



### AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2020, a candidate or officeholder who has accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                        |           |
|----------------------------------------|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

|                                       |                              |
|---------------------------------------|------------------------------|
| Filer name<br><u>Peter Art Fierro</u> | Filer ID #<br><u>0000006</u> |
|---------------------------------------|------------------------------|

- I swear or affirm that I have not accepted more than \$27,140 in political contributions or made more than \$27,140 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$27,140 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the July 15<sup>th</sup>/17<sup>th</sup> report due on \_\_\_\_\_ . I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



NOTARY STAMP / SEAL

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Peter Art Fierro this the 17<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.

Mary Katz  
Signature of officer administering oath

MARY KATZ  
Print name of officer administering oath

Notary  
Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

| <b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | <b>FORM C/OH COVER SHEET PG 1</b>                                                                                                                                                         |                                                        |  |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| The C/OH Instruction Guide explains how to complete this form.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 Filer ID (Ethics Commission Filers)         |                                                                                                                                                                                           | 2 Total pages filed:                                   |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                                | MS / MRS / MR <span style="float: right;">FIRST</span> <span style="float: right;">MI</span>                                                                                                                                                                                                                                                                                                                                         | Peter <span style="float: right;">A</span>    |                                                                                                                                                                                           | <b>OFFICE USE ONLY</b>                                 |  |
|                                                                                       | NICKNAME <span style="float: right;">LAST</span> <span style="float: right;">SUFFIX</span>                                                                                                                                                                                                                                                                                                                                           | Art <span style="float: right;">Fierro</span> |                                                                                                                                                                                           |                                                        |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE<br>1959 Paseo Del Prado Drive<br>El Paso, Texas 79936                                                                                                                                                                                                                                                                                                                         |                                               |                                                                                                                                                                                           |                                                        |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                               | AREA CODE <span style="float: right;">PHONE NUMBER</span> <span style="float: right;">EXTENSION</span>                                                                                                                                                                                                                                                                                                                               |                                               | Date Received                                                                                                                                                                             |                                                        |  |
|                                                                                       | ( 915 ) <span style="float: right;">630-6480</span>                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                                                                                                                           |                                                        |  |
| <b>6 CAMPAIGN TREASURER NAME</b>                                                      | MS / MRS / MR <span style="float: right;">FIRST</span> <span style="float: right;">MI</span>                                                                                                                                                                                                                                                                                                                                         | Peter <span style="float: right;">A.</span>   |                                                                                                                                                                                           | Date Hand-delivered or Date Postmarked                 |  |
|                                                                                       | NICKNAME <span style="float: right;">LAST</span> <span style="float: right;">SUFFIX</span>                                                                                                                                                                                                                                                                                                                                           | Art <span style="float: right;">Fierro</span> |                                                                                                                                                                                           | Receipt # <span style="float: right;">Amount \$</span> |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE<br>1959 Paseo Del Prado Drive<br>El Paso, Texas 79936                                                                                                                                                                                                                                                                                                        |                                               |                                                                                                                                                                                           |                                                        |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                                     | AREA CODE <span style="float: right;">PHONE NUMBER</span> <span style="float: right;">EXTENSION</span>                                                                                                                                                                                                                                                                                                                               |                                               | Date Processed                                                                                                                                                                            |                                                        |  |
| ( 915 ) <span style="float: right;">630-6480</span>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | Date Imaged                                                                                                                                                                               |                                                        |  |
| <b>9 REPORT TYPE</b>                                                                  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                               |                                                                                                                                                                                           |                                                        |  |
| <b>10 PERIOD COVERED</b>                                                              | Month Day Year <span style="margin-left: 20px;">THROUGH</span> Month Day Year<br>1 / 1 / 23 <span style="margin-left: 20px;"></span> 6 / 30 / 23                                                                                                                                                                                                                                                                                     |                                               |                                                                                                                                                                                           |                                                        |  |
| <b>11 ELECTION</b>                                                                    | ELECTION DATE<br>Month Day Year<br>11 / 5 / 24                                                                                                                                                                                                                                                                                                                                                                                       |                                               | ELECTION TYPE<br>Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description _____<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                                        |  |
| <b>12 OFFICE</b>                                                                      | OFFICE HELD (if any)<br>El Paso City Rep Dist 6                                                                                                                                                                                                                                                                                                                                                                                      |                                               | <b>13 OFFICE SOUGHT (if known)</b><br>El Paso City Rep Dist 6                                                                                                                             |                                                        |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br>Additional Pages                  | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.                                              |                                               |                                                                                                                                                                                           |                                                        |  |
| COMMITTEE TYPE                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE NAME                                |                                                                                                                                                                                           |                                                        |  |
| GENERAL                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE ADDRESS                             |                                                                                                                                                                                           |                                                        |  |
| SPECIFIC                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER NAME             |                                                                                                                                                                                           |                                                        |  |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE CAMPAIGN TREASURER ADDRESS          |                                                                                                                                                                                           |                                                        |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                 |                                                                                                                                       |                                             |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 15 C/OH NAME<br>Peter A. Fierro |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers)<br>6 |
| 17 CONTRIBUTION TOTALS          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                          |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 13,460                                   |
| EXPENDITURE TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                          |
|                                 | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 15,954.18                                |
| CONTRIBUTION BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 1,021.68                                 |
| OUTSTANDING LOAN TOTALS         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 19,442.46                                |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Officeholder this the 17<sup>th</sup> day of July 2023, to certify which, witness my hand and seal of office.

Mary Katz  
Signature of officer administering oath

Mary Katz  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

|                                                  |                                                                                                           |                                                           |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>19 FILER NAME</b><br><b>Peter A. Fierro</b>   |                                                                                                           | <b>20 Filer ID (Ethics Commission Filers)</b><br><b>6</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                           | <b>SUBTOTAL</b><br><b>AMOUNT</b>                          |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 13,460                                                 |
| 2.                                               | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                               | \$ 0                                                      |
| 3.                                               | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                                         | \$ 0                                                      |
| 4.                                               | SCHEDULE E: LOANS                                                                                         | \$ 0                                                      |
| 5.                                               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 15,390.62                                              |
| 6.                                               | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                                  | \$ 0                                                      |
| 7.                                               | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$ 0                                                      |
| 8.                                               | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                         | \$ 5,274.46                                               |
| 9.                                               | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           | \$ 0                                                      |
| 10.                                              | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                               | \$ 0                                                      |
| 11.                                              | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                  | \$ 0                                                      |
| 12.                                              | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                        | \$ 3,000                                                  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:

2 FILER NAME

Peter A. Fierro

3 Filer ID (Ethics Commission Filers)

6

4 Date

01/19/2023

5 Full name of contributor

Linda Hensgen

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

6 Contributor address;

City;

State;

Zip Code

2109 Winrock El Paso TX 79925

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

01/19/2023

Full name of contributor

Carlos Rivera

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

Contributor address;

City;

State;

Zip Code

919 University Ave. El Paso TX 79902

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Retired Vet.

Employer (See Instructions)

Date

01/19/2023

Full name of contributor

Oscar Urgarte

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

Contributor address;

City;

State;

Zip Code

7909 Ramada, El Paso TX 79912

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

El Paso County Constable

Employer (See Instructions)

El Paso County

Date

01/19/2023

Full name of contributor

Wesley Lawrence

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

Contributor address;

City;

State;

