## SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

T	ne SPAC Instruction Guid	de explains how to complete t	The SPAC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00085817				
3	COMMITTEE NAME					OFFICE	JSE ONLY
						Date Received	
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUI	TE#; CIT	Y; STATE;	ZIP CODE	01/18/2023	3 2:35 PM
						City Clerk's Office City Clerk's Office - Diana Munez (Ja Date Hand-delivered	n 18, 2023 15:12 MST)
5	CAMPAIGN TREASURER	Ms Raque	IRST		MI	Receipt #	Amount \$
	NAME	····· <del>·</del> ···	AST		SUFFIX	Date Processed 01/	8/2023 3:12 PM
		Rojo	)			Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PL		E#; CITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX;	APT / SUIT	E#; CITY;	STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE N	IUMBER	EXTENSIC	DΝ		
9	REPORT TYPE	January 15 July 15	8ti	th day before election  n day before election		Exceeded Modified Report (Att 10th day after campaig	
10	PERIOD COVERED	Month Day 07/01/202/2	Year	THROUGH	12/31/	Month Day	Year
11	ELECTION	ELECTION DATE  Month Day Year	Primary General	EL Runoff Special		ther escription——————	
			GO TO PA	AGE 2			

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME					13 Filer ID (Ethics Commission Filers) 00085817
14 COMMITTEE PURPOSE (Attach lists on plain pape	er to	CANDIDATE	CANDIDATE / OFFICEHOLDE	ER NAME	
complete this report if necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate)	eholder)	
(Candidate or Measur	,		BALLOT IDENTIFICATION / #	ELECTION DATE nth Day Year	
(Candidate or Measur ASSIST (Officeholder)	re)	MEASURE	DESCRIPTION		/ /
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O	POLITICAL CONTRIBUTION R GUARANTEES OF LOAN DE ELECTRONICALLY)		\$ 0.00
	2.	TOTAL POLITICAL (OTHER THAN PLEDG	CONTRIBUTIONS SES, LOANS, OR GUARANT	EES OF LOANS)	\$ 16,191.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED F	POLITICAL EXPENDITURES	3	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES			\$ 18,294.03
CONTRIBUTION BALANCE				\$ 9,858.43	
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			* 0.00		
		•	nalty of perjury, that the		report is true and correct and , Election Code.
			Raquel Rojo Raquel Rojo (Jan 18, 2023 14	4:35 MST)	Treasurer (Declarant)
		Please c	omplete either option	below:	
(1) Affidavit  AFFIX NOTARY STAMP /	SEALAE	BOVE			
Sworn to and subscrib	oed be	fore me, by the said _			, this the
day of	, 20 _	, to certify wh	ich, witness my hand a	nd seal of office.	
Signature of officer adm	inisterir	ng oath Printed r	name of officer administeri	ing oath	Title of officer administering oath
(2) Unsworn Declarat				0	20/05/4027
My name is Raquel F			, and m	by date of birth is $\frac{0}{1}$	)8/U5/1977
My address is 1535 R		(street)	, El Pasc	(city), IX	, 79936 (state) (zip code)(country)
Executed in El Paso		County, State of Tex	as , on the 18	<sub>day of</sub> <mark>January</mark> (month	<u>y</u> , <sub>20</sub> 23 (year)
			Raguei	Rojo lan 18, 2023 14:35 MST)	
				Signature of Cam	npaign Treasurer (Declarant)

