

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00000031		2 Total pages filed: 19		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Joshua		MI	ELECTRONICALLY FILED 01/12/2024
	NICKNAME	LAST		SUFFIX	
	Josh	Acevedo			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15		<input type="checkbox"/> Exceeded modified reporting limit _____		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final Report (Attach C/OH-FR)		
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	
		11/30/2023		01/10/2024	

6 EXPLANATION OF CORRECTION

This is not a corrected report. It is my runoff report, the 8th day before the election. There was a technical glitch with The CFR e-file system that would not let me file a standard runoff report without a correction.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Joshua	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2024
	NICKNAME Josh	LAST Acevedo	
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
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Delia Jessie	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 type="checkbox"/> 30th day before election <input checked="" 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 THROUGH Month Day Year 11/30/2023 01/10/2024		
10 ELECTION	ELECTION DATE Month Day Year 01/20/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input 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

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13 C / OH NAME Acevedo, Joshua	14 Filer ID (Ethics Commission Filers) 00000031
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,301.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,195.19
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,280.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,120.92
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.

Joshua Acevedo

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Acevedo, Joshua		19 Filer ID (Ethics Commission Filers) 00000031
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 301.24
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	\$ 16,280.08
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/5 Rpt: 5/19
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Jesus	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 718 Lanner El Paso, TX 79928		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alimohammed, Anum	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1827 Castleberry Ln Buford, GA 30518		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anchondo, Daniel	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayoub, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 624 Coeur Dalene El Paso, TX 79922		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Bobby	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 457 San Clemente El Paso, TX 79912		
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: 2/5 Rpt: 6/19
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Randall <hr/> 6 Contributor address; City; State; Zip Code 1507 Rim Rd El Paso, TX 79902	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castruita, Manuel <hr/> Contributor address; City; State; Zip Code 4600 Pershing Drive El Paso, TX 79903	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenberg, Cliff <hr/> Contributor address; City; State; Zip Code 2211 E. Missouri Ave. Suite 320 El Paso, TX 79903	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Association of Contractors <hr/> Contributor address; City; State; Zip Code 810 E Yandell, Suite B El Paso, TX 79902	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Electric Company Employee PAC Texas <hr/> Contributor address; City; State; Zip Code P.O. Box 982 El Paso, TX 79960	Amount of Contribution (\$) \$750.00
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: 3/5 Rpt: 7/19
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escudero, Edward & Margarita <hr/> 6 Contributor address; City; State; Zip Code 34 Goodwin Dr. El Paso, TX 79902	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Robert F. <hr/> Contributor address; City; State; Zip Code 6080 Surety Dr. Suite 300 El Paso, TX 79905	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Robert L. & Alisson <hr/> Contributor address; City; State; Zip Code 6080 Surety Dr. Suite 300 El Paso, TX 79905	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaser, Rebecca <hr/> Contributor address; City; State; Zip Code 2709 Gold Ave El Paso , TX 79930	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Shauna <hr/> Contributor address; City; State; Zip Code 2801 Silver Ave El Paso, TX 79930	Amount of Contribution (\$) \$200.00
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: 4/5 Rpt: 8/19
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 01/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastrin, Deborah	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 3940 Flamingo El Paso, TX 79902		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Jorge	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1000 Lake Carolyn Pkwy Irving, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rogelio	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 736 Colchester Dr. El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, John C.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 609 Mt. Cristo Rey El Paso, TX 79922		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Rachel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6500 Navajo Ave El Paso, TX 79925		
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: 5/5 Rpt: 9/19
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Jasmin <hr/> 6 Contributor address; City; State; Zip Code 51899 Hwy 6 and 24 TRLR 15 Glenwood Springs, CO 81601	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Douglas <hr/> Contributor address; City; State; Zip Code PO Box 13611 El Paso, TX 79913	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Scott <hr/> Contributor address; City; State; Zip Code PO Box 12010 El Paso, TX 79913	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors Political Action Committee <hr/> Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768-2246	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/19	
2 FILER NAME Acevedo, Joshua		3 Filer ID (Ethics Commission Filers) 00000031	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Georgina	8 Amount of contribution (\$) \$301.24	9 In-kind contribution description Payment to H&H Mailing for advertising expense - mail.
7 Contributor address; City; State; Zip Code 409 Lechugilla Court El Paso, TX 79912		<input type="checkbox"/> 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)			