Zip Code

10900 Stonebridge El Paso, TX 79934

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                                        |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                                           |                                                                                                            | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><b>01/23/2023</b>                                                                                                                                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Moises Bujanda</b> | 7 Amount of contribution (\$)<br><b>500.00</b>                    |
| 6 Contributor address; City; State; Zip Code<br><b>8600 Brody Lane Austin, TX 78745</b>                                                                                          |                                                                                                            |                                                                   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Govt Consultant</b>                                                                                                  |                                                                                                            | 9 Employer (See Instructions)<br><b>Self</b>                      |
| Date<br><b>01/26/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fernie Carrasco</b>  | Amount of contribution (\$)<br><b>100.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>3429 Hollyglen El Paso, TX 79936</b>                                                                                            |                                                                                                            |                                                                   |
| Principal occupation / Job title (See Instructions)<br><b>Deputy Constable</b>                                                                                                   |                                                                                                            | Employer (See Instructions)<br><b>County Constable District 3</b> |
| Date<br><b>01/18/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Patrick Haggerty</b> | Amount of contribution (\$)<br><b>200.00</b>                      |
| Contributor address; City; State; Zip Code<br><b>7901 Big Bend Drive El Paso, TX 79904</b>                                                                                       |                                                                                                            |                                                                   |
| Principal occupation / Job title (See Instructions)<br><b>State Lobbyist</b>                                                                                                     |                                                                                                            | Employer (See Instructions)<br><b>Self</b>                        |
| Date<br><b>01/24/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Leo Duran</b>        | Amount of contribution (\$)<br><b>100</b>                         |
| Contributor address; City; State; Zip Code<br><b>721 Wellesley Drive, El Paso, TX 79902</b>                                                                                      |                                                                                                            |                                                                   |
| Principal occupation / Job title (See Instructions)<br><b>Restaurant Owner/Operator</b>                                                                                          |                                                                                                            | Employer (See Instructions)<br><b>L&amp;J Restaurant</b>          |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |                                                                                                            |                                                                   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                                 |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                         |                                                                                                                                                                                                  | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>01/10/2023</b>                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mike Dipp</b><br>6 Contributor address; City; State; Zip Code<br><b>P.O. Box 55 El Paso TX 79940</b>     | 7 Amount of contribution (\$)<br><b>200.00</b>             |
| 8 Principal occupation / Job title (See Instructions)<br><b>Business Owner</b> |                                                                                                                                                                                                  | 9 Employer (See Instructions)<br><b>Economy Cash</b>       |
| Date<br><b>01/24/2023</b>                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Harold Hahn</b><br>Contributor address; City; State; Zip Code<br><b>1609 Billy Casper El Paso TX 79936</b> | Amount of contribution (\$)<br><b>500.00</b>               |
| Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>   |                                                                                                                                                                                                  | Employer (See Instructions)<br><b>Rocky Mountain Title</b> |
| Date<br><b>01/24/2023</b>                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joel Guzman</b><br>Contributor address; City; State; Zip Code<br><b>1210 Los Angeles El Paso, TX 79902</b> | Amount of contribution (\$)<br><b>100.00</b>               |
| Principal occupation / Job title (See Instructions)<br><b>Engineer</b>         |                                                                                                                                                                                                  | Employer (See Instructions)<br><b>Hunt Industries</b>      |
| Date<br><b>01/12/2023</b>                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>James Brundage</b><br>Contributor address; City; State; Zip Code<br><b>9705 Cartway El Paso TX 79925</b>   | Amount of contribution (\$)<br><b>100.00</b>               |
| Principal occupation / Job title (See Instructions)<br><b>Insurance Agent</b>  |                                                                                                                                                                                                  | Employer (See Instructions)                                |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                             |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                                        |                                                                                                                | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><b>01/19/2023</b>                                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rachel Haracksingh</b> | 7 Amount of contribution (\$)<br><b>500.00</b>         |
| 6 Contributor address; City; State; Zip Code<br><b>10633 Vista Alegre El Paso, TX 79935</b>   |                                                                                                                |                                                        |
| 8 Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>                |                                                                                                                | 9 Employer (See Instructions)<br><b>Life Ambulance</b> |
| Date<br><b>01/11/2023</b>                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Eliot Shapleigh</b>      | Amount of contribution (\$)<br><b>300.00</b>           |
| Contributor address; City; State; Zip Code<br><b>701 St. Vrain El Paso, TX 79902</b>          |                                                                                                                |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Retired (Attorney/StateSenator)</b> |                                                                                                                | Employer (See Instructions)                            |
| Date<br><b>01/19/2023</b>                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Frank Spencer</b>        | Amount of contribution (\$)<br><b>300.00</b>           |
| Contributor address; City; State; Zip Code<br><b>1130 MONTANA Avenue, El Paso, TX 79902</b>   |                                                                                                                |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Engineer</b>                        |                                                                                                                | Employer (See Instructions)<br><b>Self</b>             |
| Date<br><b>01/19/2023</b>                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Stanley Jobe</b>         | Amount of contribution (\$)<br><b>\$1000.00</b>        |
| Contributor address; City; State; Zip Code<br><b>1150 Southview Drive El Paso TX 79928</b>    |                                                                                                                |                                                        |
| Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>                  |                                                                                                                | Employer (See Instructions)<br><b>Jobe Concrete</b>    |

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

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



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                                          |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                                           |                                                                                                                         | 3 Filer ID (Ethics Commission Filers)                               |
| 4 Date<br><b>1/19/2023</b>                                                                                                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rick Armendariz/Forma Group</b> | 7 Amount of contribution (\$)<br><b>1000.00</b>                     |
| 6 Contributor address; City; State; Zip Code<br><b>310 N. Mesa El Paso TX 79901</b>                                                                                              |                                                                                                                         |                                                                     |
| 8 Principal occupation / Job title (See Instructions)<br><b>Marketing Executive</b>                                                                                              |                                                                                                                         | 9 Employer (See Instructions)<br><b>Forma Group</b>                 |
| Date<br><b>01/19/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joseph Moody</b>                  | Amount of contribution (\$)<br><b>1000.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 920827 El Paso TX 79902</b>                                                                                            |                                                                                                                         |                                                                     |
| Principal occupation / Job title (See Instructions)<br><b>Attorney, State Representative</b>                                                                                     |                                                                                                                         | Employer (See Instructions)<br><b>WEstStar Bank/ State of Texas</b> |
| Date<br><b>01/17/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rogelio Lopez</b>                 | Amount of contribution (\$)<br><b>1000.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>736 Colchester El Paso TX 79912</b>                                                                                             |                                                                                                                         |                                                                     |
| Principal occupation / Job title (See Instructions)<br><b>President</b>                                                                                                          |                                                                                                                         | Employer (See Instructions)<br><b>RMSC Enterprises</b>              |
| Date<br><b>01/17/2023</b>                                                                                                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Robert Boling IV</b>              | Amount of contribution (\$)<br><b>1000.00</b>                       |
| Contributor address; City; State; Zip Code<br><b>457 San Clemente El Paso TX 79912</b>                                                                                           |                                                                                                                         |                                                                     |
| Principal occupation / Job title (See Instructions)<br><b>Home Builder</b>                                                                                                       |                                                                                                                         | Employer (See Instructions)<br><b>Tropicana Homes</b>               |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |                                                                                                                         |                                                                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                              |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                                       |                                                                                                            | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>01/17/2023</b>                                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Randall Boling</b> | 7 Amount of contribution (\$)<br><b>1000.00</b>         |
| 6 Contributor address; City; State; Zip Code<br><b>1507 Rim Road El Paso, TX 79902</b>       |                                                                                                            |                                                         |
| 8 Principal occupation / Job title (See Instructions)<br><b>Home Builder</b>                 |                                                                                                            | 9 Employer (See Instructions)<br><b>Tropicana Homes</b> |
| Date<br><b>01/19/2023</b>                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>EC Houghton Jr.</b>  | Amount of contribution (\$)<br><b>1000.00</b>           |
| Contributor address; City; State; Zip Code<br><b>210 N. Campbell El Paso TX 79901</b>        |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>Insurance</b>                      |                                                                                                            | Employer (See Instructions)<br><b>Self</b>              |
| Date<br><b>01/19/2023</b>                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Fredrick Francis</b> | Amount of contribution (\$)<br><b>\$2500.00</b>         |
| Contributor address; City; State; Zip Code<br><b>500 N. Mesa El Paso TX 79901</b>            |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>Banker</b>                         |                                                                                                            | Employer (See Instructions)<br><b>WestStar Bank</b>     |
| Date<br><b>01/18/2023</b>                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kitty Schild</b>     | Amount of contribution (\$)<br><b>\$50.00</b>           |
| Contributor address; City; State; Zip Code<br><b>6136 Pino Real El Paso TX 79912</b>         |                                                                                                            |                                                         |
| Principal occupation / Job title (See Instructions)<br><b>Retired (Judge, Senior Status)</b> |                                                                                                            | Employer (See Instructions)                             |