### **SUBTOTALS - SPAC**

### FORM SPAC **COVER SHEET PG 3**

					3 of 27
		EE NAME s for Fair Elections	18 Filer ID		
	HEDULE		Sl	JBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,191.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	18,294.03
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/27		
2	FILER NAME El Pasoans f	for Fair Elections		3	Filer ID		
4	Date 10/24/2022	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Beguer, Homedes</li> <li>6 Contributor address; City; State; Zip Code</li> <li>632 Skydale Dr</li> <li>El Paso, TX 79912</li> </ul>	)	7	Amount of Contribution (\$)	\$50.00	
8	Principal occu Researcher	pation / Job title (See Instructions)	Employer (See Instructions     Salud y Farmacos	)			
	Date 09/01/2022	Full name of contributor out-of-state PAC (ID#:_Bell, Kenneth  Contributor address; City; State; Zip Code 1115 Catalina Way Apt. G  EL PASO, TX 79925			Amount of Contribution (\$)	\$500.00	
	Principal occu Student/Sec	pation / Job title (See Instructions) urity	Employer (See Instructions Destination El Paso	)			
	Date 11/07/2022	Full name of contributor out-of-state PAC (ID#:_ Benoit, Christopher  Contributor address; City; State; Zip Code 2515 N Stanton St	)		Amount of Contribution (\$)	\$50.00	
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/24/2022	Full name of contributor out-of-state PAC (ID#:_Brom, Donna Contributor address; City; State; Zip Code 11457 Bunky Henry Lane El Paso, TX 79936	Coyle & Benoit PLLC		Amount of Contribution (\$)	\$27.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)			
	Date 10/24/2022	Full name of contributor out-of-state PAC (ID#:_ Cardenas, Carlos  Contributor address; City; State; Zip Code 5830 Mira Serena Drive  El Paso, TX 79912			Amount of Contribution (\$)	\$100.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	)			

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/27	
2	FILER NAME				3	Filer ID	
		or Fair Elections			L		
4	Date 11/25/2022	<ul> <li>Full name of contributor  out-of-state PA Glaser, Rebecca</li> <li>Contributor address; City; State; Zip Code</li> </ul>	AC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
		2709 Gold Ave El Paso, TX 79930					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>L</u> S)		
	Not Employe			Not Employed			
	Date	Full name of contributor  ut-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	10/29/2022	Gonzalez, Adriana					\$27.00
	'	Contributor address; City; State; Zip Code			]		
		1447 Shelby Ridge Dr					
		El Paso, TX 79912					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
	EMT			Reeves County ESD 2			
	Date	Full name of contributor out-of-state PA	AC (ID#:	)	Г	Amount of Contribution (\$)	
	12/05/2022	Hernandez Jr, Arnulfo					\$100.00
		Contributor address; City; State; Zip Code			1		
		1490 George Dieter Dr.					
		El Paso, TX 79936-7601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Attorney at la			SELF	,		
	Date	Full name of contributor out-of-state PA	AC (ID#:	)	Π	Amount of Contribution (\$)	
	10/24/2022	Humphreys, Carlos	,				\$27.00
	•	Contributor address; City; State; Zip Code			1		
		2518 Richmond Ave					
		El Paso, TX 79930					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Librarian	,		El Paso Community Col		е	
	Date	Full name of contributor  ut-of-state PA	AC (ID#:	)	Π	Amount of Contribution (\$)	
	08/08/2022	Justicia Fronteriza PAC				(,)	\$2,000.00
		Contributor address; City; State; Zip Code			ł		
		1535 Raphael Cir					
		El Paso, TX 79936			Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/27	
2	FILER NAME El Pasoans f	for Fair Elections		3	Filer ID	
4	Date 08/15/2022	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Justicia Fronteriza PAC</li> <li>6 Contributor address; City; State; Zip Code 1535 Raphael Cir</li> <li>El Paso, TX 79936</li> </ul>	)	7	Amount of Contribution (\$)	\$300.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/14/2022	Full name of contributor out-of-state PAC (ID#:_ Justicia Fronteriza PAC  Contributor address; City; State; Zip Code 1535 Raphael Cir  El Paso, TX 79936	)		Amount of Contribution (\$)	\$1,300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/21/2022	Full name of contributor out-of-state PAC (ID#:_ Justicia Fronteriza PAC  Contributor address; City; State; Zip Code 1535 Raphael Cir  El Paso, TX 79936			Amount of Contribution (\$)	\$700.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/01/2022	Full name of contributor out-of-state PAC (ID#:_ Justicia Fronteriza PAC  Contributor address; City; State; Zip Code 1535 Raphael Cir  El Paso, TX 79936			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/25/2022	Full name of contributor out-of-state PAC (ID#:_ Leyser-Whalen, Ophra  Contributor address; City; State; Zip Code 4312 Park Hill Dr  El Paso, TX 79902			Amount of Contribution (\$)	\$27.00
	Principal occu Professor	pation / Job title (See Instructions)	Employer (See Instructions UTEP	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/27		
2	FILER NAME El Pasoans f	for Fair Elections		3	Filer ID		
4	Date 10/24/2022	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Martinez, Jocelyn</li> <li>Contributor address; City; State; Zip Code 2720 Gold Ave</li> <li>El Paso, TX 79930</li> </ul>	)	7	Amount of Contribution (\$)	\$20.00	
8	Principal occu RN	pation / Job title (See Instructions)	9 Employer (See Instructions Tenet	)			
	Date 07/04/2022	Full name of contributor out-of-state PAC (ID#:_McAlmon, Annie  Contributor address; City; State; Zip Code  408 Blacker Ave  El Paso, TX 79902			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)			
	Date 10/25/2022	Full name of contributor out-of-state PAC (ID#:_ McAlmon, Annie Contributor address; City; State; Zip Code 408 Blacker Ave El Paso, TX 79902			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)			
	Date 10/24/2022	Full name of contributor out-of-state PAC (ID#:_Molinar, Bethany  Contributor address; City; State; Zip Code 1409 E Yandell Dr  El Paso, TX 79902	)		Amount of Contribution (\$)	\$27.00	
	Principal occu Executive Di	pation / Job title (See Instructions) irector	Employer (See Instructions Ciudad Nueva	)			
	Date 10/24/2022	Full name of contributor out-of-state PAC (ID#:_ Neill, Rosemary  Contributor address; City; State; Zip Code 901 Mesita  El Paso, TX 79902	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)			

