar   |                           | 3 Filer ID (Ethics          | Commission Filers) |
| 4 Date   | 5 Payee name   |                           |                             |                    |
| 08/25/2020   | Zapa Graphics - Orlando Zapanta  |                           |                             |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;                     | State;                      | Zip Code           |
| 129.9  | 3410 Wickham Ave Suite 100 El Pas  | o, TX 79904-60            | )26                         |                    |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description           |                             |                    |
| PURPOSE  | Printing Expense   | Magnetic sign             | S                           |                    |
| OF<br>EXPENDITURE  |  |                           |                             |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Austi            | in, TX, officeholder living | expense            |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought             |                             | Office held        |
| Date   | Payee name   |                           |                             |                    |
| 08/28/2020   | Michelle Sanchez   |                           |                             |                    |
| Amount (\$)  | Payee address;   | City;                     | State;                      | Zip Code           |
| 100  | 10016 Caribou Dr Unit C El Paso, T   | 〈 79924                   |                             |                    |
|  | Category (See Categories listed at the top of this schedule)                     | Description               |                             |                    |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Advertising Expense  | Website Maint             | ienance - Aug               | just 2020          |
| EXPENDITORE  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi            | in, TX, officeholder living | expense            |
| Complete ONLY if direct                                      | Candidate / Officeholder name  | Office sought             |                             | Office held        |
| expenditure to benefit C/OF                                  | ł  |                           |                             |                    |
| Date   | Payee name   |                           |                             |                    |
| 08/28/2020   | Michelle Sanchez   |                           |                             |                    |
| Amount (\$)  | Payee address;   | City;                     | State;                      | Zip Code           |
| 100  | 10016 Caribou Dr Unit C El Paso, TX  | 〈 79924                   |                             |                    |
|  | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Maint | onanco - Sor                | stombor 2020       |
| PURPOSE<br>OF  | Advertising Expense  | Website Maint             | enance - Sep                | dember 2020        |
| EXPENDITURE  |  |                           |                             |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi            | n, TX, officeholder living  | expense            |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name  | Office sought             |                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE           | EDED                        |                    |
| Forms provided by Texas Eth                                  | ics Commission www.ethics.state.tx.c   | us                        |                             | Revised 1/1/2020   |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

laries/Wages/Contract Labor Other (enter a

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

Travel In District
Travel Out Of District

| Credit Card Payment                                   | The Instruction Guide explains how to o  | complete this form.        | Other (enter a category not list    | ed above)     |
|---|--|----------------------------|-------------------------------------|---------------|
| 1 Total pages Schedule F1:                            | 2 FILER NAME   |                            | 3 Filer ID (Ethics Commi            | ssion Filers) |
| 19  | Mr Joe R Molinar   |                            |                                     |               |
| 4 Date  | 5 Payee name   |                            |                                     |               |
| 09/06/2020  | VistaPrint.com   |                            |                                     |               |
| 6 Amount (\$)   | 7 Payee address;   | City;                      | State; Zip                          | Code          |
| 155.15  | VistaPrint.com   |                            |                                     |               |
| 8   | (a) Category (See Categories listed at the top of this schedule)                     | (b) Description            |                                     |               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Printing Expense   | Push Cards                 |                                     |               |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi             | in, TX, officeholder living expense |               |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought              | Office h                            | neld          |
| Date  | Payee name   |                            |                                     |               |
| 09/15/2020  | State Farm Bank  |                            |                                     |               |
| Amount (\$)   | Payee address;   | City;                      | State; Zip                          | Code          |
| 151.44  | P.O. Box 23025 Columbus, GA 3190   | 2-3025                     |                                     |               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) Credit Card Payment     | Description Credit card pa | yment                               |               |
|   | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austi             | in, TX, officeholder living expense |               |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought              | Office h                            | neld          |
| Date  | Payee name   |                            |                                     |               |
| 09/15/2020  | Sam's Club   |                            |                                     |               |
| Amount (\$)   | Payee address;   | City;                      | State; Zip                          | Code          |
| 330   | 9498 Gateway North El Paso, TX 799   | 924                        |                                     |               |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) Other - Postage Expense | Postage Stam               | ps                                  |               |
|   | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austi             | n, TX, officeholder living expense  |               |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought              | Office                              | held          |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE            | DED                                 |               |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr Joe R Molinar 19 4 Date 5 Payee name 09/16/2020 Clear Channel Outdoor 6 Amount (\$) 7 Payee address; Zip Code 6312.5 2305 Sparkman St El Paso, TX 79903 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertising Expense Billboard Rentals **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/20/2020 Kaboom Party Hall Amount (\$) State: Zip Code City; Payee address; 400 4601 Hondo Pass Dr Ste J El Paso, TX 79924-1457 Category (See Categories listed at the top of this schedule) Description Party Hall Rental Event Expense **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/25/2020 Wix.com Amount (\$) Payee address: City; State: Zip Code 23.81 Wix.com Category (See Categories listed at the top of this schedule) Description Advertising Expence Website Lease **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

|  | The Instruction Guide explains how to o  | complete this form.        |                            |                       |
|--|--|----------------------------|----------------------------|-----------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br>Mr Joe R Molinar   |                            | 3 Filer ID (Ethic          | cs Commission Filers) |
| 4 Date   | 5 Payee name   |                            |                            |                       |
| 10/01/2020   | Zapa Graphics - Orlando Zapanta  |                            |                            |                       |
| 6 Amount (\$)  | 7 Payee address;   | City;                      | State;                     | Zip Code              |
| 101.35   | 3410 Wickham Ave Ste 100 El Paso   | ·                          |                            | ·                     |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description            |                            |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing Expense   | Campaign sig               | ns                         |                       |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Austi             | in, TX, officeholder livin | g expense             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought              |                            | Office held           |
| Date   | Payee name   |                            |                            |                       |
| 10/02/2020   | The Postal Solution  |                            |                            |                       |
| Amount (\$)  | Payee address;   | City;                      | State;                     | Zip Code              |
| 16.59  | 4717 Hondo Pass Dr Ste 1-D El Pas  | o, TX 79904                |                            |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)  Printing Expense   | Description Copying docui  | ments                      |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi             | in, TX, officeholder livin | g expense             |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name  | Office sought              |                            | Office held           |
| Date   | Payee name   |                            |                            |                       |
| 10/11/2020   | State Farm Bank  |                            |                            |                       |
| Amount (\$)  | Payee address;   | City;                      | State;                     | Zip Code              |
| 400  | P.O. Box 23025 Columbus, GA 3190   | 2-3025                     |                            |                       |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) Credit Card Payment | Description Credit card pa | yment                      |                       |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi             | n, TX, officeholder livin  | g expense             |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name  | Office sought              |                            | Office held           |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE            | EDED                       |                       |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

aries/Wages/Contract Labor Other (enter a category not listed above)