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:                         |
| 2 FILER NAME<br>Peter A. Fierro                                                                                                                                       |                                                                                                                                                                                                   | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br>01/19/2023                                                                                                                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hector Bernal<br>6 Contributor address; City; State; Zip Code<br>7316 Cielo Vista El Paso TX 79925            | 7 Amount of contribution (\$)<br>50.00             |
| 8 Principal occupation / Job title (See Instructions)<br>Constable Precinct 3                                                                                         |                                                                                                                                                                                                   | 9 Employer (See Instructions)<br>County of El Paso |
| Date<br>01/19/2023                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Tyler Grossman<br>Contributor address; City; State; Zip Code<br>200 Festival Drive El Paso TX 79912             | Amount of contribution (\$)<br>100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired (Police Officer)                                                                                       |                                                                                                                                                                                                   | Employer (See Instructions)                        |
| Date<br>01/19/2023                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Anthony Duncan<br>Contributor address; City; State; Zip Code<br>10732 Alta Loma Drive El Paso TX 79935          | Amount of contribution (\$)<br>100.00              |
| Principal occupation / Job title (See Instructions)<br>Business Owner                                                                                                 |                                                                                                                                                                                                   | Employer (See Instructions)<br>Various Restaurants |
| Date<br>01/19/2023                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Shauna Scully / Andrea Ramirez<br>Contributor address; City; State; Zip Code<br>4120 Boy Scout El Paso TX 79922 | Amount of contribution (\$)<br>100.00              |
| Principal occupation / Job title (See Instructions)<br>Doctor / CEO                                                                                                   |                                                                                                                                                                                                   | Employer (See Instructions)<br>EHN/Project Amistad |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                   |                                                    |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|                                                                                                |                                                                                                           |                                                             |
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| The Instruction Guide explains how to complete this form.                                      |                                                                                                           | 1 Total pages Schedule A1:                                  |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                                         |                                                                                                           | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>01/19/2023</b>                                                                    | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Shane Duncan</b>  | 7 Amount of contribution (\$)<br><br><b>100.00</b>          |
| 6 Contributor address; City; State; Zip Code<br><b>11664 Helen Wynn Court El Paso TX 79936</b> |                                                                                                           |                                                             |
| 8 Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>                 |                                                                                                           | 9 Employer (See Instructions)<br><b>Hudson's Restaurant</b> |
| Date<br><b>02/10/2023</b>                                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cristina Acosta</b> | Amount of contribution (\$)<br><br><b>250.00</b>            |
| Contributor address; City; State; Zip Code<br><b>9327 Elgin El Paso Texas 79936</b>            |                                                                                                           |                                                             |
| Principal occupation / Job title (See Instructions)<br><b>Retired (EP County)</b>              |                                                                                                           | Employer (See Instructions)                                 |
| Date                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                           | Amount of contribution (\$)                                 |
|                                                                                                | Contributor address; City; State; Zip Code                                                                |                                                             |
| Principal occupation / Job title (See Instructions)                                            |                                                                                                           | Employer (See Instructions)                                 |
| Date                                                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                           | Amount of contribution (\$)                                 |
|                                                                                                | Contributor address; City; State; Zip Code                                                                |                                                             |
| Principal occupation / Job title (See Instructions)                                            |                                                                                                           | Employer (See Instructions)                                 |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>0</b>                         |                                    |
| 2 FILER NAME<br><b>Peter A. Fierro</b>                                      |                                                                                                                                           | 3 Filer ID (Ethics Commission Filers)                       |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |                                                                                                                                           | \$                                                          |                                    |
| 5 Date<br><b>01/10/2023</b>                                                 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$                                 | 9 In-kind contribution description |
| Check if travel outside of Texas. Complete Schedule T                       |                                                                                                                                           |                                                             |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)    |                                                                                                                                           | 11 Employer (FOR NON-JUDICIAL)(See Instructions)            |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |                                                                                                                                           | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |                                                                                                                                           | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |                                    |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                                                                                                                           |                                                             |                                    |
| Date                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>.....<br>Contributor address; City; State; Zip Code     | Amount of Contribution \$                                   | In-kind contribution description   |
| Check if travel outside of Texas. Complete Schedule T                       |                                                                                                                                           |                                                             |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)       |                                                                                                                                           | Employer (FOR NON-JUDICIAL)(See Instructions)               |                                    |
| Contributor's principal occupation (FOR JUDICIAL)                           |                                                                                                                                           | Contributor's job title (FOR JUDICIAL)(See Instructions)    |                                    |
| Contributor's employer/law firm (FOR JUDICIAL)                              |                                                                                                                                           | Law firm of contributor's spouse (if any) (FOR JUDICIAL)    |                                    |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |                                                                                                                                           |                                                             |                                    |

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B:                              |                                    |
| 2 FILER NAME                                              |                                                                               | 3 Filer ID (Ethics Commission Filers)                  |                                    |
| 4 TOTAL OF UNITEMIZED PLEDGES                             |                                                                               | \$                                                     |                                    |
| 5 Date                                                    | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of Pledge \$                                  | 9 In-kind contribution description |
| 7 Pledgor address; City; State; Zip Code                  |                                                                               | Check if travel outside of Texas. Complete Schedule T. |                                    |
|                                                           |                                                                               |                                                        |                                    |
| 10 Principal occupation / Job title (See Instructions)    |                                                                               | 11 Employer (See Instructions)                         |                                    |
| Date                                                      | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$                                    | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |                                                                               | Check if travel outside of Texas. Complete Schedule T. |                                    |
|                                                           |                                                                               |                                                        |                                    |
| Principal occupation / Job title (See Instructions)       |                                                                               | Employer (See Instructions)                            |                                    |
| Date                                                      | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$                                    | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |                                                                               | Check if travel outside of Texas. Complete Schedule T. |                                    |
|                                                           |                                                                               |                                                        |                                    |
| Principal occupation / Job title (See Instructions)       |                                                                               | Employer (See Instructions)                            |                                    |
| Date                                                      | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Amount of Pledge \$                                    | In-kind contribution description   |
| Pledgor address; City; State; Zip Code                    |                                                                               | Check if travel outside of Texas. Complete Schedule T. |                                    |
|                                                           |                                                                               |                                                        |                                    |
| Principal occupation / Job title (See Instructions)       |                                                                               | Employer (See Instructions)                            |                                    |

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

# LOANS

# SCHEDULE E

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 E:                                                           |
| 2 FILER NAME                                                                                  |                                                                         | 3 Filer ID (Ethics Commission Filers)                                               |
| 4 TOTAL OF UNITEMIZED LOANS                                                                   |                                                                         | \$                                                                                  |
| 5 Date of loan                                                                                | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) | 9 Loan Amount (\$)                                                                  |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code                                 | 10 Interest rate                                                                    |
|                                                                                               |                                                                         | 11 Maturity date                                                                    |
| 12 Principal occupation / Job title (See Instructions)                                        |                                                                         | 13 Employer (See Instructions)                                                      |
| 14 Description of Collateral<br>none                                                          |                                                                         | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>not applicable                                                | 17 Name of guarantor                                                    | 19 Amount Guaranteed (\$)                                                           |
|                                                                                               | 18 Guarantor address; City; State; Zip Code                             |                                                                                     |
| 20 Principal Occupation (See Instructions)                                                    |                                                                         | 21 Employer (See Instructions)                                                      |
| Date of loan                                                                                  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )   | Loan Amount (\$)                                                                    |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Lender address; City; State; Zip Code                                   | Interest rate                                                                       |
|                                                                                               |                                                                         | Maturity date                                                                       |
| Principal occupation / Job title (See Instructions)                                           |                                                                         | Employer (See Instructions)                                                         |
| Description of Collateral<br>none                                                             |                                                                         | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable                                                   | Name of guarantor                                                       | Amount Guaranteed (\$)                                                              |
|                                                                                               | Guarantor address; City; State; Zip Code                                |                                                                                     |
| Principal Occupation (See Instructions)                                                       |                                                                         | Employer (See Instructions)                                                         |

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                                     |
|-----------------------------|-------------------------------------|
| 4 Date<br><b>01/05/2023</b> | 5 Payee name<br><b>Rick Wilmott</b> |
|-----------------------------|-------------------------------------|

|                               |                                                                                           |
|-------------------------------|-------------------------------------------------------------------------------------------|
| 6 Amount (\$)<br><b>78.95</b> | 7 Payee address; City; State; Zip Code<br><b>11604 Blue Bonnet Court El Paso TX 79936</b> |
|-------------------------------|-------------------------------------------------------------------------------------------|

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

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                                   |
|---------------------------|-----------------------------------|
| Date<br><b>01/18/2023</b> | Payee name<br><b>Rick Wilmott</b> |
|---------------------------|-----------------------------------|

|                              |                                                                                         |
|------------------------------|-----------------------------------------------------------------------------------------|
| Amount (\$)<br><b>103.00</b> | Payee address; City; State; Zip Code<br><b>11604 Blue Bonnet Court El Paso TX 79936</b> |
|------------------------------|-----------------------------------------------------------------------------------------|

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

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

|                           |                                   |
|---------------------------|-----------------------------------|
| Date<br><b>01/25/2023</b> | Payee name<br><b>Rick Wilmott</b> |
|---------------------------|-----------------------------------|

|                              |                                                                                         |
|------------------------------|-----------------------------------------------------------------------------------------|
| Amount (\$)<br><b>178.16</b> | Payee address; City; State; Zip Code<br><b>11604 Blue Bonnet Court El Paso TX 79936</b> |
|------------------------------|-----------------------------------------------------------------------------------------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                                         |
|-----------------------------|-----------------------------------------|
| 4 Date<br><b>01/05/2023</b> | 5 Payee name<br><b>Constant Contact</b> |
|-----------------------------|-----------------------------------------|

|                                |                                                                                       |
|--------------------------------|---------------------------------------------------------------------------------------|
| 6 Amount (\$)<br><b>111.93</b> | 7 Payee address; City; State; Zip Code<br><b>1601 Trapelo Rd. Waltham, Mass 02541</b> |
|--------------------------------|---------------------------------------------------------------------------------------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                               |
|---------------------------|-------------------------------|
| Date<br><b>01/06/2023</b> | Payee name<br><b>Circle K</b> |
|---------------------------|-------------------------------|

|                             |                                                                                  |
|-----------------------------|----------------------------------------------------------------------------------|
| Amount (\$)<br><b>29.35</b> | Payee address; City; State; Zip Code<br><b>1471 N. Zaragoza El Paso TX 79936</b> |
|-----------------------------|----------------------------------------------------------------------------------|