	MONEI	ARY POLITICAL CONTRIBUTION	)NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/27	
2	FILER NAME			3	Filer ID	
	El Pasoans f	or Fair Elections				
4	Date 10/24/2022	24/2022 Ruffier, John		7	Amount of Contribution (\$)	\$27.00
		6 Contributor address; City; State; Zip Code 12281 Roberta Lynne Dr				
		El Paso, TX 79936				
8	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions     Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/25/2022	Saenz, Veronica				\$27.00
		Contributor address; City; State; Zip Code		1		
		109 Avenida Mirador				
		Santa Teresa, NM 88008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Teacher		SISD	,		
	Date	Full name of contributor	)		Amount of Contribution (\$)	
	07/05/2022	Segura, Andrew				\$25.00
		Contributor address; City; State; Zip Code	tributor address; City; State; Zip Code			
		111 Santo Ysidro Rd				
		Santa Teresa, NM 88008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Not Employe		Not Employed	''		
	Date	Full name of contributor		Г	Amount of Contribution (\$)	
	10/24/2022	Segura, Bernadette			7 anotant or continuation (4)	\$50.00
		Contributor address; City; State; Zip Code				
		5147 Garry Owen Road				
		El Paso, TX 79903				
		oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		TRLA			
	Date	Full name of contributor	)		Amount of Contribution (\$)	<b>#</b> 10.00
	10/24/2022	Starr, Carl				\$10.00
		Contributor address; City; State; Zip Code 815 La Cruz Dr.				
		615 La Ciuz Di.				
		El Paso, TX 79902				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/27	
2	FILER NAME El Pasoans f	for Fair Elections		3	Filer ID	
4	Date 10/24/2022	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Tures, Stephen</li> <li>6 Contributor address; City; State; Zip Code 3031 Piedmont Dr</li> <li>El Paso, TX 79902-2144</li> </ul>	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu IT	pation / Job title (See Instructions)	Employer (See Instructions     Google	)		
	Date 11/24/2022	Full name of contributor out-of-state PAC (ID#:_ Tures, Stephen Contributor address; City; State; Zip Code 3031 Piedmont Dr El Paso, TX 79902-2144			Amount of Contribution (\$)	\$50.00
	Principal occu IT	pation / Job title (See Instructions)	Employer (See Instructions Google	)		
	Date 12/24/2022	Full name of contributor out-of-state PAC (ID#:_ Tures, Stephen Contributor address; City; State; Zip Code 3031 Piedmont Dr	)		Amount of Contribution (\$)	\$50.00
	Principal occu	El Paso, TX 79902-2144 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/24/2022	Full name of contributor out-of-state PAC (ID#:_carrillo, veronica  Contributor address; City; State; Zip Code 1026 E. California Ave  El Paso, TX 79902	Google		Amount of Contribution (\$)	\$27.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions) UTEP	)		
	Date 10/27/2022	Full name of contributor out-of-state PAC (ID#:_staudt, kathy  Contributor address; City; State; Zip Code 7289 Cactus Spine Lane  EL PASO, TX 79912	)		Amount of Contribution (\$)	\$270.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		