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

The Instruction Guide explains how to complete this form

|   |                                       | The instruction Guide explains now to c                        | ompiete                      | e this form.             |                                    |                                   |             |  |  |  |
|---|---------------------------------------|--|------------------------------|--------------------------|------------------------------------|-----------------------------------|-------------|--|--|--|
| 1 Total pages Schedule F1:                            | 2 FILER N                             |  |                              | Commission Filers)       |                                    |                                   |             |  |  |  |
| 19  |                                       | R Molinar  |                              |                          |                                    |                                   |             |  |  |  |
| 4 Date  | 5 Payee name                          |  |                              |                          |                                    |                                   |             |  |  |  |
| 10/12/2020  | PayPal Inc                            |  |                              |                          |                                    |                                   |             |  |  |  |
| 6 Amount (\$)   | 7 Payee a                             | ddress;  |                              | City;                    | St                                 | ate;                              | Zip Code    |  |  |  |
| 0.59  | PayPal                                | PayPal.com   |                              |                          |                                    |                                   |             |  |  |  |
| 8   | _                                     | ry (See Categories listed at the top of this schedule)         | 1                            | escription               |                                    |                                   |             |  |  |  |
| PURPOSE   | Fees                                  |  | Trar                         | nsaction Fe              | ee                                 |                                   |             |  |  |  |
| OF<br>EXPENDITURE                                     |                                       |  |                              |                          |                                    |                                   |             |  |  |  |
|   | (c)                                   | Check if travel outside of Texas. Complete Schedule T.         |                              | Check if Austi           | n, TX, officehol                   | , TX, officeholder living expense |             |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh |                                       | date / Officeholder name                                       | Ot                           | ffice sought             |                                    |                                   | Office held |  |  |  |
| Date  | Payee n                               | ame  |                              |                          |                                    |                                   |             |  |  |  |
| 10/23/2020  | allPrint                              | of El Paso LLC   |                              |                          |                                    |                                   |             |  |  |  |
| Amount (\$)   | Payee a                               | Zip Code   |                              |                          |                                    |                                   |             |  |  |  |
| 2771.2  | 7230-D Gateway East El Paso, TX 79915 |  |                              |                          |                                    |                                   |             |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          |                                       | y (See Categories listed at the top of this schedule)  Expense | Printing / mailing postcards |                          |                                    |                                   |             |  |  |  |
|   |                                       | Check if travel outside of Texas. Complete Schedule T.         |                              | Check if Austi           | n, TX, officeholder living expense |                                   |             |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF   |                                       | date / Officeholder name                                       | Of                           | ffice sought             |                                    | (                                 | Office held |  |  |  |
| Date  | Payee r                               | name   |                              |                          |                                    |                                   |             |  |  |  |
| 10/25/2020  | PayPal                                | Inc  |                              |                          |                                    |                                   |             |  |  |  |
| Amount (\$)   | Payee a                               | ddress;  |                              | City;                    | St                                 | ate;                              | Zip Code    |  |  |  |
| 3.5   | PayPal                                | com  |                              |                          |                                    |                                   |             |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Categor<br>Fees                       | y (See Categories listed at the top of this schedule)          |                              | escription<br>Saction Fe | ee                                 |                                   |             |  |  |  |
|   |                                       | Check if travel outside of Texas. Complete Schedule T.         |                              | Check if Austii          | n, TX, officehol                   | der living                        | ng expense  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh   |                                       | date / Officeholder name                                       | 0                            | office sought            |                                    |                                   | Office held |  |  |  |
|   | Αī                                    | TACH ADDITIONAL COPIES OF THIS                                 | SCHE                         | DULE AS NEE              | DED                                |                                   |             |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

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

| The Instruction Guide explains how to complete this form. |  |                  |                                       |  |  |  |  |  |
|---|--|------------------|---------------------------------------|--|--|--|--|--|
| 1 Total pages Schedule F1:                                | 2 FILER NAME<br>Mr Joe R Molinar                                 |                  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |
| 4 Date  | 5 Payee name   |                  |                                       |  |  |  |  |  |
| 10/26/2020  | Wix.com  |                  |                                       |  |  |  |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City;            | State; Zip Code                       |  |  |  |  |  |
| 23.81   | Wix.com  |                  |                                       |  |  |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                                       |  |  |  |  |  |
| PURPOSE   | Advertising Expense  | Website Lease    | е                                     |  |  |  |  |  |
| OF<br>EXPENDITURE   |  |                  |                                       |  |  |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi   | in, TX, officeholder living expense   |  |  |  |  |  |
| 9 Complete ONLY if direct                                 | Candidate / Officeholder name                                    | Office sought    | Office held                           |  |  |  |  |  |
| expenditure to benefit C/OF                               | 1  |                  |                                       |  |  |  |  |  |
| Date  | Payee name   |                  |                                       |  |  |  |  |  |
| 10/28/2020  | El Diario Paso Del Norte Publishing,                             | Inc              |                                       |  |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;            | State; Zip Code                       |  |  |  |  |  |
| 480   | 1801 Texas Ave El Paso, TX 79901                                 |                  |                                       |  |  |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description      |                                       |  |  |  |  |  |
| PURPOSE   | Advertising Expense  | Campaign Ads     | s in Newspaper                        |  |  |  |  |  |
| OF<br>EXPENDITURE   |  |                  |                                       |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi   | in, TX, officeholder living expense   |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF       | Candidate / Officeholder name                                    | Office sought    | Office held                           |  |  |  |  |  |
| Date  | Payee name   |                  |                                       |  |  |  |  |  |
| 11/04/2020  | Michelle Sanchez   |                  |                                       |  |  |  |  |  |
| 11/04/2020  | Whichelle Sanchez  |                  |                                       |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;            | State; Zip Code                       |  |  |  |  |  |
| 100   | 10016 Caribou Dr Unit C El Paso, TX                              | 79924            |                                       |  |  |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description      | 0.441                                 |  |  |  |  |  |
| PURPOSE<br>OF   | Advertising Expense  | vvebsite iviaint | enance - October                      |  |  |  |  |  |
| EXPENDITURE   |  |                  |                                       |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi   | stin, TX, officeholder living expense |  |  |  |  |  |
| Complete ONLY if direct                                   | Candidate / Officeholder name                                    | Office sought    | Office held                           |  |  |  |  |  |
| expenditure to benefit C/OF                               | 4  |                  |                                       |  |  |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE  | EDED                                  |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

| The Instruction Guide explains how to complete this form.  |  |  |                                       |  |  |  |  |  |  |  |  |
|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME<br>Mr Joe R Molinar   |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |  |  |
| 4 Date   | 5 Payee name   |  |                                       |  |  |  |  |  |  |  |  |
| 11/04/2020   | Michelle Sanchez   |  |                                       |  |  |  |  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address;   | City;  | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 100  | 10016 Caribou Dr Unit C El Paso, TX  | 10016 Caribou Dr Unit C El Paso, TX 79924        |                                       |  |  |  |  |  |  |  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website Maint                    | tenance - November                    |  |  |  |  |  |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                           | Check if Austi                                   | n, TX, officeholder living expense    |  |  |  |  |  |  |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/O  | Candidate / Officeholder name  | Office sought                                    | Office held                           |  |  |  |  |  |  |  |  |
| Date   | Payee name   |  |                                       |  |  |  |  |  |  |  |  |
| 11/08/2020   | VistaPrint   |  |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 130.6  | VistaPrint.com   |  |                                       |  |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule) Advertising Expense     | Printing Push Cards                              |                                       |  |  |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austi                                   | n, TX, officeholder living expense    |  |  |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh  | Candidate / Officeholder name  | Office sought                                    | Office held                           |  |  |  |  |  |  |  |  |
| Date   | Payee name   |  |                                       |  |  |  |  |  |  |  |  |
| 11/08/2020   | Amazon.com   |  |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 9.73   | Amazon.com   |  |                                       |  |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule) Advertising Expense     | Description Address Label                        | S                                     |  |  |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                               | Check if Austin, TX, officeholder living expense |                                       |  |  |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held |  |  |                                       |  |  |  |  |  |  |  |  |
|  | ATTACH ADDITIONAL CODIES OF THIS   | SCHEDIII E V6 NEE                                | -DED                                  |  |  |  |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

