

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00000030	2 Total pages filed: 16	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Veronica	Date Received ELECTRONICALLY FILED 12/04/2023	
	NICKNAME LAST SUFFIX Carbajal	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 11/10/2023	THROUGH	Month Day Year 11/29/2023
		Receipt #	Amount
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION

The report filed on 12/1/2023 listed a political expenditure of \$280 on 11/29/2023 for canvassing paid to Veronica Carbajal, 3253 Townsley St., Wheeling Ave., El Paso, Texas 79904. There was a clerical error regarding the payee. The payment was not to Veronica Carbajal whose address is on Wheeling. The payment was to Lorena Ramirez, 3253 Townsley St., El Paso, Texas, 79904. The candidate can provide the bank's copy of the check as deposited, if necessary. It appears that Veronica Carbajal's and Lorena Ramirez's information was somehow merged. The error was made in good faith.

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.

Ms. Veronica Carbajal

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) 00000030	2 Total pages filed: 16					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Veronica	MI MI	OFFICE USE ONLY				
	NICKNAME	LAST Carbajal	SUFFIX		Date Received ELECTRONICALLY FILED 12/04/2023			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3016 Wheeling Avenue 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 Ms.	FIRST Emma C.	MI MI					
	NICKNAME Kitty	LAST Spalding	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 920 Blanchard El Paso, TX 79902							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(915)	532-3731						
8 REPORT TYPE	<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)							
	<input type="checkbox"/> July 15 <input checked="" 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	10	2023		11	29	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
11 OFFICE	OFFICE HELD (if any) None				12 OFFICE SOUGHT (if known) El Paso City Council Representative District 2			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 16

13 C / OH NAME Carbajal , Veronica (Ms.)	14 Filer ID (Ethics Commission Filers) 00000030
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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)	\$	5,015.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,983.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,590.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	292.34

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.

Ms. Veronica Carbajal

 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

18 FILER NAME Carbajal , Veronica (Ms.)		19 Filer ID 00000030	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,015.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	1,000.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,983.48
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: 1/7 Rpt: 5/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armendariz, Patricia <hr/> 6 Contributor address; City; State; Zip Code 3027 Wheeling Ave. El Paso, TX 79930	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balovich J.D., Julie <hr/> Contributor address; City; State; Zip Code 305 Texas Oak Drive Alpine, TX 79830	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Irma <hr/> Contributor address; City; State; Zip Code 9009 West H Burges Drive. El Paso, TX 79925	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford J.D., Connie <hr/> Contributor address; City; State; Zip Code 1010 Madeline Drive El Paso, TX 79902	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicker J.D., Alan <hr/> Contributor address; City; State; Zip Code 1400 North Florence Street El Paso, TX 79902	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 6/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Adriana <hr/> 6 Contributor address; City; State; Zip Code 10217 Aggie Circle El Paso, TX 79924	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Assistant Professor		9 Employer (See Instructions) UTEP
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Don <hr/> Contributor address; City; State; Zip Code 1311 Elm St. El Paso, TX 79930	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) National Nurses United
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Monica <hr/> Contributor address; City; State; Zip Code 134 Green Desert Cir. El Paso, TX 79928	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Health Strategy Specialist		Employer (See Instructions) MHP Salud
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James J.D., Stephanie <hr/> Contributor address; City; State; Zip Code 908 Cortijo Dr. El Paso, TX 79912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Roberto Rodriguez Campaign Account <hr/> Contributor address; City; State; Zip Code 911 Dallas El Paso, TX 79902	Amount of Contribution (\$) \$500.00
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: 3/7 Rpt: 7/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karmally J.D., Sameena <hr/> 6 Contributor address; City; State; Zip Code 14 Bishop Gate Allen, TX 75002	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruzich, Ann <hr/> Contributor address; City; State; Zip Code 3202 Old Spanish Trail El Paso, TX 79904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurtyka, Jerry <hr/> Contributor address; City; State; Zip Code 715 B Espada El Paso, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlmon, Annie <hr/> Contributor address; City; State; Zip Code 408 Blacker Ave. El Paso, TX 79902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Homelessness Diversion Case Worker		Employer (See Instructions) El Paso Coalition for the Homeless
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medrano, Vanessa <hr/> Contributor address; City; State; Zip Code 10474 Davwood Lane El Paso, TX 79925	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 8/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mesta J.D., Alberto <hr/> 6 Contributor address; City; State; Zip Code 1206 Mesita Dr. El Paso, TX 79902	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peregrino Ph.D, Sylvia <hr/> Contributor address; City; State; Zip Code 12452 Robert Dahl El Paso, TX 79938	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) El Paso Community College
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Toni (Dr.) <hr/> Contributor address; City; State; Zip Code 7410 Sidewinder Bend Dr. El Paso, TX 79911	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Family Physician		Employer (See Instructions) Centro San Vicente, Plume
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza, Ana <hr/> Contributor address; City; State; Zip Code 9133 Cuernavaca Dr. El Paso, TX 79907	Amount of Contribution (\$) \$230.00
Principal occupation / Job title (See Instructions) Bridge Chaplain		Employer (See Instructions) Episcopal Diocese of the Rio Grande
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Cristina <hr/> Contributor address; City; State; Zip Code 2504 Nashville Avenue El Paso, TX 79930	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) CR Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 9/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez J.D., Carmen <hr/> 6 Contributor address; City; State; Zip Code 1809 Georgia Pl. El Paso, TX 79902	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo J.D., Everett <hr/> Contributor address; City; State; Zip Code 2904 Grant Ave. El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 11/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saucedo J.D., Everett <hr/> Contributor address; City; State; Zip Code 2904 Grant Ave. El Paso, TX 79930	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid, Inc.
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulte, Kim <hr/> Contributor address; City; State; Zip Code 7956 Morning Dawn Ave. El Paso, TX 79932	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Universal Health Services
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spalding, Kitty <hr/> Contributor address; City; State; Zip Code 920 Blanchard Avenue El Paso, TX 79902	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 10/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone J.D., Briana <hr/> 6 Contributor address; City; State; Zip Code 210 Rosemary Hollow Buda, TX 78610	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) National Center for State Courts
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone J.D., Briana <hr/> Contributor address; City; State; Zip Code 210 Rosemary Hollow Buda, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) National Center for State Courts
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teixeira, Juana <hr/> Contributor address; City; State; Zip Code 711 Tepic Dr. El Paso, TX 79912	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) MUFG Bank
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirres, Andrea <hr/> Contributor address; City; State; Zip Code 3401 Hixson St. El Paso, TX 79902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Associate Dir., Interdisciplinary Research		Employer (See Instructions) UTEP
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus <hr/> Contributor address; City; State; Zip Code 4800 Caseta Rd. El Paso, TX 79922	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 11/16
2 FILER NAME Carbajal , Veronica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt J.D., Michael <hr/> 6 Contributor address; City; State; Zip Code 2906 Silver Ave. El Paso, TX 79930	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) El Paso County