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

#### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 0	
<sup>2</sup> FILER NAMI El Paso	ans for Fair Elections		3 Filer ID (Ethics Co 00085817	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	de of Texas. Complete Schedule T.	
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	· · · · · · · · · · · · · · · · · · ·	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

www.ethics.state.tx.us

Revised 7/16/2021

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

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

·		,	. 0	•				
The Inst	ruction Guide explains	form.	1 Total pages Sched	ule B: O				
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
El Pasoans	for Fair Elect	ions		00085817				
4 TOTAL OF UNITEMIZED PLEDGES				\$	\$			
5 Date 6	Full name of pledgor	out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description			
7	Pledgor address;	City; Sta	ate; Zip Code		 			
				Check if travel outsi	ide of Texas. Complete Schedule T.			
10 Principal occupation	on / Job title (See Instruc	tions)	<b>11</b> Employer (See	Instructions)				
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description			
	Pledgor address;	City; Sta	ate; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See				ide of Texas. Complete Schedule T.				
Principal occupation	1 / Job title (See Instruct	ions)	Employer (See	msu ucuons)				
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description			
	Pledgor address;	City; St	ate; Zip Code		 			
				Check if travel outside of Texas. Complete Schedule T.				
Principal occupatio	n / Job title (See Instruc	tions)	Employer (See	Instructions)				
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description			
	Pledgor address;	City; State	; Zip Code		 			
					ide of Texas. Complete Schedule T.			
Principal occupation	n / Job title (See Instruct	ions)	Employer (See	Instructions)				
	ATTACH	ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED				

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

### MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C1

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

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule C1:
2 FILER NAME EI Pasc	oans for Fair Elections	3 Filer ID (Ethics Commission Filers) 00085817
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	•
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

### SCHEDULE C2

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

	The Instruction Guide explains how to complete this form.	1	Total pages Sched	lule C2:
<sup>2</sup> FILER NAM El Paso	ans for Fair Elections	3	Filer ID (Ethics Co. 0008581	
4 Date	5 Corporation / Labor Organization name	7	Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code			 
			Check if travel outsi	l de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name		Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code			
			Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name		Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code			 
			Check if travel outsi	I de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name		Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code			 
			Check if travel outside	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name		Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code			 
			Check if travel outsid	e of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE	AS NEEDED	

### PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

#### SCHEDULE D

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

	The Instruction Guide explains how to complete this form.	1 Total pages Schedu	le D:
2 FILER I		3 Filer ID (Ethics Com	
El Pas	soans for Fair Elections	0008581	7
4 Date	5 Corporation / Labor Organization name	7 Amount of Contribution \$	8 In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution \$	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
	ATTACH ADDITIONAL COPIES OF THIS SCHED	ULE AS NEEDED	

### **LOANS**

### SCHEDULE E

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

ii tile requested	illioilliation is not applicable, bo No	i include this page in the repo	7 C
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
FI Pasoans	for Fair Elections		00085817
Li i asoans	o loi i ali Licciono		00000017
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	9 Loan Amount (\$)	
6 Is lender a financial 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)	1
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
none	- N		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	, , , ,	, , ,	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	<u> </u>
	,	,	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?			
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	DED

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

SCHEDULE F1

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME El Pasoans for Fair Elections		3 Filer ID (Ethics 000858)	s Commission Filers)
4 Date 07/11/2022	5 Payee name ActBlue Technical Services			
6 Amount (\$) 0.50	7 Payee address;	City;	State;	Zip Code
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 Aust	tin, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
08/05/2022	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
1.88				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
08/09/2022	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.14				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 2/18 Rpt: 11/27	2 FILER NAME El Pasoans for Fair Elections 3 Filer ID
4	Date 09/09/2022	5 Payee name ActBlue Technical Services
6	Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/05/2022	Payee name ActBlue Technical Services
	Amount (\$) \$7.50	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/12/2022	Payee name ActBlue Technical Services
	Amount (\$) \$10.86	Payee address; City; State; Zip Code 366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  ActBlue Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 3/18 Rpt: 12/27	El Pasoans for Fair Elections		
4	Date	5 Payee name		<u> </u>
	11/07/2022	ActBlue Technical Services		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$13.78	366 Summer Street		
		Somerville, MA 02144-3132		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  ActBlue Fees
				Actibide Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		giit	Cince Held
H	Date	Payee name		
	12/05/2022	ActBlue Technical Services		
┝	Amount (\$)	Payee address; City; State; Zip Co	nda	
l	\$3.00	366 Summer Street	ue	
	Ψ3.00	300 Summer Street		
		Somonillo MA 02144 2122		
L	P. (P. 0.0.5	Somerville, MA 02144-3132	<i>a</i> >	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
				ActBlue Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	experialiture to benefit C/Oi	1		
l	Date	Payee name		
	12/05/2022	ActBlue Technical Services		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$3.00	366 Summer Street		
l				
l		Somerville, MA 02144-3132		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  ActBlue Fees
				7.0.0.1.000
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	L aht	Office held
	expenditure to benefit C/OI		J. /•	
$\vdash$				