| The Instruction Guide explains how to complete this form.  |  |  |                                       |  |  |  |  |  |  |
|--|--|--|---------------------------------------|--|--|--|--|--|--|
| 1 Total pages Schedule F1:                                 |  |  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |
| 19   | Mr Joe R Molinar   |  |                                       |  |  |  |  |  |  |
| 4 Date   | 5 Payee name   |  |                                       |  |  |  |  |  |  |
| 11/11/2020<br>6 Amount (\$)                                | VistaPrint   | City;  | State; Zip Code                       |  |  |  |  |  |  |
| <b>δ</b> Amount (\$)                                       | 7 Payee address;   | City,  | State, Zip Code                       |  |  |  |  |  |  |
| 181.05   | VistaPrint.com   |  |                                       |  |  |  |  |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |                                       |  |  |  |  |  |  |
| PURPOSE  | Printing Expense   | Door Hangers   |                                       |  |  |  |  |  |  |
| OF<br>EXPENDITURE  |  |  |                                       |  |  |  |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of |                                       |  |  |  |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/OI      | Candidate / Officeholder name                                    | Office sought  | Office held                           |  |  |  |  |  |  |
| Date   | Payee name   |  |                                       |  |  |  |  |  |  |
| 11/14/2020   | State Farm Bank  |  |                                       |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |  |  |  |
| 400  | P. O. Box 23025 Columbus, Ga 3190                                | )2-3025  |                                       |  |  |  |  |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                                       |  |  |  |  |  |  |
| PURPOSE  | Credit card payment  | Credit card pa   | lyment                                |  |  |  |  |  |  |
| OF<br>EXPENDITURE  |  |  |                                       |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi   | in, TX, officeholder living expense   |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh        | Candidate / Officeholder name                                    | Office sought  | Office held                           |  |  |  |  |  |  |
| Date   | Payee name   |  |                                       |  |  |  |  |  |  |
| 11/19/2020   | Bancuet - Christopher Hernandez                                  |  |                                       |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;  | State; Zip Code                       |  |  |  |  |  |  |
| 400  | 3212 Pierce Ave El Paso, TX 79930                                |  |                                       |  |  |  |  |  |  |
|  | Category (See Categories listed at the top of this schedule)     | Description  |                                       |  |  |  |  |  |  |
| PURPOSE  | Advertising Expense  | SMS text messaging   |                                       |  |  |  |  |  |  |
| OF<br>EXPENDITURE  |  |  |                                       |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin, TX, officeholder living expense                                   |                                       |  |  |  |  |  |  |
| Complete ONLY if direct                                    | Candidate / Officeholder name                                    | Office sought Office he  |                                       |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh |  | Omos sought  | Office field                          |  |  |  |  |  |  |
|  |  |  |                                       |  |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

aries/Wages/Contract Labor Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  | The instruction Guide explains now to d  | complete this form.                               |                                       |  |  |  |  |  |  |  |  |
|--|--|---|---------------------------------------|--|--|--|--|--|--|--|--|
| · -  |  |   | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |  |  |
| 19<br>4 Date   | Mr Joe R Molinar   |   |                                       |  |  |  |  |  |  |  |  |
|  | 5 Payee name   |   |                                       |  |  |  |  |  |  |  |  |
| 11/20/2020   | Zapa Graphics - Orlando Zapanta  |   |                                       |  |  |  |  |  |  |  |  |
| 6 Amount (\$)  | <b>7</b> Payee address;  | City;   | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 140.72   | 3410 Wickham Ave Suite 100 El Pas  | 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026 |                                       |  |  |  |  |  |  |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description                                   |                                       |  |  |  |  |  |  |  |  |
| PURPOSE  | Advertising Expense  | Signs   |                                       |  |  |  |  |  |  |  |  |
| OF   |  |   |                                       |  |  |  |  |  |  |  |  |
| EXPENDITURE  |  |   |                                       |  |  |  |  |  |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if Austin                                   | n, TX, officeholder living expense    |  |  |  |  |  |  |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name  | Office sought                                     | Office held                           |  |  |  |  |  |  |  |  |
| Date   | Payee name   |   |                                       |  |  |  |  |  |  |  |  |
| 11/20/2020   | Zapa Graphics - Orlando Zapanta  |   |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;   | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 21.61  | 3410 Wickham Ave Suite 100 El Paso, TX 79904-6026                                |   |                                       |  |  |  |  |  |  |  |  |
| PURPOSE<br>OF  | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Hardware for s                        | signs                                 |  |  |  |  |  |  |  |  |
| EXPENDITURE  |  |   |                                       |  |  |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin                                   | n, TX, officeholder living expense    |  |  |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought                                     | Office held                           |  |  |  |  |  |  |  |  |
| Date   | Payee name   |   |                                       |  |  |  |  |  |  |  |  |
| 11/23/2020   | Wix.com  |   |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)  | Payee address;   | City;   | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 23.81  | Wix.com  |   |                                       |  |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Lease                         | e                                     |  |  |  |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                           | n, TX, officeholder living expense                |                                       |  |  |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name  | Office sought                                     | Office held                           |  |  |  |  |  |  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE                                   | EDED                                  |  |  |  |  |  |  |  |  |