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

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

|                           |                               |
|---------------------------|-------------------------------|
| Date<br><b>01/06/2023</b> | Payee name<br><b>Circle K</b> |
|---------------------------|-------------------------------|

|                             |                                                                                  |
|-----------------------------|----------------------------------------------------------------------------------|
| Amount (\$)<br><b>32.47</b> | Payee address; City; State; Zip Code<br><b>1471 N. Zaragoza El Paso TX 79936</b> |
|-----------------------------|----------------------------------------------------------------------------------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                           |                                        |                                       |
|---------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1 | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|----------------------------------------|---------------------------------------|

|                             |                                         |
|-----------------------------|-----------------------------------------|
| 4 Date<br><b>01/12/2023</b> | 5 Payee name<br><b>DoorDash-Cheezus</b> |
|-----------------------------|-----------------------------------------|

|                              |                                                |       |        |           |
|------------------------------|------------------------------------------------|-------|--------|-----------|
| 6 Amount (\$)<br><b>9.99</b> | 7 Payee address:<br><b>210 N Stanton 79901</b> | City: | State: | Zip Code: |
|------------------------------|------------------------------------------------|-------|--------|-----------|

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

|                                                       |                               |               |             |
|-------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|-------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                                |
|---------------------------|--------------------------------|
| Date<br><b>01/17/2023</b> | Payee name<br><b>CubeSmart</b> |
|---------------------------|--------------------------------|

|                              |                                                            |       |        |           |
|------------------------------|------------------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>175.44</b> | Payee address:<br><b>11565 James Watt El Paso TX 79936</b> | City: | State: | Zip Code: |
|------------------------------|------------------------------------------------------------|-------|--------|-----------|

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

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

|                           |                                 |
|---------------------------|---------------------------------|
| Date<br><b>01/20/2023</b> | Payee name<br><b>501 Bistro</b> |
|---------------------------|---------------------------------|

|                              |                                                            |       |        |           |
|------------------------------|------------------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>796.67</b> | Payee address:<br><b>501 Texas Avenue El Paso TX 79901</b> | City: | State: | Zip Code: |
|------------------------------|------------------------------------------------------------|-------|--------|-----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                                                               |                                       |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                        | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>01/23/2023</b>                                  | 5 Payee name<br><b>Auto Zone</b>                                                                                                                              |                                       |
| 6 Amount (\$)<br><b>23.80</b>                                | 7 Payee address; City; State; Zip Code<br><b>1799 N. Zaragoza El Paso TX 79936</b>                                                                            |                                       |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Transportation Expense</b>                                                             | (b) Description<br><b>Fix-A-Flat</b>  |
|                                                              | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br><b>01/23/2023</b>                                    | Payee name<br><b>Mesa Street Grill</b>                                                                                                                        |                                       |
| Amount (\$)<br><b>148.77</b>                                 | Payee address; City; State; Zip Code<br><b>3800 N. Mesa</b>                                                                                                   |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b>                                                                           | Description<br><b>Staff Lunch</b>     |
|                                                              | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date<br><b>01/24/2023</b>                                    | Payee name<br><b>Go Daddy</b>                                                                                                                                 |                                       |
| Amount (\$)<br><b>18.11</b>                                  | Payee address; City; State; Zip Code<br><b>2155 Go Daddy Way, Tempe AZ</b>                                                                                    |                                       |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertisement</b>                                                                          | Description<br><b>Domain Host Fee</b> |
|                                                              | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                             | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/24/2023                                         | <b>5</b> Payee name<br>DoorDash-House of Pizza                                                                     |                                              |
| <b>6</b> Amount (\$)<br>29.83                                       | <b>7</b> Payee address; City; State; Zip Code<br>208 N. Stanton El Paso TX 79901                                   |                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food Expense                            | <b>(b)</b> Description<br>Staff Lunch        |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>01/24/2023                                                  | Payee name<br>Costco                                                                                               |                                              |
| Amount (\$)<br>79.09                                                | Payee address; City; State; Zip Code<br>6101 Gateway West                                                          |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Office Supplies                                    | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>01/25/2023                                                  | Payee name<br>ATT                                                                                                  |                                              |
| Amount (\$)<br>99.50                                                | Payee address; City; State; Zip Code<br>P.O. Box 6416 Carrol Stream Illinois 60197                                 |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Office Expense                                     | Description<br>Cell Phone                    |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                              |
|-----------------------------|------------------------------|
| 4 Date<br><b>01/30/2023</b> | 5 Payee name<br><b>Canva</b> |
|-----------------------------|------------------------------|

|                               |                                                                      |
|-------------------------------|----------------------------------------------------------------------|
| 6 Amount (\$)<br><b>12.95</b> | 7 Payee address; City; State; Zip Code<br><b>110 Kippx Australia</b> |
|-------------------------------|----------------------------------------------------------------------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                               |
|---------------------------|-------------------------------|
| Date<br><b>01/30/2023</b> | Payee name<br><b>Circle K</b> |
|---------------------------|-------------------------------|

|                             |                                                                                |
|-----------------------------|--------------------------------------------------------------------------------|
| Amount (\$)<br><b>60.30</b> | Payee address; City; State; Zip Code<br><b>11701 Montwood El Paso TX 79936</b> |
|-----------------------------|--------------------------------------------------------------------------------|

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

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

|                           |                                      |
|---------------------------|--------------------------------------|
| Date<br><b>01/08/2023</b> | Payee name<br><b>EPT Real Estate</b> |
|---------------------------|--------------------------------------|

|                               |                                                              |
|-------------------------------|--------------------------------------------------------------|
| Amount (\$)<br><b>1650.00</b> | Payee address; City; State; Zip Code<br><b>109 N. Oregon</b> |
|-------------------------------|--------------------------------------------------------------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                             |                                            |
|-----------------------------|--------------------------------------------|
| <b>4</b> Date<br>01/05/2023 | <b>5</b> Payee name<br>Maria Luisa Triyera |
|-----------------------------|--------------------------------------------|

|                                |                                                           |       |        |          |
|--------------------------------|-----------------------------------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>200.00 | <b>7</b> Payee address;<br>238 Trice Cir El Paso TX 79907 | City; | State; | Zip Code |
|--------------------------------|-----------------------------------------------------------|-------|--------|----------|

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

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>01/30/2023 | Payee name<br>Art fierro |
|--------------------|--------------------------|

|                        |                                              |       |        |          |
|------------------------|----------------------------------------------|-------|--------|----------|
| Amount (\$)<br>3000.00 | Payee address;<br>1959 Paseo Del Prado Drive | City; | State; | Zip Code |
|------------------------|----------------------------------------------|-------|--------|----------|

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

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

|                    |                    |
|--------------------|--------------------|
| Date<br>01/31/2023 | Payee name<br>EPDP |
|--------------------|--------------------|

|                       |                                                 |       |        |          |
|-----------------------|-------------------------------------------------|-------|--------|----------|
| Amount (\$)<br>250.00 | Payee address;<br>1401 Montana El Paso TX 79902 | City; | State; | Zip Code |
|-----------------------|-------------------------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>02/01/2023                                         | <b>5</b> Payee name<br>Rick Wilmott                                                                                                                                  |                                              |
| <b>6</b> Amount (\$)<br>83.00                                       | <b>7</b> Payee address; City; State; Zip Code<br>11604 Blue Bonnet El Paso TX 79936                                                                                  |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                                                             | <b>(b)</b> Description<br>Flyer Printing     |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |

|                                                            |                                                                                                                                                           |                           |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date<br>02/06/2023                                         | Payee name<br>Landry's                                                                                                                                    |                           |
| Amount (\$)<br>70.43                                       | Payee address; City; State; Zip Code<br>6801 Gateway Blvd El Paso TX 79925                                                                                |                           |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br>Food Expense                                                                              | Description<br>Meeting    |
|                                                            | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                             | Office sought Office held |

|                                                            |                                                                                                                                                           |                           |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date<br>02/06/2023                                         | Payee name<br>Constant Contact                                                                                                                            |                           |
| Amount (\$)<br>111.93                                      | Payee address; City; State; Zip Code<br>1601 Trapelo Rd. Waltham Mass 02541                                                                               |                           |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br>Marketing Expense                                                                         | Description<br>Newsletter |
|                                                            | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                             | Office sought Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                                                                               | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>02/06/2023                                         | <b>5</b> Payee name<br>CubeSmart                                                                                                                                     |                                              |
| <b>6</b> Amount (\$)<br>162.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>11565 James Watt                                                                                                    |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Expense                                                                            | <b>(b)</b> Description<br>Storage Rental     |
|                                                                     | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |
| Date<br>02/10/2023                                                  | Payee name<br>Circle K                                                                                                                                               |                                              |
| Amount (\$)<br>43.45                                                | Payee address; City; State; Zip Code<br>11701 Montwood Drive                                                                                                         |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Transportation                                                                                       | Description<br>GAsoline                      |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |
| Date<br>02/13/2023                                                  | Payee name<br>Cheezus Restaurant                                                                                                                                     |                                              |
| Amount (\$)<br>40.40                                                | Payee address; City; State; Zip Code<br>210 N. Stanton El Paso TX 79901                                                                                              |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Food Expense                                                                                         | Description<br>Staff lunch                   |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                                             |
|-----------------------------|---------------------------------------------|
| 4 Date<br><b>02/13/2023</b> | 5 Payee name<br><b>Taft-Diaz Restaurant</b> |
|-----------------------------|---------------------------------------------|

|                                |                                           |       |        |           |
|--------------------------------|-------------------------------------------|-------|--------|-----------|
| 6 Amount (\$)<br><b>213.20</b> | 7 Payee address:<br><b>209 N. Stanton</b> | City: | State: | Zip Code: |
|--------------------------------|-------------------------------------------|-------|--------|-----------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                               |
|---------------------------|-------------------------------|
| Date<br><b>02/13/2023</b> | Payee name<br><b>Best Buy</b> |
|---------------------------|-------------------------------|

|                              |                                                             |       |        |           |
|------------------------------|-------------------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>216.49</b> | Payee address:<br><b>8089 Gateway West El Paso TX 79925</b> | City: | State: | Zip Code: |
|------------------------------|-------------------------------------------------------------|-------|--------|-----------|

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

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

|                           |                             |
|---------------------------|-----------------------------|
| Date<br><b>02/16/2023</b> | Payee name<br><b>Costco</b> |
|---------------------------|-----------------------------|

|                             |                                                             |       |        |           |
|-----------------------------|-------------------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>20.22</b> | Payee address:<br><b>6101 Gateway Blvd El Paso TX 79925</b> | City: | State: | Zip Code: |
|-----------------------------|-------------------------------------------------------------|-------|--------|-----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>02/03/2023</b>                                  | <b>5</b> Payee name<br><b>Sun Circle Strategy Group</b>                                                                                                              |                                              |
| <b>6</b> Amount (\$)<br><b>3000.00</b>                              | <b>7</b> Payee address; City; State; Zip Code<br><b>501 Nevada El Paso Texas 79902</b>                                                                               |                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Polling Expense</b>                                                                    | <b>(b)</b> Description<br><b>Consulting</b>  |
|                                                                     | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |
| Date<br><b>02/05/2023</b>                                           | Payee name<br><b>Julian Rivera</b>                                                                                                                                   |                                              |
| Amount (\$)<br><b>92.01</b>                                         | Payee address; City; State; Zip Code<br><b>1515 Vista De Oro El Paso TX 79925</b>                                                                                    |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertisement Expense</b>                                                                         | Description<br><b>Art Design</b>             |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |
| Date<br><b>02/16/2023</b>                                           | Payee name<br><b>Mary Maldonado</b>                                                                                                                                  |                                              |
| Amount (\$)<br><b>150.00</b>                                        | Payee address; City; State; Zip Code<br><b>5940 Oleaster El Paso TX 79932</b>                                                                                        |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Gifts Expense</b>                                                                                 | Description<br><b>Reimbursment</b>           |
|                                                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held               |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                                      |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)         |
| <b>4</b> Date<br>2/24/2023                                          | <b>5</b> Payee name<br>Mary Maldonado                                                                              |                                                      |
| <b>6</b> Amount (\$)<br>225.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>5940 Oleaster El Paso TX 79932                                    |                                                      |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expnse                          | <b>(b)</b> Description<br>Canvassing during campaign |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                                      |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                            |
| Date<br>03/01/2023                                                  | Payee name<br>The Pizza Joint                                                                                      |                                                      |
| Amount (\$)<br>15.61                                                | Payee address; City; State; Zip Code<br>500 N. Stanton                                                             |                                                      |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Food expense                                       | Description<br>Staff Lunch                           |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                            |
| Date<br>03/02/2023                                                  | Payee name<br>Savage Goods                                                                                         |                                                      |
| Amount (\$)<br>39.65                                                | Payee address; City; State; Zip Code<br>1201 Oregon El Paso TX 79902                                               |                                                      |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Food Expense                                       | Description<br>Donation- community meeting           |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                                      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                            |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| 4 Date<br><b>03/06/2023</b> | 5 Payee name<br><b>Speedway</b> |
|-----------------------------|---------------------------------|

|                               |                                           |       |        |          |
|-------------------------------|-------------------------------------------|-------|--------|----------|
| 6 Amount (\$)<br><b>40.06</b> | 7 Payee address;<br><b>12165 Montwood</b> | City; | State; | Zip Code |
|-------------------------------|-------------------------------------------|-------|--------|----------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                                     |
|---------------------------|-------------------------------------|
| Date<br><b>03/07/2023</b> | Payee name<br><b>Mary Maldonado</b> |
|---------------------------|-------------------------------------|

|                              |                                                         |       |        |          |
|------------------------------|---------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br><b>225.00</b> | Payee address;<br><b>5940 Oleaster El Paso TX 79932</b> | City; | State; | Zip Code |
|------------------------------|---------------------------------------------------------|-------|--------|----------|

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

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

|                           |                               |
|---------------------------|-------------------------------|
| Date<br><b>02/08.2023</b> | Payee name<br><b>Go Daddy</b> |
|---------------------------|-------------------------------|

|                             |                                                         |       |        |          |
|-----------------------------|---------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br><b>57.48</b> | Payee address;<br><b>2155 E. Go Daddy Way Tempe, AZ</b> | City; | State; | Zip Code |
|-----------------------------|---------------------------------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                                  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><b>03/09/2023</b>                                  | <b>5</b> Payee name<br><b>Canva</b>                                                                                                                                  |                                                  |
| <b>6</b> Amount (\$)<br><b>12.95</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>110 Kippax St Surry Hills, Australia</b>                                                                         |                                                  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br><b>Advertisement Expense</b>                                                              | <b>(b) Description</b><br><b>Design software</b> |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                   |
| Date<br><b>03/08/2023</b>                                           | Payee name<br><b>Cheezus Restaurant</b>                                                                                                                              |                                                  |
| Amount (\$)<br><b>58.26</b>                                         | Payee address; City; State; Zip Code<br><b>210 N. Stanton El Paso TX 79901</b>                                                                                       |                                                  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Food Expense</b>                                                                                  | Description<br><b>Office Lunch</b>               |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                   |
| Date<br><b>03/09/2023</b>                                           | Payee name<br><b>Constant Contact</b>                                                                                                                                |                                                  |
| Amount (\$)<br><b>111.93</b>                                        | Payee address; City; State; Zip Code<br><b>1601 Trapelo Rd. Waltham Mass 02541</b>                                                                                   |                                                  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertisement Expense</b>                                                                         | Description<br><b>Newsletter communication</b>   |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>4</b> Date<br>03/10/2023 | <b>5</b> Payee name<br>Costco |
|-----------------------------|-------------------------------|

|                               |                                                               |       |        |          |
|-------------------------------|---------------------------------------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>55.69 | <b>7</b> Payee address;<br>6101 Gateway Blvd El Paso TX 79925 | City; | State; | Zip Code |
|-------------------------------|---------------------------------------------------------------|-------|--------|----------|

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

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                        |
|--------------------|------------------------|
| Date<br>03/13/2023 | Payee name<br>Circle K |
|--------------------|------------------------|

|                      |                                        |       |        |          |
|----------------------|----------------------------------------|-------|--------|----------|
| Amount (\$)<br>21.37 | Payee address;<br>11701 Montwood Drive | City; | State; | Zip Code |
|----------------------|----------------------------------------|-------|--------|----------|