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 4/18 Rpt: 13/27	2 FILER NAME El Pasoans for Fair Elections 3 Filer ID
4	Date 11/11/2022	5 Payee name Barraza, Randall
6	Amount (\$) \$128.00	7 Payee address; City; State; Zip Code 121 Isabella
8	PURPOSE OF	El Paso, TX 79912  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 12/15/2022	Payee name Barraza, Randall
	Amount (\$) \$44.00	Payee address; City; State; Zip Code  121 Isabella
		El Paso, TX 79912
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/11/2022	Payee name Carreon, Amy
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 3316 Funston Pl
		El Paso, TX 79936
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
l	Sch: 5/18 Rpt: 14/27	El Pasoans for Fair Elections
4	Date	5 Payee name
	07/25/2022	Carreon, Amy
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,200.00	3316 Funston Pl
l		
l		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORE	Contract Mork
		Contract Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date 08/08/2022	Payee name Carreon, Amy
┡		<u> </u>
l	Amount (\$) \$510.00	Payee address; City; State; Zip Code 3316 Funston Pl
	φ310.00	3310 Pulistoii Pi
l		51 Danie TV 70000
L		El Paso, TX 79936
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Contract Work
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
Г	Date	Payee name
	07/11/2022	Dolz, Aira
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$109.70	8006 Jersey St
l		
l		El Paso, TX 79915
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor
l		Check if Austin, TX, officeholder living expense  Contract Work
		Contract Work
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/18 Rpt: 15/27	2 FILER NAME El Pasoans for Fair Elections  3 Filer ID
4	<u> </u>	5 Payee name Dolz, Aira
6	Amount (\$) \$109.70	7 Payee address; City; State; Zip Code 8006 Jersey St
8	PURPOSE OF EXPENDITURE	El Paso, TX 79915  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/11/2022	Payee name Enriquez, Paul
	Amount (\$) \$90.98	Payee address; City; State; Zip Code 1210 N Oregon #3
		El Paso, TX 79902
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/11/2022	Payee name Flores, Alejandra
	Amount (\$) \$23.18	Payee address; City; State; Zip Code 311 Benedict Rd
		El Paso, TX 79922
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 7/18 Rpt: 16/27	El Pasoans for Fair Elections	
4	Date	5 Payee name	
	07/27/2022	Flores, Alejandra	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$167.00	311 Benedict Rd	
		El Paso, TX 79922	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAI LINDITORE	Contract Mork	
		Contract Work	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Davida nama	
	07/11/2022	Payee name Flores, Janet	
_			
	Amount (\$) \$170.34	Payee address; City; State; Zip Code 5613 Corsicana	
	Ψ170.34	3013 Consideria	
		El Dogo TV 70024	
		El Paso, TX 79924	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/M/ages/Contract Lahor  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Contract Work	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	11/29/2022	Fuentes, Ana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	6768 Copper Ridge	
		El Paso, TX 79912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Contract Work	
		Contract work	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