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

| Credit Card Payment   | The Instruction Guide explains how to o                          | complete this form.       |                                       |  |  |  |  |  |  |  |  |
|---|--|---------------------------|---------------------------------------|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1:  | 2 FILER NAME   |                           | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |  |  |  |  |
| 19  | Mr Joe R Molinar   |                           |                                       |  |  |  |  |  |  |  |  |
| 4 Date  | 5 Payee name   |                           |                                       |  |  |  |  |  |  |  |  |
| 11/24/2020  | Lowe's Home Centers, LLC   |                           |                                       |  |  |  |  |  |  |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City;                     | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 31.33   | 4531 Woodrow Bean Transmountain El Paso, TX 79924                |                           |                                       |  |  |  |  |  |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description           |                                       |  |  |  |  |  |  |  |  |
| PURPOSE   | Advertising Expense  | Supplies - Sign Maintence |                                       |  |  |  |  |  |  |  |  |
| OF  |  |                           |                                       |  |  |  |  |  |  |  |  |
| EXPENDITURE   |  | <u> </u>                  |                                       |  |  |  |  |  |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austi            | in, TX, officeholder living expense   |  |  |  |  |  |  |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought             | Office held                           |  |  |  |  |  |  |  |  |
| Date  | Payee name   |                           |                                       |  |  |  |  |  |  |  |  |
| 11/30/2020  | PayPal.com   |                           |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;                     | State; Zip Code                       |  |  |  |  |  |  |  |  |
| γσαπ. (ψ)   | r dyoo dddrooo,  | 2.5,                      |                                       |  |  |  |  |  |  |  |  |
| 3.2   | PayPal.com   |                           |                                       |  |  |  |  |  |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description               |                                       |  |  |  |  |  |  |  |  |
| PURPOSE   | Fee  | Processing Fees           |                                       |  |  |  |  |  |  |  |  |
| OF<br>EXPENDITURE   |  |                           |                                       |  |  |  |  |  |  |  |  |
|   | Charletten destribed Town Country Orberts T                      |                           |                                       |  |  |  |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           |                           | in, TX, officeholder living expense   |  |  |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF                 | Candidate / Officeholder name                                    | Office sought             | Office held                           |  |  |  |  |  |  |  |  |
| Date  | Payee name   |                           |                                       |  |  |  |  |  |  |  |  |
| 12/01/2020  | all Drint of El Dogo III C                                       |                           |                                       |  |  |  |  |  |  |  |  |
| 12/01/2020  | allPrint of El Paso, LLC   |                           |                                       |  |  |  |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;                     | State; Zip Code                       |  |  |  |  |  |  |  |  |
| 2771.2  | 7230 Gateway East Ste D El Paso, T                               | X 79915                   |                                       |  |  |  |  |  |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description               |                                       |  |  |  |  |  |  |  |  |
| PURPOSE   | Printing Expense   | Printing / maili          | ng postcards                          |  |  |  |  |  |  |  |  |
| OF<br>EXPENDITURE   |  |                           |                                       |  |  |  |  |  |  |  |  |
|   |  |                           |                                       |  |  |  |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin           | n, TX, officeholder living expense    |  |  |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF                 | Candidate / Officeholder name                                    | Office sought             | Office held                           |  |  |  |  |  |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDUI F AS NEE          | =DED                                  |  |  |  |  |  |  |  |  |
|   | ALIAGITADDITIONAL COLIECCI IIIIO                                 | COLIEDOLL ACINEL          |                                       |  |  |  |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Wages/Contract Labor Other (enter a category not listed above)

| Credit Card Payment                                   | The Instruction Guide explains how to c  | omplete this form.  |                            |                   |    |  |  |  |  |  |  |
|---|--|---|----------------------------|-------------------|----|--|--|--|--|--|--|
| 1 Total pages Schedule F1:                            | 2 FILER NAME   |   | 3 Filer ID (Ethics         | Commission Filers | ;) |  |  |  |  |  |  |
| 19  | Mr Joe R Molinar   |   |                            |                   |    |  |  |  |  |  |  |
| 4 Date  | 5 Payee name   |   |                            |                   |    |  |  |  |  |  |  |
| 12/04/2020  | Zapa Graphics - Orlando Zapanta  |   |                            |                   |    |  |  |  |  |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City;   | State;                     | Zip Code          |    |  |  |  |  |  |  |
| 43.3  | 3410 Wickham Ave Ste 100 El Paso, TX 79904-6026                                  |   |                            |                   |    |  |  |  |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule)                 | (b) Description   |                            |                   |    |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Printing Service   | Campaign sigr   | ns                         |                   |    |  |  |  |  |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                       | Check if travel outside of Texas. Complete Schedule T. Check if Austin, |                            |                   |    |  |  |  |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name  | Office sought   |                            | Office held       |    |  |  |  |  |  |  |
| Date  | Payee name   |   |                            |                   |    |  |  |  |  |  |  |
| 12/05/2020  | The Postal Solution  |   |                            |                   |    |  |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;   | State;                     | Zip Code          |    |  |  |  |  |  |  |
| 17.78   | 4717 Hondo Pass Dr Ste 1-D   |   |                            |                   |    |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) Printing Expense    | Printing / Scanning 8 /day Runoff Report                                |                            |                   |    |  |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin, TX, officeholder living expense                        |                            |                   |    |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought   |                            | Office held       |    |  |  |  |  |  |  |
| Date  | Payee name   |   |                            |                   |    |  |  |  |  |  |  |
| 12/06/2020  | Bancuet - Christopher Hernandez  |   |                            |                   |    |  |  |  |  |  |  |
| Amount (\$)   | Payee address;   | City;   | State;                     | Zip Code          |    |  |  |  |  |  |  |
| 300   | 3212 Pierce Ave El Paso, TX 79930  |   |                            |                   |    |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                          | Category (See Categories listed at the top of this schedule) Advertising Expence | Description SMS text messaging  |                            |                   |    |  |  |  |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.                           | Check if Austin   | n, TX, officeholder living | expense           |    |  |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF   | Candidate / Officeholder name  | Office sought   |                            | Office held       |    |  |  |  |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEE   | EDED                       |                   |    |  |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

So Tr Tr Tr Of

| olicitation/Fundraising Expense          |  |
|--|--|
| ansportation Equipment & Related Expense |  |
| avel In District                         |  |
| avel Out Of District                     |  |
| ther (enter a category not listed above) |  |
|  |  |

| Credit Card Payment  | The Instruction Guide explains how to complete this form.                         |                        |                                       |   |  |  |  |  |  |
|--|---|------------------------|---------------------------------------|---|--|--|--|--|--|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  |                        | 3 Filer ID (Ethics Commission Filers) | ) |  |  |  |  |  |
| 19   | Mr Joe R Molinar  |                        |                                       |   |  |  |  |  |  |
| 4 Date   | 5 Payee name  |                        |                                       |   |  |  |  |  |  |
| 12/07/2020   | allPrint of El Paso LLC   |                        |                                       |   |  |  |  |  |  |
| 6 Amount (\$)  | 7 Payee address;  | City;                  | State; Zip Code                       |   |  |  |  |  |  |
| 2771.2   | 7230 Gateway Ste D El Paso, TX 79   | 915                    |                                       |   |  |  |  |  |  |
| 8  | (a) Category (See Categories listed at the top of this schedule)                  | (b) Description        |                                       |   |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Printing Expense  | Printing / maili       | ing postcards                         |   |  |  |  |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                        | Check if Austi         | in, TX, officeholder living expense   |   |  |  |  |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name   | Office sought          | Office held                           |   |  |  |  |  |  |
| Date   | Payee name  |                        |                                       |   |  |  |  |  |  |
| 12/19/2020   | State Farm Bank   |                        |                                       |   |  |  |  |  |  |
| Amount (\$)  | Payee address;  | City;                  | State; Zip Code                       |   |  |  |  |  |  |
| 3040   | P.O. Box 23025 Columbus, GA 3190  | 2-3025                 |                                       |   |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)  Credit card payment | Credit card pa         | nyment                                |   |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                            | Check if Austi         | in, TX, officeholder living expense   |   |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name   | Office sought          | Office held                           |   |  |  |  |  |  |
| Date   | Payee name  |                        |                                       |   |  |  |  |  |  |
| 12/20/2020   | VistaPrint.com  |                        |                                       |   |  |  |  |  |  |
| Amount (\$)  | Payee address;  | City;                  | State; Zip Code                       |   |  |  |  |  |  |
| 148.13   | VistaPrint.com  |                        |                                       |   |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule) Printing Expense     | Description Note cards |                                       |   |  |  |  |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.                            | Check if Austi         | in, TX, officeholder living expense   |   |  |  |  |  |  |
| Complete ONLY if direct expenditure to benefit C/OF          | Candidate / Officeholder name   | Office sought          | Office held                           |   |  |  |  |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NEE        | EDED                                  |   |  |  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