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: 1/7 Rpt: 11/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
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4 Date 01/06/2024	5 Payee name Acosta, Delia
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6 Amount (\$) \$565.00	7 Payee address; City; State; Zip Code 1917 Amy Sue Dr Apt. C El Paso, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
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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 12/29/2023	Payee name Acosta, Delia
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Amount (\$) \$620.00	Payee address; City; State; Zip Code 1917 Amy Sue Dr Apt. C El Paso, TX 79936
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
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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 12/20/2023	Payee name Bauer Printing & Graphics
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Amount (\$) \$913.63	Payee address; City; State; Zip Code 155 McCutcheon Ln Suites D&E El Paso, TX 79932
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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 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: 2/7 Rpt: 12/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/20/2023	5 Payee name Bauer Printing & Graphics	
6 Amount (\$) \$409.19	7 Payee address; City; State; Zip Code 155 McCutcheon Ln Suites D&E El Paso, TX 79932	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Costco	
Amount (\$) \$197.25	Payee address; City; State; Zip Code 6101 Gateway Blvd W A - 1 El Paso, TX 79925	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Gomez, Mayda	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4317 Manchester Ave Rear El Paso, TX 79903	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 3/7 Rpt: 13/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
4 Date 01/02/2024	5 Payee name H&H Mail	
6 Amount (\$) \$1,791.06	7 Payee address; City; State; Zip Code 1155 Larry Mahan Dr Suite J El Paso, TX 79925	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name H&H Mail	
Amount (\$) \$1,090.92	Payee address; City; State; Zip Code 1155 Larry Mahan Dr Suite J El Paso, TX 79925	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2023	Payee name H&H Mail	
Amount (\$) \$968.89	Payee address; City; State; Zip Code 1155 Larry Mahan Dr Suite J El Paso, TX 79925	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 4/7 Rpt: 14/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
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4 Date 12/01/2023	5 Payee name H&H Mail
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6 Amount (\$) \$2,439.20	7 Payee address; City; State; Zip Code 1155 Larry Mahan Dr Suite J El Paso, TX 79925
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8 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
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name RC Graphic Designs and Printing
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Amount (\$) \$650.81	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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Date 01/02/2024	Payee name RC Graphic Designs and Printing
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Amount (\$) \$1,000.00	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 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: 5/7 Rpt: 15/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/26/2023	5 Payee name RC Graphic Designs and Printing	
6 Amount (\$) \$676.56	7 Payee address; City; State; Zip Code 12230 Coral Gate Dr El Paso, TX 79936	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name RC Graphic Designs and Printing	
Amount (\$) \$162.38	Payee address; City; State; Zip Code 12230 Coral Gate Dr El Paso, TX 79936	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Ramos Garcia, Cristina	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2819 Nashville Ave El Paso, TX 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 6/7 Rpt: 16/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
4 Date 12/11/2023	5 Payee name Ramos Garcia, Cristina	
6 Amount (\$) \$1,140.00	7 Payee address; City; State; Zip Code 2819 Nashville Ave El Paso, TX 79930	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2023	Payee name Ramos Garcia, Cristina	
Amount (\$) \$225.00	Payee address; City; State; Zip Code 2819 Nashville Ave El Paso, TX 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2023	Payee name Ramos Garcia, Cristina	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2819 Nashville Ave El Paso, TX 79930	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 7/7 Rpt: 17/19	2 FILER NAME Acevedo, Joshua	3 Filer ID (Ethics Commission Filers) 00000031
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4 Date 12/01/2023	5 Payee name Ramos Garcia, Cristina
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 2819 Nashville Ave El Paso, TX 79930
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
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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 12/05/2023	Payee name Salazar, Claudia
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Amount (\$) \$435.00	Payee address; City; State; Zip Code 12473 Cuatro Aces Circle #13B San Elizario, TX 79849
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Contact
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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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TEXT ANNOTATION