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

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

g Expense Travel
gs Expense Travel
es/Wages/Contract Labor OTHE

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		egal Services  The Instruction Guide (			/Contract Labor ete this form.	OTHER (enter a category not listed about	ove)
1	Total pages Schedule F1: Sch: 8/18 Rpt: 17/27		or Fair Elections			3	Filer ID	
4	Date 12/05/2022	5 Payee name Fuentes, An	a			•		
6	Amount (\$) \$71.27	7 Payee addres 6768 Coppe El Paso, TX	r Ridge	State; Zip (	Code			
8	PURPOSE OF EXPENDITURE		e Categories listed at the top ead/Rental Expens		(b)	<b>=</b>	le of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office s	ought		Office held	
	Date 12/15/2022	Payee name Fuentes, An	a					
	Amount (\$) \$400.00	Payee addres 6768 Coppe El Paso, TX	r Ridge	State; Zip (	Code			
	PURPOSE OF EXPENDITURE		e Categories listed at the top ges/Contract Labor		(b)	<b>=</b>	le of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office s	ought		Office held	
	Date 12/15/2022	Payee name Fuentes, An	a					
	Amount (\$) \$400.00	Payee addres 6768 Coppe El Paso, TX	r Ridge	State; Zip (	Code			
	PURPOSE OF EXPENDITURE		e Categories listed at the top ges/Contract Labor		(b)	<u> </u>	le of Texas. Complete Schedule T. officeholder living expense	
Γ	Complete ONLY if direct	Candidate/Offic	eholder name	Office s	ought		Office held	

expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 9/18 Rpt: 18/27	2 FILER NAME El Pasoans for Fair Elections 3 Filer ID
4	Date 12/22/2022	5 Payee name Fuentes, Ana
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 6768 Copper Ridge
8	PURPOSE OF EXPENDITURE	El Paso, TX 79912  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 12/27/2022	Payee name Fuentes, Ana
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 6768 Copper Ridge
	PURPOSE OF EXPENDITURE	El Paso, TX 79912  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 07/11/2022	Payee name Gutierrez, Ashley
	Amount (\$) \$29.42	Payee address; City; State; Zip Code  10285 Valle Suave
		El Paso, TX 79927
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	
	Sch: 10/18 Rpt: 19/27	El Pasoans for Fair Elections	
4	Date	5 Payee name	
	07/25/2022	Holland & Knight LLP	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$525.00		
		Atlanta, GA 31193	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Legal Fees	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
_	Data		
	Date 10/17/2022	Payee name Holland & Knight LLP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,942.00	PO BOX 936937	
		All	
		Atlanta, GA 31193	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense	
		Legal Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	JH	
	Date	Payee name	
	11/03/2022	Holland & Knight LLP	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$840.00	PO BOX 936937	
		Atlanta, GA 31193	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Legal Fees	
		Logarios	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 11/18 Rpt: 20/27	El Pasoans for Fair Elections
4	Date	5 Payee name
	12/08/2022	Holland & Knight LLP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,837.50	PO BOX 936937
		Atlanta, GA 31193
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Legal Fees
		Legal rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
_		
	Date	Payee name
	07/11/2022	Klein, Sidnee
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.06	2125 Chris Road Pl
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Contract Work
		Contract Work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Daving wares
	Date 11/11/2022	Payee name Labrado, Amanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.00	240 Desert Pass, Apt. 1908
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Work
		Somation Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 12/18 Rpt: 21/27	El Pasoans for Fair Elections
4	Date	5 Payee name
	12/05/2022	Labrado, Amanda
6	Amount (\$)	7 Payee address; City; State; Zip Code
_	\$101.00	240 Desert Pass, Apt. 1908
	·	
		El Paso, TX 79912
8	PURPOSE	
o	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Work
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitare to beliefit C/OI	<u> </u>
	Date	Payee name
	12/14/2022	Michael's Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.71	1313 George Dieter Dr
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Paraga marra
	07/11/2022	Payee name Reeves, Jessica
	Amount (\$) \$34.00	Payee address; City; State; Zip Code  3304 Rivera Ave, #2
	ψ34.00	3304 NIVER AVE, #2
		EL Daga TV 70005
		El Paso, TX 79905
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
l	Sch: 13/18 Rpt: 22/27	El Pasoans for Fair Elections			
4	Date	5 Payee name			
	12/07/2022	Regency Printing			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$233.63	2313 N Piedras St			
		El Paso, TX 79930			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF Printing Expense				
		Check if Austin, TX, officeholder living expense  Printing			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
H	Date	Payee name			
	12/30/2022	Rodriguez, Atziri			
⊢	Amount (\$)	Payee address; City; State; Zip Code			
	\$357.50	323 Ontiveros			
	4001.00	ozo chavoros			
		El Paso, TX 79932			
┝	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Contract Work			
L					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
┕					
l	Date	Payee name			
L	07/11/2022	Ryan, Alyssa			
	Amount (\$)	Payee address; City; State; Zip Code			
l	\$314.08	1678 Janet Coles			
L		El Paso, TX 79936			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Salarias/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Contract Work			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 14/18 Rpt: 23/27	2 FILER NAME El Pasoans for Fair Elections  3 Filer ID		
4	Date 07/25/2022	5 Payee name Ryan, Alyssa		
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1678 Janet Coles		
8	PURPOSE OF EXPENDITURE	El Paso, TX 79936  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 07/27/2022	Payee name Schulte, Henry		
	Amount (\$) \$252.80	Payee address; City; State; Zip Code 2021 Bluff Creek St. Apt. 1602  El Paso, TX 79911		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 08/25/2022	Payee name Schulte, Henry		
	Amount (\$) \$97.00	Payee address; City; State; Zip Code 2021 Bluff Creek St. Apt. 1602		
		El Paso, TX 79911		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Work		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	_
	Sch: 15/18 Rpt: 24/27	El Pasoans for Fair Elections	
4	Date	5 Payee name	
	11/11/2022	Sevilla, Rumi	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	899 Melville Ln	
		El Paso, TX 79912	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Contract Work	
		Contract Work	
Ļ	Computate ONLY if diseast	Constitute / Office helds	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	12/15/2022	Sevilla, Rumi	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$39.00	899 Melville Ln	
		El Paso, TX 79912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Contract Work	
		Contract Work	
_	Computate ONLY if diseast	Constitute (Office helds a name Office acquiret	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		_
	Date	Payee name	
	07/11/2022	Tirado, Jean-Carlo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,600.00	12285 Roberta Lynne	
		El Paso, TX 79936	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Contract Work	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	•	
			_