| Credit Card Payment                                   | The Instruction Guide explains how to                            | complete this form.  |                                       |  |  |  |
|---|--|----------------------|---------------------------------------|--|--|--|
| 1 Total pages Schedule F1:                            | 2 FILER NAME   |                      | 3 Filer ID (Ethics Commission Filers) |  |  |  |
| 19  | Mr Joe R Molinar   |                      |                                       |  |  |  |
| 4 Date  | 5 Payee name   |                      |                                       |  |  |  |
| 12/23/2020  | Wix.com  |                      |                                       |  |  |  |
| 6 Amount (\$)   | 7 Payee address;   | City;                | State; Zip Code                       |  |  |  |
| 23.81   | Wix.com  |                      |                                       |  |  |  |
| 8   | (a) Category (See Categories listed at the top of this schedule) | (b) Description      |                                       |  |  |  |
| PURPOSE   | Advertising Expense  | Website Lease        | е                                     |  |  |  |
| OF<br>EXPENDITURE                                     |  |                      |                                       |  |  |  |
| EXI ENDITORE  | (C) Cheal if travel autride of Tours Complete School de T        | Observativité Access | TV efficiency living accounts         |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           |                      | in, TX, officeholder living expense   |  |  |  |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name                                    | Office sought        | Office held                           |  |  |  |
| Date  | Payee name   |                      |                                       |  |  |  |
| 12/26/2020  | Sam's Club   |                      |                                       |  |  |  |
| Amount (\$)   | Payee address;   | City;                | State; Zip Code                       |  |  |  |
| 55  | 9498 Gateway North El Paso, TX 79                                | 924                  |                                       |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description          |                                       |  |  |  |
| PURPOSE   | Other - Postage expense  | Postage Stam         | ps                                    |  |  |  |
| OF<br>EXPENDITURE                                     |  |                      |                                       |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi       | in, TX, officeholder living expense   |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh   | Candidate / Officeholder name                                    | Office sought        | Office held                           |  |  |  |
| Date  | Payee name   |                      |                                       |  |  |  |
| 12/28/2020  | Michelle Sanchez   |                      |                                       |  |  |  |
| Amount (\$)   | Payee address;   | City;                | State; Zip Code                       |  |  |  |
| 100   | 10016 Caribou Dr Unit C El Paso, T                               | 〈 79924              |                                       |  |  |  |
|   | Category (See Categories listed at the top of this schedule)     | Description          |                                       |  |  |  |
| PURPOSE   | Advertising expense  | website maint        | enance - December 2020                |  |  |  |
| OF<br>EXPENDITURE                                     |  |                      |                                       |  |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.           | Check if Austi       | tin, TX, officeholder living expense  |  |  |  |
| Complete ONLY if direct                               | Candidate / Officeholder name                                    | Office sought        |                                       |  |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh   |  | Silles sought        | Office field                          |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEE      | EDED                                  |  |  |  |

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1:                                   |   |                             | 3 Filer ID (Ethic                    | s Commission Filers) |  |  |
|--|---|-----------------------------|--------------------------------------|----------------------|--|--|
| 19   | Mr Joe R Molinar  |                             |                                      |                      |  |  |
| 4 Date   | 5 Payee name  |                             |                                      |                      |  |  |
| 12/30/2020   | The Postal Solution   |                             |                                      |                      |  |  |
| 6 Amount (\$)  | 7 Payee address;  | City;                       | State;                               | Zip Code             |  |  |
| 100  | 4717 Hondo Pass Dr Ste 1-D El Pas   | o, TX 79904                 |                                      |                      |  |  |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | newal                       |                                      |                      |  |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                                      | Check if Aust               | in, TX, officeholder livinç          | g expense            |  |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeholder name<br>H  | Office sought               |                                      | Office held          |  |  |
| Date   | Payee name  |                             |                                      |                      |  |  |
| Amount (\$)  | Payee address;  | City;                       | State;                               | Zip Code             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                                    | Description                 |                                      |                      |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | in, TX, officeholder living | g expense                            |                      |  |  |
| Complete ONLY if direct expenditure to benefit C/Oh          | Candidate / Officeholder name   | Office sought               |                                      | Office held          |  |  |
| Date   | Payee name  |                             |                                      |                      |  |  |
| Amount (\$)  | Payee address;  | City;                       | State;                               | Zip Code             |  |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                                    | Description                 |                                      |                      |  |  |
|  | Check if travel outside of Texas. Complete Schedule T.  | Check if Austi              | tin, TX, officeholder living expense |                      |  |  |
| Complete ONLY if direct expenditure to benefit C/OI          | Candidate / Officeholder name   | Office sought               |                                      | Office held          |  |  |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE              | EDED                                 |                      |  |  |
|  |   |                             |                                      |                      |  |  |

