CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH
COVER	SHEE	T PG 1

The C/OH Instruction Gui	de explains how to complete t	his form.	1 Filer ID (Ethics Commis 00000030		2 Total pages fi 1	led: LO
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Ms.	Veronica				
NAME		. cromou			Date Received	
					ELECTRONIC	ALLY FILED
·	NICKNAME	LAST		SUFFIX	10/10/2023	
		Carbajal				
		-				
	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	3016 Wheeling Avenue					
ADDRESS					Receipt #	Amount
Change of Address	El Paso, TX 79930					
	EIFasu, IX 19930				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Emma C.				
NAME		Linna O.				
	NICKNAME	LAST		SUFFIX		
	Kitty	Spalding				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER	920 Blanchard					
ADDRESS						
(Residence or Business)						
	El Paso, TX 79930					
TDEACUDED		E NUMBER E	EXTENSION			
PHONE	(915) 532-3731					
8 REPORT		_	_	_	-	
TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer
	July 15	8th day before e		Exceeded modified	Final Report (Atta	
				reporting limit		ach C/OH-FR)
-						
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2022	TF	IROUGH	12/31/2022	2	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
			eneral	Special		
				Special		
				i		
	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	None			None		
				1		
		GO T	O PAGE 2			
Forms provided by Texa	as Ethics Commission	www.et	hics.state.tx.us	6	Versi	on V3.5.1.40626d3e

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM C/OH **COVER SHEET PG 2** 2 of 10

14 Filer ID

13 C / OH NAME	Carbajal , Veronica (Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without t officeholders are required to report this information	he candidate's or office	holder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER ADDRESS									
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)									
EXPENDITURE TOTALS	ALS									
	4. TOTAL POLITICAL EXPENDITURES									
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 169.54						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 800.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	r of perjury, that the acc l information required to	companying report is b be reported by me						
		Me V	eronica Carbajal							
			Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of office.	,	~~,						
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath						
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us	· · · · · · · · · · · · · · · · · · ·	Version V3.5.1.40626d3e						

SUBTOTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 10
18 FILER NAME Carbajal , Veronica (Ms.)	19 Filer ID 00000030	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 400.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 338.59
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

LOANS				SCHEDULE E
The Instruction Guide explains how to comple	ete this form.		Sch: 1/:	ges Schedule E: 1 Rpt: 4/10
2 FILER NAME Carbajal , Veronica (Ms.)			3 Filer ID 000000	(Ethics Commission Filers) 030
⁴ TOTAL OF UNITEMIZED LOANS				\$
5Date of loan7Name of lender09/02/2022Carbajal, Veronica	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$400.00
6Is lender a financial institution?8Lender address; a016City; Wheeling AveNoWheeling Ave	State;	Zip Code		10 Interest Rate 11 Maturity Date
El Paso, TX 79930 12 Principal occupation / Job title (See Instructions)	1	13 Employer (See Instructions		
Attorney 14 Description of Collateral X		Texas RioGrande Legal 15 Check if personal funds we		l into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION				19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation		21 Employer (See Instructions	;)	1

POLITICAL EX	PENDITURES FROM POLITICAL NS	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expe By - Gift/Awards/Memorials Expense Printing Exp	yment/Reinbursement Solicitation/Fundraising Expense head/Rental Expense Transportation Equipment & Related Expense ense Travel in District pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1	· · ·	i i i i i i i i i i i i i i i i i i i
Sch: 1/6 Rpt: 5/10	Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 07/05/2022	5 Payee name Google GSuite	
6 Amount (\$) \$12.79	 Payee address; City; State; Zip Cod 1600 Amphitheater Parkway Mountain View, CA 94043 	le
	· · · · · · · · · · · · · · · · · · ·	7-N
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office soug DH	ht Office held
Date	Payee name	
08/02/2022	Google GSuite	
Amount (\$) \$12.78	Payee address; City; State; Zip Cod 1600 Amphitheater Parkway	le
	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
09/02/2022	Google GSuite	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$12.79		
	Mountain View, CA 94043	
PURPOSE OF		(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office soug	ht Office held

	POLITICAL EXF	PENDITURES FROM POLITICAL	SCHEDULE F1
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1		2 Filer ID (Ethics Commission Filers)
T	Total pages Schedule F1: Sch: 2/6 Rpt: 6/10		3 Filer ID (Ethics Commission Filers) 00000030
	•	Carbajal , Veronica (Ms.)	0000030
4	Date	5 Payee name	
	10/03/2022	Google GSuite	
6	Amount (\$) \$12.79	7 Payee address; City; State; Zip Code 1600 Amphitheater Parkway	
		Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/02/2022	Google GSuite	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1600 Amphitheater Parkway Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/02/2022	Google GSuite	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.79	1600 Amphitheater Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