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 12/16

2 FILER NAME
Carbajal , Veronica (Ms.)

3 Filer ID (Ethics Commission Filers)
00000030

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date
11/29/2023

6 Full name of pledgor out-of-state PAC (ID#: _____)
Justicia Fronteriza PAC

7 Pledgor Address; City; State; Zip Code
1535 Raphael Circle
El Paso, TX 79936

8 Amount of pledge (\$)
\$1,000.00

9 In-kind description (If applicable)
Printing costs to be paid directly to vendor

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

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: 1/3 Rpt: 13/16	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/10/2023	5 Payee name Amazon	
6 Amount (\$) \$31.34	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Yard sign stakes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign stakes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Amazon	
Amount (\$) \$23.79	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Yard sign stakes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign stakes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Amazon	
Amount (\$) \$21.63	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98019	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Yard sign stakes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign stakes
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: 2/3 Rpt: 14/16	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
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4 Date 11/29/2023	5 Payee name Anedot
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6 Amount (\$) \$140.70	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees paid during reporting period
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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 11/13/2023	Payee name EPMP
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1144 Vista de Oro Ste. A El Paso, TX 79935
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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 11/24/2023	Payee name EPMP
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Amount (\$) \$3,001.11	Payee address; City; State; Zip Code 1144 Vista de Oro Ste. A El Paso, TX 79935
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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: 3/3 Rpt: 15/16	2 FILER NAME Carbajal , Veronica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000030
4 Date 11/14/2023	5 Payee name Home Depot	
6 Amount (\$) \$4.91	7 Payee address; City; State; Zip Code 11360 Rojas El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Yard sign stakes	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard sign stakes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2023	Payee name Idea Spreaders and Marketing	
Amount (\$) \$480.00	Payee address; City; State; Zip Code 14337 Desert Wind Dr. Horizon, TX 79928	
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 Yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Ramirez, Lorena	
Amount (\$) \$280.00	Payee address; City; State; Zip Code 3253 Townsley St. El Paso, TX 79904	
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 Canvassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 16/16

FILER NAME

Carbajal , Veronica (Ms.)

Filer ID (Ethics Commission Filers)

00000030

Schedule

Corrected Items

Record Type	Tracking Info	Record Detail
Report Info	Report	100000072
Persent Info	Expenditure:	Ramirez, Lorena