Sch: 1/2 Rpt: 18/19

FILER NAME
Acevedo, Joshua

Filer ID (Ethics Commission Filers)
00000031

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Contribution Info	Report	12/18/2023 - \$250.00
Contribution Info	Report	12/18/2023 - \$5,000.00
Contribution Info	Report	12/21/2023 - \$750.00
Contribution Info	Report	12/21/2023 - \$500.00
Contribution Info	Report	01/02/2024 - \$500.00
Contribution Info	Report	01/04/2024 - \$1,000.00
Contribution Info	Report	12/31/2023 - \$100.00
Contribution Info	Report	01/02/2024 - \$250.00
Contribution Info	Report	01/07/2024 - \$250.00
Expenditure Info (F1)	Report	01/03/2024 - \$650.81 - Printing
Expenditure Info (F1)	Report	01/02/2024 - \$1,791.06 - Mail
Expenditure Info (F1)	Report	01/03/2024 - \$500.00 - Voter Contact
Expenditure Info (F1)	Report	01/06/2024 - \$565.00 - Voter Contact
Expenditure Info (F1)	Report	01/02/2024 - \$1,000.00 - Printing
Expenditure Info (F1)	Report	12/29/2023 - \$620.00 - Voter Contact
Expenditure Info (F1)	Report	12/27/2023 - \$1,090.92 - Mail
Expenditure Info (F1)	Report	12/26/2023 - \$676.56 - Printing
Expenditure Info (F1)	Report	12/22/2023 - \$968.89 - Mail
Expenditure Info (F1)	Report	12/20/2023 - \$913.63 - Printing
Expenditure Info (F1)	Report	12/20/2023 - \$409.19 - Printing
Expenditure Info (F1)	Report	12/19/2023 - \$197.25 - Mail
Expenditure Info (F1)	Report	12/13/2023 - \$300.00 - Voter Contact
Expenditure Info (F1)	Report	12/11/2023 - \$1,140.00 - Voter Contact
Expenditure Info (F1)	Report	12/06/2023 - \$162.38 - Printing
Expenditure Info (F1)	Report	12/05/2023 - \$435.00 - Voter Contact
Expenditure Info (F1)	Report	12/03/2023 - \$225.00 - Voter Contact
Expenditure Info (F1)	Report	12/02/2023 - \$600.00 - Voter Contact
Expenditure Info (F1)	Report	12/01/2023 - \$400.00 - Voter Contact

TEXT ANNOTATION

Sch: 2/2 Rpt: 19/19

FILER NAME
Acevedo, Joshua

Filer ID (Ethics Commission Filers)
00000031

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Expenditure Info (F1)	Report	12/01/2023 - \$2,439.20 - Mail
Report Info	Report	100000138
SUBT_F1:LUMPSUM:	Report	
TOT_CNTRB_BALANC	Report	
Contribution Info	Report	12/18/2023 - \$250.00
Expenditure Info (F1)	Report	01/06/2024 - \$565.00 - Voter Contact
Expenditure Info (F1)	Report	12/01/2023 - \$2,439.20 - Mail
Expenditure Info (F1)	Report	12/01/2023 - \$400.00 - Voter Contact
Expenditure Info (F1)	Report	12/02/2023 - \$600.00 - Voter Contact
Expenditure Info (F1)	Report	12/03/2023 - \$225.00 - Voter Contact
Expenditure Info (F1)	Report	12/11/2023 - \$1,140.00 - Voter Contact
Expenditure Info (F1)	Report	12/13/2023 - \$300.00 - Voter Contact
Expenditure Info (F1)	Report	12/19/2023 - \$197.25 - Mailing expense
Expenditure Info (F1)	Report	12/20/2023 - \$409.19 - Printing
Expenditure Info (F1)	Report	12/20/2023 - \$913.63 - Printing
Expenditure Info (F1)	Report	12/22/2023 - \$968.89 - Mail
Expenditure Info (F1)	Report	12/29/2023 - \$620.00 - Voter Contact
Expenditure Info (F1)	Report	12/27/2023 - \$1,090.92 - Mail
Expenditure Info (F1)	Report	12/26/2023 - \$676.56 - Printing
Expenditure Info (F1)	Report	01/02/2024 - \$1,000.00 - Printing
Expenditure Info (F1)	Report	01/06/2024 - \$565.00 - Voter Contact
Expenditure Info (F1)	Report	01/03/2024 - \$500.00 - Voter Contact