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 16/18 Rpt: 25/27	2 FILER NAME El Pasoans for Fair Elections 3 Filer ID			
4	Date 07/25/2022	5 Payee name Tirado, Jean-Carlo			
6	Amount (\$) \$1,600.00	7 Payee address; City; State; Zip Code 12285 Roberta Lynne			
8	PURPOSE OF EXPENDITURE	El Paso, TX 79936  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 08/08/2022	Payee name Tirado, Jean-Carlo			
	Amount (\$) \$1,600.00	Payee address; City; State; Zip Code  12285 Roberta Lynne			
	PURPOSE OF EXPENDITURE	El Paso, TX 79936  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Work			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date 10/21/2022	Payee name USPS			
	Amount (\$) \$480.00	Payee address; City; State; Zip Code 2100 George Dieter			
		El Paso, TX 79936			
	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  Postage			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 17/18 Rpt: 26/27	2 FILER NAME El Pasoans for Fair Elections  3 Filer ID		
4	Date 08/31/2022	5 Payee name Wells Fargo		
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1340 George Dieter  El Paso, TX 79936		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 09/20/2022	Payee name Wells Fargo		
	Amount (\$) \$10.00	Payee address; City; State; Zip Code  1340 George Dieter		
		El Paso, TX 79936		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 10/31/2022	Payee name Wells Fargo		
	Amount (\$) \$10.00	Payee address; City; State; Zip Code  1340 George Dieter		
		El Paso, TX 79936		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expen Gift/Awards/Memorials Committee Legal Services	Office Overhead/Rental Expense se Polling Expense Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			uide explains how to complete this form.	
1	Total pages Schedule F1:			3 Filer ID
	Sch: 18/18 Rpt: 27/27	El Pasoans for Fair Election	าร	
4	Date	Payee name		
	11/30/2022	Wells Fargo		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	\$10.00	1340 George Dieter		
		El Paso, TX 79936		
8	PURPOSE	, .	the top of this schedule) (b) Description	
•	OF	<ul> <li>a) Category (See Categories listed at t Fees</li> </ul>	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXPENDITURE	. 555	Check if Aus	tin, TX, officeholder living expense
			Fees	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O			

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **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

Printing Expense Travel Out Of D
Salaries/Wages/Contract Labor Other (enter a co

The Instruction Guide explains how to complete this form.