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

## **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

|    | Contributions/Donations Made By<br>Candidate/Officeholder/Politica |      | mittee | Gift/Awards/Memor          |                     | F       | Printing Exp<br>Salaries/Wa | pense        | ntract Labor | Travel          | Out Of Distric<br>enter a catego |         | listed above)  |   |
|----|--|------|--------|----------------------------|---------------------|---------|-----------------------------|--------------|--------------|-----------------|----------------------------------|---------|----------------|---|
|    |  |      |        | The Instruction            | n Guide expla       | ains I  | how to co                   | mplete       | this form.   |                 |                                  |         |                |   |
| 1  | Total pages Schedule F2:   |      |        | R NAME                     |                     |         |                             |              |              | 3 Filer         | ID (Ethics                       | Comm    | ission Filers) |   |
| 0  |  | Mr   | Joe    | R Molinar                  |                     |         |                             |              |              |                 |                                  |         |                |   |
| 4  | TOTAL OF UNITEM  | 1IZE | D U    | NPAID INCUR                | RED OBL             | .IG/    | ATIONS                      | 3            |              | \$              |                                  |         |                |   |
| 5  | Date   | 6    | Payee  | e name                     |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
| 7  | Amount (\$)  | 8    | Paye   | e address;                 |                     |         |                             |              | City;        |                 | State;                           |         | Zip Code       |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
| 9  | TYPE OF  |      |        |                            | Г                   |         |                             |              |              |                 |                                  |         |                |   |
|    | EXPENDITURE  |      |        | Political                  | L                   |         | Non-Poli                    | tical        |              |                 |                                  |         |                |   |
| 10 | )  | (a)  | Categ  | ory (See Categories list   | ted at the top of t | his sch | nedule)                     | <b>(b)</b> D | escription   |                 |                                  |         |                |   |
|    | PURPOSE  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    | OF<br>EXPENDITURE  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    | ZXI ZIIDII GIL   | (c)  |        | Check if travel outside of | of Texas, Complete  | e Sche  | edule T                     | Г            | Check if Aus | stin TX offi    | ceholder living                  | eyner   | nse.           | _ |
| 44 |  | (-)  |        |                            |                     |         |                             |              |              | 7111, 174, 0111 |                                  |         |                | _ |
| '' | Complete ONLY if direct expenditure to benefit C/OF                | 4    | Ca     | andidate / Officeho        | lder name           |         | Of                          | fice so      | ught         |                 | Office h                         | eld     |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  | I    | Payo   | e name                     |                     |         |                             |              |              |                 |                                  |         |                | = |
|    | Date   |      | гауы   | e name                     |                     |         |                             |              |              |                 |                                  |         |                |   |
|    | Amount (f)   |      | Davis  |                            |                     |         |                             |              | Oit          |                 | 04-4                             |         | 7:- 01-        | _ |
|    | Amount (\$)  |      | Paye   | e address;                 |                     |         |                             |              | City;        |                 | State;                           | •       | Zip Code       |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                | _ |
|    | TYPE OF EXPENDITURE  |      |        | Political                  | Γ                   |         | Non-Pol                     | itical       |              |                 |                                  |         |                |   |
|    |  |      | Ш      |                            | L                   |         |                             | 1            |              |                 |                                  |         |                | _ |
|    |  |      | Categ  | ory (See Categories list   | ted at the top of t | his sch | hedule)                     |              | Description  |                 |                                  |         |                |   |
|    | PURPOSE<br>OF  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    | EXPENDITURE  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        | Check if travel outside    | of Texas. Comple    | ete Sch | nedule T.                   | Γ            | Check if A   | ustin, TX, of   | ficeholder livin                 | ıg expe | ense           |   |
|    | Complete ONLY if direct  |      | Ca     | andidate / Officeho        | lder name           |         | Of                          | ffice sc     | ought        |                 | Office h                         | eld     |                | _ |
|    | expenditure to benefit C/OF  | 1    |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                | _ |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      |        |                            |                     |         |                             |              |              |                 |                                  |         |                |   |
|    |  |      | ΔΤΤΔ   | CH ADDITIONA               | I COPIES            | OF      | THIS S                      | CHED         | ULFASNE      | FDFD            |                                  |         |                |   |
|    |  |      | A11/   | .CII ADDIIIONA             | 551 125             | J1      |                             | J. 12D       | JEE AS IVE   |                 |                                  |         |                |   |

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

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

| ТІ                          | he Instruction Guide explains how to complete this form.    | 1 Total pages Schedule F3:            |
|-----------------------------|---|---------------------------------------|
| 2 FILER NAME<br>Mr Joe R Mo | olinar  | 3 Filer ID (Ethics Commission Filers) |
| <b>4</b> Date               | 5 Name of person from whom investment is purchased          |                                       |
|                             | 6 Address of person from whom investment is purchased; City |                                       |
|                             | 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 (\$)                                   |                                       |
|                             |   |                                       |
|                             |   |                                       |
|                             | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE                   | AS NEEDED                             |

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

|  | The Instruction Guide explains how to co  | emplete this form.           |  |
|--|---|------------------------------|--|
| <ul><li>1 Total pages Schedule F4:</li><li>4</li></ul> | 2 FILER NAME<br>Mr Joe R Molinar  |                              | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM                                      | IZED EXPENDITURES CHARGED TO A CR   | EDIT CARD                    | \$                                     |
| 5 Date   | 6 Payee name  |                              |  |
| 07/09/2020   | FedEx   |                              |  |
| <b>7</b> Amount (\$)                                   | 8 Payee address;  | City;                        | State; Zip Code                        |
| 8.59   | 6600 Montana Ave El Paso, TX 7992   | 5                            |  |
| 9 TYPE OF<br>EXPENDITURE                               | Political Non-Pol   | itical                       |  |
| 10 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Copying Serv | /ices                                  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                        | Check if Au                  | stin, TX, officeholder living expense  |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Of  | fice sought                  | Office held                            |
| Date   | Payee name  |                              |  |
| 09/25/2020   | FedEx   |                              |  |
| Amount (\$)  | Payee address;  | City;                        | State; Zip Code                        |
| 5.4  | 6600 Montana Ave El Paso, TX 7992   | 5                            |  |
| TYPE OF<br>EXPENDITURE                                 | Political Non-Po  | litical                      |  |
|  | Category (See Categories listed at the top of this schedule)                      | Description                  |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | Printing Expense  | Printing Serv                | rices                                  |
|  | Check if travel outside of Texas. Complete Schedule T.                            | Check if Au                  | ustin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name Of  | ffice sought                 | Office held                            |
|  |   |                              |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SO   | CHEDULE AS NE                | EDED                                   |

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| The Instruction Guide explains how to complete this form.   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| 1 Total pages Schedule F4:  | 2 FILER NAME<br>Mr Joe R Molinar                               |               | 3 Filer ID (Ethics Commission Filers)  |  |  |
| 4 TOTAL OF UNITEM   | 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |               |  |  |  |
| 5 Date  | 6 Payee name   |               |  |  |  |
| 09/26/2020  | Sam's Club   |               |  |  |  |
| 7 Amount (\$)   | 8 Payee address;   | City;         | State; Zip Code                        |  |  |
| 32.45   | 9498 Gateway North El Paso, TX 799                             | 924           |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Political  |               |  |  |  |
| 10  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Headset with microphone |  |               | n microphone                           |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.     | Check if Au   | ustin, TX, officeholder living expense |  |  |
| 11 Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name O                                | ffice sought  | Office held                            |  |  |
| Date  | Payee name   |               |  |  |  |
| 09/27/2020  | VistaPrint   |               |  |  |  |
| Amount (\$)   | Payee address;   | City;         | State; Zip Code                        |  |  |
| 113.12  | VistaPrint.com   |               |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political Non-Po   | olitical      |  |  |  |
|   | Category (See Categories listed at the top of this schedule)   | Description   |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Printing Expense   | Large campa   | aign door hangers                      |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.         | Check if A    | ustin, TX, officeholder living expense |  |  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name O                                | ffice sought  | Office held                            |  |  |
|   |  |               |  |  |  |
|   | ATTACH ADDITIONAL COPIES OF THIS S                             | CHEDULE AS NE | EDED                                   |  |  |