			EXPENDITURE	E CATEGORIES	FOR BO	DX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense			nt/Reimbursement d/Rental Expense e se s/Contract Labor		Transportation E Travel in District Travel Out of Di	strict
	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guid		0			OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
-	Sch: 3/6 Rpt: 7/10		Veronica (Ms.)				ľ	00000030	(
4	Date	5 Payee nam							
•	07/12/2022	Square sp							
6	Amount (\$)	7 Payee add		State; Zip	Code				
	\$28.15	225 Varicl		, F					
		New York	, NY 10014						
8	PURPOSE OF EXPENDITURE		(See Categories listed at the erhead/Rental Exp		(b)			ide of Texas. Con , officeholder livin	plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Office	sought			Office h	eld
	Date	Payee nam	ie						
	08/12/2022	Square sp	bace, Inc.						
	Amount (\$)	Payee add	ress; City;	State; Zip	Code				
	\$28.15	225 Varicl	k Street						
		New York	, NY 10014						
	PURPOSE OF	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description			
	EXPENDITURE	Office Ove	erhead/Rental Exp	ense				ide of Texas. Con , officeholder livin	iplete Schedule T.
						Website	, .,	,	, o.p
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office	sought			Office h	eld
	Date	Payee nam	ie						
	09/12/2022	Square sp	bace, Inc.						
	Amount (\$)	Payee add	ress; City;	State; Zip	Code				
	\$31.39	225 Varicl	k Street						
		New York	, NY 10014						
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	erhead/Rental Exp	ense				ide of Texas. Con , officeholder livin	plete Schedule T. g expense
					1				

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

				EXPENDI	TURE CATEGO	RIES FOR	BC)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	orials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	head ense pens ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related E	
-					n Guide explains ho	ow to comple	ete t	his form.				
1	Total pages Schedule F1: Sch: 4/6 Rpt: 8/10		FILER NAME Carbajal , V		5.)				3	Filer ID 00000030	(Ethics Commissi	on Filers)
4	Date	5	Payee name									
	10/12/2022		Square spa	ce, Inc.								
6	Amount (\$) \$31.39		Payee addre 225 Varick New York, I	Street	State	e; Zip Coc	le					
8	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Office Over					Check if travel		de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	le	Office soug	jht			Office he	eld	
	Date		Payee name									
	11/14/2022		Square spa	ce, Inc.								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Coo	le					
	\$51.39		225 Varick									
	PURPOSE OF EXPENDITURE		Category (Se Office Over		ed at the top of this sch Expense	hedule)	(b)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	le	Office soug	jht			Office he	eld	
	Date		Payee name									
	12/12/2022		Square spa	ce, Inc.								
	Amount (\$) \$31.39		Payee addres 225 Varick		State	e; Zip Coc	le					
			New York, I	NY 10014								
	PURPOSE OF				ed at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Renta	Expense					de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder nam	ie i	Office soug	jht			Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

		EXPENDITURE CATEGO	RIES FOR BO	OX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains ho	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	•	•		3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 9/10	Carbajal , Veronica (Ms.)			00000030
4	Date	Payee name			
	07/29/2022	Wells Fargo Bank			
6	Amount (\$) \$10.00	Payee address; City; State 2340 N. Mesa El Paso, TX 79902	; Zip Code		
8	PURPOSE	Category (See Categories listed at the top of this sch	nedule) (b)	Description	
	OF EXPENDITURE	Accounting/Banking			utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name (Office sought		Office held
	Date	Payee name			
	08/31/2022	Wells Fargo Bank			
	Amount (\$)	Payee address; City; State	; Zip Code		
	\$10.00	2340 N. Mesa El Paso, TX 79902			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Accounting/Banking	nedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held
	Date	Payee name			
	09/30/2022	Wells Fargo Bank			
	Amount (\$) \$10.00	Payee address; City; State 2340 N. Mesa	; Zip Code		
		El Paso, TX 79902			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Accounting/Banking	edule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name (Office sought		Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 6/6 Rpt: 10/10 Carbajal, Veronica (Ms.) 0000030 4 Date 5 Payee name 10/31/2022 Wells Fargo Bank 6 Amount (\$) Payee address; City; State; Zip Code 7 \$10.00 2340 N. Mesa El Paso, TX 79902 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2022 Wells Fargo Bank Amount (\$) Payee address; City; State; Zip Code \$10.00 2340 N. Mesa El Paso, TX 79902 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/30/2022 Wells Fargo Bank Amount (\$) Payee address: City; State; Zip Code \$10.00 2340 N. Mesa El Paso, TX 79902 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking EXPENDITURE Check if Austin, TX, officeholder living expense Service Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH