

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00000031		2 Total pages filed: 9		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	CITY CLERK DEPT 2023 NOV 20 AM 10:38			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Receipt #	Amount \$		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election			Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	10	12	2023		11	08	2023

6 EXPLANATION OF CORRECTION
I incorrectly took a \$2000 check from Dualie Properties Inc and have refunded it. I have corrected my contributions and that refund is reflected on this amended report.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:
 Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Joshua Acevedo
Signature of Candidate/Officeholder



Please complete either option below:

Sworn to and subscribed before me by Josh Acevedo this the 20th day of November, 2023, to certify which, witness my hand and seal of office.
Diana Nunez Diana Nunez Notary Public
Signature of officer administering oath Printed name of officer administering oath 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

Corrected JA

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000031	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua	MI MI
	NICKNAME Josh	LAST Acevedo	SUFFIX
OFFICE USE ONLY			Date Received ELECTRONICALLY FILED 11/09/2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2626 Jackson Ave El Paso, TX 79930		ZIP CODE 79901
	Date Hand Delivered or Date Postmarked CITY CLERK DEPT 2023 NOV 20 AM 10:39		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Delia Jessie	MI MI
	NICKNAME	LAST Guerra	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3523 Polk Ave El Paso, TX 79930		
	AREA CODE PHONE NUMBER EXTENSION (915) 831-0824		
7 CAMPAIGN TREASURER PHONE			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 10/12/2023	THROUGH	Month Day Year 11/08/2023
10 ELECTION	ELECTION DATE Month Day Year 12/09/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any) El Paso ISD Trustee, District 3 El Paso		12 OFFICE SOUGHT (if known) El Paso City Council, District 2

GO TO PAGE 2

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

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

2 of 8

13 C / OH NAME Acevedo, Joshua **14 Filer ID** (Ethics Commission Filers)
00000031

15 NOTICE FROM POLITICAL COMMITTEE(S)
 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,775.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 242.80
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,718.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,056.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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

CITY CLERK DEPT
2023 NOV 20 AM 10:39

Joshua Acevedo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Josh Acevedo, this the 20th day of November, 2023, to certify which, witness my hand and seal of office.

Diana Nunez Signature of officer administering
Diana Nunez Printed name of officer administering
Notary Public Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Acevedo, Joshua	19 Filer ID (Ethics Commission Filers) 00000031
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,775.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,158.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 560.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 11/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Guillermo	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 2617 Pershing El Paso, TX 79903		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Raaheela	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6800 Willow Creek Road Bowie, MD 20720		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Celeste	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 1604 Radford Street El Paso, TX 79903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dualie Properties Inc	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 5324 Woodfield Dr El Paso, TX 79932		
Principal occupation / Job title (See Instructions)		REFUNDED
Employer (See Instructions)		
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Jessica	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 13709 Tierra Jezrel El Paso, TX 79938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 10/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ramon	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 13709 Tierra Jezrel El Paso, TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastrin, Deborah	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3940 Flamingo El Paso, TX 79902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Armando	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 241 Brianna Ct Canutillo, TX 79835		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Georgina	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 409 Lechugilla Court El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
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: Sch: 1/2 Rpt: 6/8	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
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4 Date 10/19/2023	5 Payee name City of El Paso
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6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 300 N Campbell St El Paso, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2023	Payee name H&H Mail
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Amount (\$) \$475.13	Payee address; City; State; Zip Code 1155 Larry Mahan Dr Suite J El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/05/2023	Payee name Office Depot
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Amount (\$) \$533.09	Payee address; City; State; Zip Code 1111 Geronimo Dr El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/8	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
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4 Date 10/19/2023	5 Payee name RC Graphic Designs and Printing
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6 Amount (\$) \$364.12	7 Payee address; City; State; Zip Code 12230 Coral Gate Dr El Paso, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2023	Payee name RC Graphic Designs and Printing
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Amount (\$) \$1,293.59	Payee address; City; State; Zip Code 12230 Coral Gate Dr El Paso, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 8/8	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
4 Date 10/19/2023	5 Payee name Texas Democratic Party	
6 Amount (\$) \$560.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter File Access
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name		
Office sought		
Office held		