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

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

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>03/14/2023 | Payee name<br>Taft-Diaz Restaurant |
|--------------------|------------------------------------|

|                       |                                  |       |        |          |
|-----------------------|----------------------------------|-------|--------|----------|
| Amount (\$)<br>110.93 | Payee address;<br>209 N. Stanton | City; | State; | Zip Code |
|-----------------------|----------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                     |                                                            |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                                                              | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br>03/23/2023                                         | <b>5</b> Payee name<br>Cheezus Restaurant                                                                                                           |                                                            |
| <b>6</b> Amount (\$)<br>60.92                                       | <b>7</b> Payee address; City; State; Zip Code<br>210 N. Stanton El Paso TX 79901                                                                    |                                                            |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food Expense                                                             | <b>(b)</b> Description<br>staff lunch                      |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |                                                            |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |
| Date<br>03/27/2023                                                  | Payee name<br>Starbucks                                                                                                                             |                                                            |
| Amount (\$)<br>41.67                                                | Payee address; City; State; Zip Code<br>1881 Joe Battle                                                                                             |                                                            |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Food Expense                                                                        | Description<br>Community mtg - coffee                      |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |                                                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |
| Date<br>03/27/2023                                                  | Payee name<br>Circle K                                                                                                                              |                                                            |
| Amount (\$)<br>43.12                                                | Payee address; City; State; Zip Code<br>11701 Montwood Drive                                                                                        |                                                            |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Transportation                                                                      | Description<br>Gasoline                                    |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |                                                            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                       | Office sought <span style="float:right">Office held</span> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

|                            |                                        |                                       |
|----------------------------|----------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br><b>Peter A. Fierro</b> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|----------------------------------------|---------------------------------------|

|                             |                              |
|-----------------------------|------------------------------|
| 4 Date<br><b>03/28/2023</b> | 5 Payee name<br><b>Canva</b> |
|-----------------------------|------------------------------|

|                               |                                                                 |       |        |           |
|-------------------------------|-----------------------------------------------------------------|-------|--------|-----------|
| 6 Amount (\$)<br><b>12.95</b> | 7 Payee address:<br><b>110 Kippax St Surry Hills, Australia</b> | City: | State: | Zip Code: |
|-------------------------------|-----------------------------------------------------------------|-------|--------|-----------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                                      |
|---------------------------|--------------------------------------|
| Date<br><b>03/30/2023</b> | Payee name<br><b>Marina's Bakery</b> |
|---------------------------|--------------------------------------|

|                             |                                                        |       |        |           |
|-----------------------------|--------------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>33.82</b> | Payee address:<br><b>2033 Trawood El Paso TX 79935</b> | City: | State: | Zip Code: |
|-----------------------------|--------------------------------------------------------|-------|--------|-----------|

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

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

|                           |                                 |
|---------------------------|---------------------------------|
| Date<br><b>03/30/2023</b> | Payee name<br><b>So El Paso</b> |
|---------------------------|---------------------------------|

|                              |                                               |       |        |           |
|------------------------------|-----------------------------------------------|-------|--------|-----------|
| Amount (\$)<br><b>207.06</b> | Payee address:<br><b>1057 Donipah Park Ci</b> | City: | State: | Zip Code: |
|------------------------------|-----------------------------------------------|-------|--------|-----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                       | <b>5</b> Payee name                                                                                                |                                              |
| <b>6</b> Amount (\$)                                                | <b>7</b> Payee address;                                                                                            | City; State; Zip Code                        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                            | <b>(b)</b> Description                       |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                                | Payee name                                                                                                         |                                              |
| Amount (\$)                                                         | Payee address;                                                                                                     | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                                | Payee name                                                                                                         |                                              |
| Amount (\$)                                                         | Payee address;                                                                                                     | City; State; Zip Code                        |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)                                                       | Description                                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                            |                                 |                                       |
|----------------------------|---------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME<br>Peter A. Fierro | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------|---------------------------------------|

|                      |                                     |
|----------------------|-------------------------------------|
| 4 Date<br>03/31/2023 | 5 Payee name<br>United Bank El Paso |
|----------------------|-------------------------------------|

|                        |                                      |       |        |          |
|------------------------|--------------------------------------|-------|--------|----------|
| 6 Amount (\$)<br>10.00 | 7 Payee address;<br>1726 N. Zaragoza | City; | State; | Zip Code |
|------------------------|--------------------------------------|-------|--------|----------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>04/04/2023 | Payee name<br>Marriott Austin |
|--------------------|-------------------------------|

|                      |                                                     |       |        |          |
|----------------------|-----------------------------------------------------|-------|--------|----------|
| Amount (\$)<br>28.57 | Payee address;<br>304 Cesar Chavez Austin, TX 79871 | City; | State; | Zip Code |
|----------------------|-----------------------------------------------------|-------|--------|----------|

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

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

|                    |                                |
|--------------------|--------------------------------|
| Date<br>04/05/2023 | Payee name<br>Constant Contact |
|--------------------|--------------------------------|

|                       |                                                        |       |        |          |
|-----------------------|--------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br>111.93 | Payee address;<br>110 Kippax St Surry Hills, Australia | City; | State; | Zip Code |
|-----------------------|--------------------------------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>4</b> Date<br>04/10/2023 | <b>5</b> Payee name<br>Costco |
|-----------------------------|-------------------------------|

|                                |                                                               |       |        |          |
|--------------------------------|---------------------------------------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>101.02 | <b>7</b> Payee address;<br>6101 Gateway Blvd El Paso TX 79925 | City; | State; | Zip Code |
|--------------------------------|---------------------------------------------------------------|-------|--------|----------|

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

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>04/10/2023 | Payee name<br>CubeSmart |
|--------------------|-------------------------|

|                       |                                    |       |        |          |
|-----------------------|------------------------------------|-------|--------|----------|
| Amount (\$)<br>355.98 | Payee address;<br>11565 James Watt | City; | State; | Zip Code |
|-----------------------|------------------------------------|-------|--------|----------|

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

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

|                    |                   |
|--------------------|-------------------|
| Date<br>04/17/2023 | Payee name<br>ATT |
|--------------------|-------------------|

|                       |                                                         |       |        |          |
|-----------------------|---------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br>184.75 | Payee address;<br>P.O Box 10330, Ft Wayne Indiana 46851 | City; | State; | Zip Code |
|-----------------------|---------------------------------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                             | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/20/2023                                         | <b>5</b> Payee name<br>Elemi                                                                                       |                                              |
| <b>6</b> Amount (\$)<br>75.87                                       | <b>7</b> Payee address: City: State: Zip Code<br>313 N. Mesa                                                       |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food Expense                            | <b>(b)</b> Description<br>Meeting            |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>04/21/2023                                                  | Payee name<br>Bowl El Paso                                                                                         |                                              |
| Amount (\$)<br>85.25                                                | Payee address: City: State: Zip Code<br>11144 Pelicano El Paso TX 79936                                            |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)<br>Food expense                                       | Description<br>Meeting                       |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>04/28/2023                                                  | Payee name<br>Canva                                                                                                |                                              |
| Amount (\$)<br>12.95                                                | Payee address: City: State: Zip Code<br>1601 Trapelo Rd. Waltham Mass 02541                                        |                                              |
| PURPOSE OF EXPENDITURE                                              | Category (See Categories listed at the top of this schedule)<br>Advertisement Expense                              | Description<br>Design software               |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                             | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>04/30/2023                                         | <b>5</b> Payee name<br>First American Bank                                                                         |                                              |
| <b>6</b> Amount (\$)<br>10.00                                       | <b>7</b> Payee address; City; State; Zip Code<br>1726 N. Zaragoza                                                  |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Banking Expense                         | <b>(b)</b> Description<br>Account Fee        |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>05/02/2023                                                  | Payee name<br>Sacred Heart Church                                                                                  |                                              |
| Amount (\$)<br>300.00                                               | Payee address; City; State; Zip Code<br>602 S. Oregon Street                                                       |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Event Expense                                      | Description<br>Donation                      |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date<br>05/15/2023                                                  | Payee name<br>Little Cesar's Pizza                                                                                 |                                              |
| Amount (\$)<br>36.22                                                | Payee address; City; State; Zip Code<br>12106 Montwood                                                             |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Food Expense                                       | Description<br>Meeting donation              |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                             |                               |
|-----------------------------|-------------------------------|
| <b>4</b> Date<br>05/15/2022 | <b>5</b> Payee name<br>Costco |
|-----------------------------|-------------------------------|

|                               |                                                               |       |        |           |
|-------------------------------|---------------------------------------------------------------|-------|--------|-----------|
| <b>6</b> Amount (\$)<br>88.40 | <b>7</b> Payee address:<br>6101 Gateway Blvd El Paso TX 79925 | City: | State: | Zip Code: |
|-------------------------------|---------------------------------------------------------------|-------|--------|-----------|

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

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                     |
|--------------------|---------------------|
| Date<br>05/19/2023 | Payee name<br>Elemi |
|--------------------|---------------------|

|                      |                                 |       |        |           |
|----------------------|---------------------------------|-------|--------|-----------|
| Amount (\$)<br>35.98 | Payee address:<br>313 N. Kansas | City: | State: | Zip Code: |
|----------------------|---------------------------------|-------|--------|-----------|