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form

| 1 Total pages Schedule F4:                                 | 2 FILER NAME<br>Mr Joe R Molinar  |                               | 3 Filer ID (Ethics Commission Filers)  |
|--|---|-------------------------------|--|
| 4 TOTAL OF UNITEM  | IZED EXPENDITURES CHARGED TO A C  | REDIT CARD                    | \$                                     |
| 5 Date<br>10/01/2020                                       | 6 Payee name allPrint of El Paso LLC  |                               |  |
| 7 Amount (\$)  | 8 Payee address;  | City;                         | State; Zip Code                        |
| 2771.2   | 7230 Gateway East Ste D El Paso,  | TX 79915                      |  |
| 9 TYPE OF<br>EXPENDITURE                                   | Political Non-F   | Political                     |  |
| 10 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing / ma | iling postcards                        |
|  | (C) Check if travel outside of Texas. Complete Schedule T.                        | Check if Au                   | ustin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH     | Candidate / Officeholder name   | Office sought                 | Office held                            |
| Date   | Payee name  |                               |  |
| 11/14/2020   | Sam's Club  |                               |  |
| Amount (\$)  | Payee address;  | City;                         | State; Zip Code                        |
| 385  | 9498 Gateway North El Paso, TX 79   | 9924                          |  |
| TYPE OF<br>EXPENDITURE                                     | Political Non-F   | Political                     |  |
|  | Category (See Categories listed at the top of this schedule)                      | Description                   |  |
| PURPOSE<br>OF<br>EXPENDITURE                               | Advertising Expense   | Postage Sta                   | mps                                    |
|  | Check if travel outside of Texas. Complete Schedule T.                            | Check if A                    | ustin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                 | Office held                            |
|  |   |                               |  |
|  |   |                               |  |
|  | ATTACH ADDITIONAL COPIES OF THIS  | SCHEDULE AS NE                | EDED                                   |

SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

|  | The instruction Guide explains now to co                              | mpiete this form.       |  |
|--|---|-------------------------|--|
| 1 Total pages Schedule F4:                             | 2 FILER NAME<br>Mr Joe R Molinar                                      |                         | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEM                                      | IZED EXPENDITURES CHARGED TO A CRI                                    | EDIT CARD               | \$                                     |
| <b>5</b> Date  | 6 Payee name  |                         |  |
| 11/25/2020   | City Of El Paso   |                         |  |
| <b>7</b> Amount (\$)                                   | 8 Payee address;  | City;                   | State; Zip Code                        |
| 1.03   | 300 North Campbell El Paso, TX 7990                                   | )1                      |  |
| 9 TYPE OF<br>EXPENDITURE                               | Political Non-Poli  | itical                  |  |
| 10 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)  Fee | (b) Description Parking |  |
| EXI ENDITORE   | (c) Check if travel outside of Texas. Complete Schedule T.            | Check if Au             | stin, TX, officeholder living expense  |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Off                                     | fice sought             | Office held                            |
| Date<br>12/01/2020                                     | Payee name El Diario Paso Del Norte Publishing, I                     | nc                      |  |
| Amount (\$)  | Payee address;  | City;                   | State; Zip Code                        |
| 480  | 1801 Texas Ave El Paso, TX 79901                                      |                         |  |
| TYPE OF<br>EXPENDITURE                                 | Political Non-Pol   | litical                 |  |
|  | Category (See Categories listed at the top of this schedule)          | Description             |  |
| PURPOSE<br>OF<br>EXPENDITURE                           | Advertising Expense   | Advertising in          | n Newspaper                            |
| EXPENDITURE  | Check if travel outside of Texas. Complete Schedule T.                | Check if Au             | istin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH    | Candidate / Officeholder name Of                                      | fice sought             | Office held                            |
|  |   |                         |  |
|  |   |                         |  |
|  | ATTACH ADDITIONAL COPIES OF THIS SO                                   | CHEDULE AS NE           | EDED                                   |

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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

| Credit Card Payment  | The Instruction Guide explains how to                            | complete this form. |                               |                    |
|--|--|---------------------|-------------------------------|--------------------|
| 1 Total pages Schedule G:                                  | 2 FILER NAME<br>Mr Joe R Molinar                                 |                     | 3 Filer ID (Ethics (          | Commission Filers) |
| 4 Date   | 5 Payee name   | 1                   |                               |                    |
| 6 Amount (\$)  | 7 Payee address;   | City;               | State;                        | Zip Code           |
| political contributions intended                           |  |                     |                               |                    |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule) | (b) Description     |                               |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin,    | TX, officeholder living exp   | pense              |
| 9 Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name                                    | Office sought       | C                             | Office held        |
| Date   | Payee name   |                     |                               |                    |
| Amount (\$)  | Payee address;   | City;               | State;                        | Zip Code           |
| Reimbursement from political contributions intended        |  |                     |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description         |                               |                    |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin     | , TX, officeholder living exp | pense              |
| Complete ONLY if direct expenditure to benefit C/0         | Candidate / Officeholder name                                    | Office sought       | C                             | Office held        |
| Date   | Payee name   |                     |                               |                    |
| Amount (\$)  | Payee address;   | City;               | State;                        | Zip Code           |
| Reimbursement from political contributions intended        |  |                     |                               |                    |
| PURPOSE<br>OF<br>EXPENDITURE                               | Category (See Categories listed at the top of this schedule)     | Description         |                               |                    |
| EXPENDITORE  | Check if travel outside of Texas. Complete Schedule T.           | Check if Austin,    | TX, officeholder living exp   | pense              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                    | Office sought       | (                             | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEED    | ED                            |                    |

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

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

## SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form

| 2 FILER NAME Mr Joe R Molinar 5 Business name                    |   | 3 Filer ID (Ethics  | Commission Filers)  |
|--|---|---|---|
| _  |   |   |   |
|  |   |   |   |
| 7 Business address;  | City;   | State;  | Zip Code  |
| (a) Category (See Categories listed at the top of this schedule) | (b) Description   |   |   |
| (c) Check if travel outside of Texas. Complete Schedule T.       | Check if Austin   | n, TX, officeholder living e  | xpense  |
| Candidate / Officeholder name                                    | Office sought   |   | Office held   |
| Business name  |   |   |   |
| Business address;  | City;   | State;  | Zip Code  |
| Category (See Categories listed at the top of this schedule)     | Description   |   |   |
| Check if travel outside of Texas. Complete Schedule T.           | Check if Austin   | n, TX, officeholder living ex   | pense   |
| Candidate / Officeholder name                                    | Office sought   |   | Office held   |
| Business name  |   |   |   |
| Business address;  | City;   | State;  | Zip Code  |
| Category (See Categories listed at the top of this schedule)     | Description   |   |   |
| Check if travel outside of Texas. Complete Schedule T.           | Check if Austin   | n, TX, officeholder living ex   | kpense  |
| Candidate / Officeholder name                                    | Office sought   |   | Office held   |
|  | Candidate / Officeholder name  Business name  Business address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Business name  Business name  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T. | Candidate / Officeholder name Office sought  Business name  Business address; City;  Category (See Categories listed at the top of this schedule) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought  Business name  Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Officeholder name Office sought  Category (See Categories listed at the top of this schedule) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Description | Candidate / Officeholder name  Office sought  Business name  Business address;  City;  State;  Category (See Categories listed at the top of this schedule)  Description  Candidate / Officeholder name  Office sought  Category (See Categories listed at the top of this schedule)  Description  Candidate / Officeholder name  Office sought  Candidate / Officeholder name  Description  Candidate / Officeholder name  Office sought  Description  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, TX, officeholder living expenses address;  City;  State;  Category (See Categories listed at the top of this schedule)  Description |