	The instruction during explains now to	complete this form.		
1 Total pages Schedule F2:	2 FILER NAME El Pasoans for Fair Elections		3 Filer ID (Ethics Co 00085817	mmission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIO	NS	\$	
5 Date	6 Payee name		1	
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-F	Political		
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 Au	stin, TX, officeholder living ex	xpense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	d
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-	Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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/O	Candidate / Officeholder name H	Office sought	Office hel	d
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F3

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

т.	1 Total pages Schedule F3:				
	The Instruction Guide explains how to complete this form.				
2 FILER NAME El Pasoa	ns for Fair Elections	3 Filer ID (Ethics Commission Filers) 00085817			
<b>4</b> Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit	ty; State;	Zip Code		
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	y; State;	Zip Code		
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **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

ting Expense Tr aries/Wages/Contract Labor O

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a cate  The Instruction Guide explains how to complete this form.	egory not listed above)
1 Total pages Schedule F4:	2 FILER NAME El Pasoans for Fair Elections 3 Filer ID (Ethic 00085817	s Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date	6 Payee name	
<b>7</b> Amount (\$)	8 Payee address; City; State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political	
10 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 liv	ving expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office	e held
Date	Payee name	
Amount (\$)	Payee address; City; State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF 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 li	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office	e held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

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

#### SCHEDULE H

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

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

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

Salaries/Wages/Contract Labor 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 during explains now to	o complete this form.		
<b>1</b> Total pages Schedule H:	2 FILER NAME El Pasoans for Fair Elections		3 Filer ID (Ethics 00085817	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	xpense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	1	Office held
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LAFENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

### SCHEDULE I

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

The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME El Pasoans for Fair Elections	3 Filer ID (Ethics Commission Filers) 00085817				
4 Date	5 Payee name					
<b>6</b> 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.)	instructions regarding type of	information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type of	f information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NF	EDED			

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

#### SCHEDULE K

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

The	1 Total pages Sched	dule K:			
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)		
<u>El Pasoar</u>	ns for Fair Elections	00085817	7		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
	6 Address of person from whom amount is received; City; Sta	te; Zip Code			
	7 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	ate; Zip Code			
	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	te; Zip Code			
	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	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### SCHEDULE T

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

ii tile requested iillo	illiation is i	iot applicat	JIE, DO NOT I	ilciude tilis pag	e iii tile report.			
The Instruction Guide explains how to complete this form.					1 Total pages Sche	1 Total pages Schedule T:		
2 FILER NAME El Pasoans for Fair Elections					3 Filer ID (Ethics Commission Filers) 00085817			
4 Name of Contributor /	Corporation o	r Labor Orga	anization / Pledgo	r / Payee				
5 Contribution / Expend Schedule A2 Schedule F2	Schee	on: dule B dule F4	Schedule B(J) Schedule G	Schedule C		Schedule F1 DH-UC Schedule B-SS		
6 Dates of travel	of travel 7 Name of person(s) traveling							
	8 Departure city or name of departure location							
	9 Destination city or name of destination location							
10 Means of transportati	on	<b>11</b> Purpose	of travel (including	g name of conferen	ce, seminar, or other ever	nt)		
Name of Contributor /	Corporation of	r Labor Orga	anization / Pledgo	r / Payee				
Contribution / Expend Schedule A2 Schedule F2	Schee	on: dule B dule F4	Schedule B(J) Schedule G	Schedule C		Schedule F1 DH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling								
Departure city or name of departure location								
Destination city or name of destination location								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Contribution / Expend Schedule A2 Schedule F2	Schedul	е В	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule COH	Schedule F1 -UC Schedule B-SS		
Dates of travel	travel Name of person(s) traveling							
	Departure city or name of departure location							
	Destination city or name of destination location							
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

### POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

#### FORM PAC - DR

The Instruction Guide explains how to complete this form.

"Complete only if "Report Type" on page 1 is marked "Dissolution" "

2 Filer ID (Ethics Commission Filers)

00085817

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED

#### Please complete either option below:

(1) Affidavit  AFFIX NOTARY STAMP	(SEALAROVE				
AFFIX NOTARY STAMP	/ SEALABOVE				
Sworn to and subscri	bed before me, by the said			, this the	
day of	, 20, to certify which	, witness my hand	and seal of office		
Signature of officer adn	ninistering oath Printed nam	ne of officer adminis	tering oath	Title of officer administering oath	
		OR			
(2) Unsworn Declara	tion				
My name is	name is, and my date of birth is				
My address is	(street)		(city)	(state) (zip code)(country)	
Executed in	County, State of			, 20	
			Signature of Car	mpaign Treasurer (Declarant)	