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

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

|                    |                          |
|--------------------|--------------------------|
| Date<br>05/26/2023 | Payee name<br>The Podium |
|--------------------|--------------------------|

|                      |                                                     |       |        |           |
|----------------------|-----------------------------------------------------|-------|--------|-----------|
| Amount (\$)<br>54.57 | Payee address:<br>921 Texas Avenue El Paso TX 79901 | City: | State: | Zip Code: |
|----------------------|-----------------------------------------------------|-------|--------|-----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                             |                              |
|-----------------------------|------------------------------|
| <b>4</b> Date<br>05/30/2023 | <b>5</b> Payee name<br>Canva |
|-----------------------------|------------------------------|

|                               |                                                                 |       |        |          |
|-------------------------------|-----------------------------------------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>12.95 | <b>7</b> Payee address;<br>110 Kippax St Surry Hills, Australia | City; | State; | Zip Code |
|-------------------------------|-----------------------------------------------------------------|-------|--------|----------|

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

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|

|                    |                   |
|--------------------|-------------------|
| Date<br>05/30/2023 | Payee name<br>ATT |
|--------------------|-------------------|

|                       |                                                         |       |        |          |
|-----------------------|---------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br>135.00 | Payee address;<br>P.O Box 10330, Ft Wayne Indiana 46851 | City; | State; | Zip Code |
|-----------------------|---------------------------------------------------------|-------|--------|----------|

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

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

|                    |                         |
|--------------------|-------------------------|
| Date<br>05/30/2023 | Payee name<br>CubeSmart |
|--------------------|-------------------------|

|                       |                                    |       |        |          |
|-----------------------|------------------------------------|-------|--------|----------|
| Amount (\$)<br>165.00 | Payee address;<br>11565 James Watt | City; | State; | Zip Code |
|-----------------------|------------------------------------|-------|--------|----------|

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

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                   |                                               |                                              |
|-----------------------------------|-----------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1: | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|-----------------------------------------------|----------------------------------------------|

|                                    |                                                   |
|------------------------------------|---------------------------------------------------|
| <b>4</b> Date<br><b>05/31/2023</b> | <b>5</b> Payee name<br><b>First American Bank</b> |
|------------------------------------|---------------------------------------------------|

|                                          |                                                                              |
|------------------------------------------|------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br><br><b>25.00</b> | <b>7</b> Payee address; City; State; Zip Code<br><br><b>1726 N. Zaragoza</b> |
|------------------------------------------|------------------------------------------------------------------------------|

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

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|                           |                                       |
|---------------------------|---------------------------------------|
| Date<br><b>06/02/2023</b> | Payee name<br><b>Constant Contact</b> |
|---------------------------|---------------------------------------|

|                                  |                                                                                        |
|----------------------------------|----------------------------------------------------------------------------------------|
| Amount (\$)<br><br><b>111.93</b> | Payee address; City; State; Zip Code<br><br><b>1601 Trapelo Rd. Waltham Mass 02541</b> |
|----------------------------------|----------------------------------------------------------------------------------------|

|                               |                                                                                                         |                                                    |
|-------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><br><b>Advertisement Expense</b>        | Description<br><br><b>Newsletter communication</b> |
|                               | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                                    |

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

|                           |                          |
|---------------------------|--------------------------|
| Date<br><b>06/08/2023</b> | Payee name<br><b>ATT</b> |
|---------------------------|--------------------------|

|                                  |                                                                                          |
|----------------------------------|------------------------------------------------------------------------------------------|
| Amount (\$)<br><br><b>135.00</b> | Payee address; City; State; Zip Code<br><br><b>P.O Box 10330, Ft Wayne Indiana 46851</b> |
|----------------------------------|------------------------------------------------------------------------------------------|

|                               |                                                                                                         |                                      |
|-------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><br><b>Office Expense</b>               | Description<br><br><b>cell phone</b> |
|                               | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                      |

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                                 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b>                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br><b>06/08/2023</b>                                  | <b>5</b> Payee name<br><b>CubeSmart</b>                                                                                                                              |                                                 |
| <b>6</b> Amount (\$)<br><b>265.00</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>11565 James Watt</b>                                                                                             |                                                 |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Office Expense</b>                                                                     | <b>(b)</b> Description<br><b>Storage Rental</b> |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                  |
| Date<br><b>06/08/2023</b>                                           | Payee name<br><b>El Paso Elections</b>                                                                                                                               |                                                 |
| Amount (\$)<br><b>42.95</b>                                         | Payee address; City; State; Zip Code<br><b>Enrique Moreno County Courthouse, 500 E. San Antonio, Room 1006</b>                                                       |                                                 |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Office Expense</b>                                                                                | Description<br><b>Maps</b>                      |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                  |
| Date<br><b>06/08/2023</b>                                           | Payee name<br><b>Circle K</b>                                                                                                                                        |                                                 |
| Amount (\$)<br><b>52.66</b>                                         | Payee address; City; State; Zip Code<br><b>11701 Montwood Drive</b>                                                                                                  |                                                 |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Transportation</b>                                                                                | Description<br><b>gasoline</b>                  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                                                        | Office sought      Office held                  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                    |                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b>                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><b>06/29/2023</b>                                  | <b>5</b> Payee name<br><b>Canva</b>                                                                                |                                                  |
| <b>6</b> Amount (\$)<br><b>12.95</b>                                | <b>7</b> Payee address: <b>110 Kippax St Surry Hills, Australia</b><br>City: State: Zip Code                       |                                                  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertisement Expense</b>            | <b>(b)</b> Description<br><b>Design software</b> |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                                  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                        |
| Date<br><b>06/09/2023</b>                                           | Payee name<br><b>Costco</b>                                                                                        |                                                  |
| Amount (\$)<br><b>206.93</b>                                        | Payee address: <b>6101 Gateway Blvd El Paso TX 79925</b><br>City: State: Zip Code                                  |                                                  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Office Expense</b>                              | Description<br><b>supplies</b>                   |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                        |
| Date<br><b>06/30/2023</b>                                           | Payee name<br><b>First American Bank</b>                                                                           |                                                  |
| Amount (\$)<br><b>25.00</b>                                         | Payee address: <b>1726 N. Zaragoza</b><br>City: State: Zip Code                                                    |                                                  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Banking Expense</b>                             | Description<br><b>Account Fee</b>                |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                        |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                    |                                              |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                            | <b>2</b> FILER NAME<br>Peter A. Fierro                                                                             | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>06/30/2023                                  | <b>5</b> Payee name<br>El Paso Elections                                                                           |                                              |
| <b>6</b> Amount (\$)<br>42.95                                | <b>7</b> Payee address; City; State; Zip Code<br>Enrique Moreno County Courthouse, 500 E. San Antonio, Room 1006   |                                              |
| <b>8</b><br>PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Expense                          | <b>(b)</b> Description<br>maps               |
|                                                              | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                         | Payee name                                                                                                         |                                              |
| Amount (\$)                                                  | Payee 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, TX, officeholder living expense            |                                              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |
| Date                                                         | Payee name                                                                                                         |                                              |
| Amount (\$)                                                  | Payee address; City; State; Zip Code                                                                               |                                              |
| PURPOSE 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 living expense            |                                              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                      | Office sought Office held                    |

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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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 F3:            |
| 2 FILER NAME                                               |                                                                              | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                                     | 5 Name of person from whom investment is purchased                           |                                       |
|                                                            | 6 Address of person from whom investment is purchased; City; State; Zip Code |                                       |
|                                                            | 7 Description of investment                                                  |                                       |
|                                                            | 8 Amount of investment (\$)                                                  |                                       |
| Date                                                       | Name of person from whom investment is purchased                             |                                       |
|                                                            | Address of person from whom investment is purchased; City; State; Zip Code   |                                       |
|                                                            | Description of investment                                                    |                                       |
|                                                            | Amount of investment (\$)                                                    |                                       |
|                                                            |                                                                              |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> |                                                                              |                                       |

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

The Instruction Guide explains how to complete this form.

|                                   |                                               |                                              |
|-----------------------------------|-----------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F4: | <b>2</b> FILER NAME<br><b>Peter A. Fierro</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|-----------------------------------------------|----------------------------------------------|

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--------------------------------------------------------------------|----|

|                                    |                                          |
|------------------------------------|------------------------------------------|
| <b>5</b> Date<br><b>01/23/2023</b> | <b>6</b> Payee name<br><b>The Podium</b> |
|------------------------------------|------------------------------------------|

|                                      |                                                                     |       |        |          |
|--------------------------------------|---------------------------------------------------------------------|-------|--------|----------|
| <b>7</b> Amount (\$)<br><b>60.84</b> | <b>8</b> Payee address;<br><b>921 Texas Avenue El Paso TX 79901</b> | City; | State; | Zip Code |
|--------------------------------------|---------------------------------------------------------------------|-------|--------|----------|

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

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

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

|                           |                                           |
|---------------------------|-------------------------------------------|
| Date<br><b>02/28/2023</b> | Payee name<br><b>Hotel Paso Del Norte</b> |
|---------------------------|-------------------------------------------|

|                             |                                                          |       |        |          |
|-----------------------------|----------------------------------------------------------|-------|--------|----------|
| Amount (\$)<br><b>12.96</b> | Payee address;<br><b>10 Henry Trost El Paso TX 79901</b> | City; | State; | Zip Code |
|-----------------------------|----------------------------------------------------------|-------|--------|----------|