## SCHEDULE I

| The Instruction Guide explains how to complete this form. |  |                                 |                      |               |                  |
|---|--|---------------------------------|----------------------|---------------|------------------|
| 1 Total pages Schedule I:                                 | 2 FILER NAME<br>Mr Joe R Molinar                                       |                                 | 3 Filer ID           | (Ethics Co    | mmission 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 required.) | e instructions regar | ding type of  | information      |
| Date  | Payee name   |                                 |                      |               |                  |
| Amount (\$)   | Payee address;   | City                            |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See required.)     | e instructions regar | rding type of | information      |
| Date  | Payee name   |                                 |                      |               |                  |
| Amount (\$)   | Payee address;   | City                            |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See required.)     | e instructions regal | rding type of | information      |
| Date  | Payee name   |                                 |                      |               |                  |
| Amount (\$)   | Payee address;   | City                            |                      | State         | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See required.)     | e instructions regar | rding type of | information      |
|   |  |                                 |                      |               |                  |

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

## SCHEDULE K

| The Instruction Guide explains how to complete this form.  1 Total pages Schedu 1 |  |                                | dule K:              |
|---|--|--------------------------------|----------------------|
| 2 FILER NAME  |  | 3 Filer ID (Ethic              | s Commission Filers) |
| Mr Joe R Mo   | linar  |                                |                      |
| 4 Date  | 5 Name of person from whom amount is received  |                                | 8 Amount (\$)        |
| - Date  | ·  |                                | γιποαπ (ψ)           |
|   | Kaboom Party Hall - David Atilano  |                                |                      |
|   | 6 Address of person from whom amount is received; City; Star   | te; Zip Code                   | 400                  |
| 11/06/2020  | 4601 Hondo Pass Dr Ste J El Paso, TX 79924-145   | 7                              |                      |
|   | 7 Purpose for which amount is received Check if Refund of Party Hall Rental - Cancelled due to Covid | political contribution<br>d-19 | returned to filer    |
| Date  | Name of person from whom amount is received  |                                | Amount (\$)          |
|   | Clear Channel Outdoor  |                                |                      |
|   | Clear Charlier Outdoor   |                                |                      |
|   | Address of person from whom amount is received; City; Sta  | ate; Zip Code                  | 625                  |
| 11/16/2020 2305 Sparkman St El Paso, TX 79903                                     |  |                                |                      |
|   | 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  |                                | Amount (\$)          |
|   | Address of person from whom amount is received; City; Star   |                                |                      |
|   |  |                                |                      |
|   | Purpose for which amount is received Check if  | political contribution         | returned to filer    |
| Date  | Name of person from whom amount is received  |                                | Amount (\$)          |
|   | Address of person from whom amount is received; City; Sta  |                                |                      |
|   | Purpose for which amount is received Check if  | political contribution         | returned to filer    |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                               |  |                                |                      |

# City Clerk Dept. 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:             |                               |
|---|---|---------------------------------------|-------------------------------|
| 2 FILER NAME Mr Joe R Molinar                             |   | 3 Filer ID (Ethics Commission Filers) |                               |
| 4 Name of Contributor / Corporation                       | or Labor Organization / Pledgor / Pa    | ayee                                  |                               |
| 5 Contribution / Expenditure reporte                      | d on:                                   |                                       |                               |
|   |   |                                       |                               |
| Schedule A2 Sch   | edule B Schedule B(J)                   | Schedule C2                           | Schedule D Schedule F1        |
| Schedule F2 Sch   | nedule F4 Schedule G                    | Schedule H                            | Schedule COH-UC Schedule B-SS |
| 6 Dates of travel 7 Name of                               | of travel 7 Name of person(s) traveling |                                       |                               |
| 8 Departu   | ure city or name of departure location  | n                                     |                               |
| 9 Destina   | tion city or name of destination locat  | tion                                  |                               |
|   |   |                                       |                               |
| 10 Means of transportation                                | 11 Purpose of travel (including na      | me of conference, se                  | minar, or other event)        |
| Name of Contributor / Corporation                         | or Labor Organization / Pledgor / Pa    | ayee                                  |                               |
| Contribution / Expenditure reporte                        | d on:                                   |                                       |                               |
|   | 11 B                                    |                                       |                               |
| Schedule A2 Sch   | edule B Schedule B(J)                   | Schedule C2                           | Schedule D Schedule F1        |
| Schedule F2 Sch   | nedule F4 Schedule G                    | Schedule H                            | Schedule COH-UC Schedule B-SS |
| Dates of travel Name of                                   | of person(s) traveling                  |                                       |                               |
| Departi   | ure city or name of departure location  | n                                     |                               |
| Destina   | tion city or name of destination loca   | tion                                  |                               |
| Means of transportation                                   | Purpose of travel (including na         | ame of conference, se                 | minar, or other event)        |
|   |   |                                       |                               |
| Name of Contributor / Corporation                         | or Labor Organization / Pledgor / Pa    | ayee                                  |                               |
| Contribution / Expenditure reporte                        | d on:                                   |                                       |                               |
| Schedule A2 Sched   | ule B Schedule B(J)                     | Schedule C2                           | Schedule D Schedule F1        |
|   |   | Scriedule 02                          | Schedule D Schedule F1        |
|   | ule F4 Schedule G                       | Schedule H                            | Schedule COH-UC Schedule B-SS |
| Dates of travel Name of person(s) traveling               |   |                                       |                               |
| Departi   | ure city or name of departure location  | n                                     |                               |
| Destina   | tion city or name of destination loca   | tion                                  |                               |
| Means of transportation                                   | Purpose of travel (including na         | ame of conference, se                 | minar, or other event)        |
|   |   |                                       |                               |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |   |                                       |                               |

## City Clerk Dept. 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 to Complete only if "Report Type" on page 1 is marked "F  |   |  |  |
|---|--|---|---|--|--|
| · | C/OH N   | AME   | 2 Filer ID (Ethics Commission Filers)   |  |  |
| Ν | 1r Joe   | R Molinar   |   |  |  |
| 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. |   |   |  |  |
|   |  | Signa   | ture of Candidate / Officeholder  |  |  |
| ŀ | •• Com   | WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••  |   |  |  |
|   | A.   | CAMPAIGN FUNDS  |   |  |  |
|   | Checl  | conly 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 may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political income earned on political contributions in accordance with the requirements of Electrons and the contributions in accordance with the requirements of Electrons and the contributions in accordance with the requirements of Electrons and the contributions in accordance with the requirements of Electrons and the contributions in accordance with the requirements of Electrons and the contributions are contributions. | come earned on political contributions to d contributions and that I may not retain ntributions longer than six years after filing contributions and unexpended interest or |  |  |
|   | B.   | ASSETS  |   |  |  |
|   | Checl  | conly one:  |   |  |  |
|   |  | I do not retain assets purchased with political contributions or interest or other inc  | ome from political contributions.   |  |  |
|   |  | I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with pol requirements of Election Code, § 254.204.   | other income from political contributions to  |  |  |
|   |  |   | Signature of Candidate  |  |  |
| • |  | HOLDER plete this section only if you are an officeholder ••  I am aware that I remain subject to filing requirements applicable to an officeholder where file. I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.   | if, after filing the last required report as an   |  |  |
|   |  |   | Signature of Officeholder   |  |  |