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                   |                                        |                                              |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F4: | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|----------------------------------------|----------------------------------------------|

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--------------------------------------------------------------------|----|

|                             |                                            |
|-----------------------------|--------------------------------------------|
| <b>5</b> Date<br>02/26/2023 | <b>6</b> Payee name<br>Destination El Paso |
|-----------------------------|--------------------------------------------|

|                               |                                                                  |       |        |          |
|-------------------------------|------------------------------------------------------------------|-------|--------|----------|
| <b>7</b> Amount (\$)<br>10.00 | <b>8</b> Payee address;<br>1 Civic Center Plaza El Paso TX 79901 | City; | State; | Zip Code |
|-------------------------------|------------------------------------------------------------------|-------|--------|----------|

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

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

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

|                    |                              |
|--------------------|------------------------------|
| Date<br>03/06/2023 | Payee name<br>House of Pizza |
|--------------------|------------------------------|

|                       |                               |       |        |          |
|-----------------------|-------------------------------|-------|--------|----------|
| Amount (\$)<br>198.80 | Payee address;<br>208 N. Mesa | City; | State; | Zip Code |
|-----------------------|-------------------------------|-------|--------|----------|

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

|                               |                                                                              |                                                  |
|-------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Food Expense | Description<br>2nd Floor Gathering               |
|                               | Check if travel outside of Texas. Complete Schedule T.                       | Check if Austin, TX, officeholder living expense |

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

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

|                                  |                                        |                                              |
|----------------------------------|----------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F4 | <b>2</b> FILER NAME<br>Peter A. Fierro | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|----------------------------------------|----------------------------------------------|

|                                                                    |    |
|--------------------------------------------------------------------|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--------------------------------------------------------------------|----|

|                             |                                            |
|-----------------------------|--------------------------------------------|
| <b>5</b> Date<br>04/08/2023 | <b>6</b> Payee name<br>Casanova Restaurant |
|-----------------------------|--------------------------------------------|

|                                |                                           |       |        |          |
|--------------------------------|-------------------------------------------|-------|--------|----------|
| <b>7</b> Amount (\$)<br>205.50 | <b>8</b> Payee address:<br>600 N. El Paso | City: | State: | Zip Code |
|--------------------------------|-------------------------------------------|-------|--------|----------|

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

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

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

|                    |                     |
|--------------------|---------------------|
| Date<br>05/04/2023 | Payee name<br>Elemi |
|--------------------|---------------------|

|                      |                                 |       |        |          |
|----------------------|---------------------------------|-------|--------|----------|
| Amount (\$)<br>75.46 | Payee address:<br>313 N. Kansas | City: | State: | Zip Code |
|----------------------|---------------------------------|-------|--------|----------|

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

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

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

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

|                            |              |                                       |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

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

|               |                  |       |                 |
|---------------|------------------|-------|-----------------|
| 5 Date        | 6 Payee name     |       |                 |
| 7 Amount (\$) | 8 Payee address; | City; | State; Zip Code |

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

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

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

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

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

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

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

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                                                                 |                                                                                                                                         |                                                                 |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:                                                | <b>2</b> FILER NAME                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)                    |
| <b>4</b> Date                                                                   | <b>5</b> Payee name                                                                                                                     |                                                                 |
| <b>6</b> Amount (\$)<br><br>Reimbursement from political contributions intended | <b>7</b> Payee address;                                                                                                                 | City:                      State:                      Zip Code |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                                                 | <b>(b)</b> Description                                          |
|                                                                                 | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense |                                                                 |
| <b>9</b><br>Complete <b>ONLY</b> if direct expenditure to benefit C/OH          | Candidate / Officeholder name                                                                                                           | Office sought                      Office held                  |
| Date                                                                            | Payee name                                                                                                                              |                                                                 |
| Amount (\$)<br><br>Reimbursement from political contributions intended          | Payee address;                                                                                                                          | City:                      State:                      Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                                                   | Category (See Categories listed at the top of this schedule)                                                                            | Description                                                     |
|                                                                                 | Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense            |                                                                 |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH                      | Candidate / Officeholder name                                                                                                           | Office sought                      Office held                  |
| Date                                                                            | Payee name                                                                                                                              |                                                                 |
| Amount (\$)<br><br>Reimbursement from political contributions intended          | Payee address;                                                                                                                          | City:                      State:                      Zip Code |
| <b>PURPOSE OF EXPENDITURE</b>                                                   | Category (See Categories listed at the top of this schedule)                                                                            | Description                                                     |
|                                                                                 | Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense            |                                                                 |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH                      | Candidate / Officeholder name                                                                                                           | Office sought                      Office held                  |

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

## SCHEDULE H

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                  |                     |                                              |
|----------------------------------|---------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule H: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|----------------------------------------------|

|               |                        |
|---------------|------------------------|
| <b>4</b> Date | <b>5</b> Business name |
|---------------|------------------------|

|                      |                            |       |        |          |
|----------------------|----------------------------|-------|--------|----------|
| <b>6</b> Amount (\$) | <b>7</b> Business address; | City; | State; | Zip Code |
|----------------------|----------------------------|-------|--------|----------|

|                                    |                                                                                                                                                |                 |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>8</b><br>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. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |                 |

|                                                                     |                               |               |             |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

|                               |                                                                                                                                            |             |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                                                                               | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |             |

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

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

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

|                               |                                                                                                                                            |             |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                                                                               | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |             |

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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:         | <b>2</b> FILER NAME                                                    |      | <b>3</b> Filer ID (Ethics Commission Filers)                               |          |
| <b>4</b> Date                            | <b>5</b> Payee name                                                    |      |                                                                            |          |
| <b>6</b> Amount (\$)                     | <b>7</b> Payee address:                                                | City | State                                                                      | Zip Code |
| <b>8</b><br>PURPOSE<br>OF<br>EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) |      | (b) Description (See instructions regarding type of information required.) |          |
| Date                                     | Payee name                                                             |      |                                                                            |          |
| Amount (\$)                              | Payee address:                                                         | City | State                                                                      | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |
| Date                                     | Payee name                                                             |      |                                                                            |          |
| Amount (\$)                              | Payee address:                                                         | City | State                                                                      | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |
| Date                                     | Payee name                                                             |      |                                                                            |          |
| Amount (\$)                              | Payee address:                                                         | City | State                                                                      | Zip Code |
| PURPOSE<br>OF<br>EXPENDITURE             | Category (See instructions for examples of acceptable categories.)     |      | Description (See instructions regarding type of information required.)     |          |

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

## SCHEDULE K

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 K:             |
| 2 FILER NAME                                              |                                                                                                                             | 3 Filer ID (Ethics Commission Filers) |
| 4 Date                                                    | 5 Name of person from whom amount is received                                                                               | 8 Amount (\$)                         |
|                                                           | 6 Address of person from whom amount is received; City: State: Zip Code                                                     |                                       |
|                                                           | 7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> |                                       |
| Date                                                      | Name of person from whom amount is received                                                                                 | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City: State: Zip Code                                                       |                                       |
|                                                           | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |
| Date                                                      | Name of person from whom amount is received                                                                                 | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City: State: Zip Code                                                       |                                       |
|                                                           | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |
| Date                                                      | Name of person from whom amount is received                                                                                 | Amount (\$)                           |
|                                                           | Address of person from whom amount is received; City: State: Zip Code                                                       |                                       |
|                                                           | Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>   |                                       |

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# 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 1 Total pages Schedule T:             |
| 2 FILER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                       |
| 5 Contribution / Expenditure reported on:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                       |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |                                                                              |                                       |
| 6 Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Name of person(s) traveling                                                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 Departure city or name of departure location                               |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9 Destination city or name of destination location                           |                                       |
| 10 Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11 Purpose of travel (including name of conference, seminar, or other event) |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                       |
| Contribution / Expenditure reported on:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                       |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |                                                                              |                                       |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of person(s) traveling                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Departure city or name of departure location                                 |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Destination city or name of destination location                             |                                       |
| Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                            | Purpose of travel (including name of conference, seminar, or other event)    |                                       |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                       |
| Contribution / Expenditure reported on:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                       |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS |                                                                              |                                       |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of person(s) traveling                                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Departure city or name of departure location                                 |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Destination city or name of destination location                             |                                       |
| Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                            | Purpose of travel (including name of conference, seminar, or other event)    |                                       |

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

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

**1 C/OH NAME**

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

**3 SIGNATURE**

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

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

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

**A. CAMPAIGN FUNDS**

Check only one:

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

**B. ASSETS**

Check only one:

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

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

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

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

\_\_\_\_\_  
Signature of Officeholder