GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to con	2 Total pages filed: 5 OFFICE USE ONLY								
3 COMMITTEE NAME	E NAME								
El Pasoans for Prosperity		Date Received							
	ELECTRONICALLY FILED 07/12/2024 -CITY CLERK DEPT								
ADDRESS ADDRESS / PO BOX; AF		2024 JUL 15 AM9:59							
303 N. Oregon St., Ste.	610	Date Hand-delivered or Date Postmarked							
Change of Address									
El Paso, TX 79901		Receipt # Amount							
		Date Processed							
		Date Processed							
		Date Imaged							
5 CAMPAIGN MS/MRS/MR TREASURER	FIRST	MI							
NAME	Claudia								
NICKNAME	LAST	SUFFIX							
	Rosales	* Section with a state of							
6 CAMPAIGN STREET ADDRESS (NO F	O BOX PLEASE); APT / SUITE #; CITY	STATE; ZIP CODE							
TDEACHDED	The Park when the control of the con	1 31712, 211 0002							
STREET 303 N. Oregon St., Ste.	610	·							
ADDRESS									
(Residence or Business) El Paso, TX 79901									
7 CAMPAIGN STREET OR PO BOX;	APT / SUITE #; CIT	Y; STATE; ZIP CODE							
TREASURER 303 N. Oregon St., Ste.	610								
ADDRESS									
El Paso, TX 79901									
Change of Address									
107 N. T. N.	ONE NUMBER EXTENSION								
TREASURER (915) 534-0500									
9 REPORT January 15	30th day before election	Dissolution (Attach PAC-DR)							
TYPE	Oth day before election	15th day ofter tempoline transurer							
X July 15	8th day before election	10th day after campaign treasurer termination							
	Runoff								
AA SERIOR	-								
10 PERIOD Month Day Yea									
01/01/2024	THROUGH 06/30/20	124							
11 ELECTION ELECTION DATE	ELECTION TYPE								
Month Day Yea	Primary Runoff	Other							
	General Special								
	<u> </u>	30							
	GO TO PAGE 2								
	OO TO FACE 2								

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

CITY CLERK DEPT 2024 JUL #5AND SPAC COVER SHEET PG 2

		*F							
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)					
El Pasoans for Prosperi	000875	68							
14 COMMITTEE	1. Candidates	A. Supported		**-					
ACTIVITY	(Identify by name or, if applicable, classify by party.)								
(Attach lists on plain paper to complete this	į	B. Opposed							
report if necessary.)		401							
			1020 NASAN	000					
	2. Measures	A. Supported							
	(Describe by date and location of election and nature of issue.)								
		B. Opposed		UT 2					
	Officeholders Assisted								
	(Identify by name or, if								
	applicable, classily by party.)								
15 CONTRIBUTION TOTALS		O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR	2						
	CONTRIBUTIONS M	ADE ELECTRONICALLY)	\$	0.00					
	check here if this report TOTAL POLITICA	qualifies for the higher itemization threshold		#4-5 ²					
	T 15 15 15 15 15 15 15 15 15 15 15 15 15	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	200.00					
EXPENDITURE	-	i del de							
TOTALS		POLITICAL EXPENDITURES	\$	165.00					
	4. TOTAL POLITICA		\$	324.29					
CONTRIBUTION	DAY	2000							
BALANCE	\$	0.00							
OUTSTANDING	6. TOTAL PRINCIPAL A	AMOUNT OF ALL OUTSTANDING LOANS AS OF							
LOAN TOTALS	LAST DAY OF THE F	REPORTING PERIOD	\$	0.00					
16 AFFIDAVIT		A CONTRACTOR OF THE CONTRACTOR							
		I swear, or affirm, under penalty of pe true and correct and includes all info	erjury, that tl rmation requ	ne accompanying report is irred to be reported by me					
arthy Rese.	REGINA LUJAN	under Title 15, Election Code.							
MV MV	Notary ID # 134899984								
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Expires May 14, 2028								
- Strong	Cert								
		Signature of Ca	ampaign Tre	asurer					
AFFIX NOTARY STAMP / SEAL ABOVE									
1 The									
Sworp to and subscribed before me, by the said Claudia Kosale S , this the 15 day									
of July	, 20 <u>24</u> , to certify v	which, witness my hand and seal of office.							
NI									
1/Con//_		Regina Lujan	Not	ary Public					
Signature of officer add	ministering oath	Printed name of officer administering oath		officer administering oath					

SUBTOTALS - GPAC

FORM GPAC C

OVER	SHEET	PG3
		0 -4 5

			3 of 5			
17 COMMITTEE	(Ethics Commission Filers)					
El Pasoans						
19 SCHEDULE NAME OF SC	SUBTOTAL AMOUNT					
1. 🔲 :	\$					
2. 🔲 🤅	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	W-08 (0	\$			
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$ 200.00			
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$			
6. 🗌 :	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8. 🔲 :	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9. 🔲 :	9. SCHEDULE E: LOANS					
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
11. 🔲 🥴	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
	o. 996.					
			2			
			3			

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	cti	on Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/5			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	El Pasoans I	or	Prosperity		00087568		
4	Date		Corporation / Labor Organization name	7	Amount of contribution (\$)		
	02/01/2024		El Paso Chamber of Commerce		\$200.00		
		6	Corporation / Labor Organization address; City; State; Zip Code				
			303 N Oregon Street Suite 610				
			El Paso, TX 79901				

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 Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exprinting Ex Salaries/M	pens kpen: Vage:	se s/Contract Labor		Travel in District Travel Out of Di		Falling Co.
		y-ra-		The Instruction Guide explai	ns how to co	mpl	ete this form.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commis	sion Filers)
i.	Sch; 1/1 Rpt: 5/5		El Pasoans	for Prosperity					00087568		
4	Date	5	Payee name								
8	04/15/2024		El Paso Ch	amber of Commerce							
6	Amount (\$)	7	Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$159.29		303 North (Oregon St Suite 610							
	THE PRODUCTION OF THE PRODUCTION AND THE PRODUCTION										
X	- corporate torico		El Paso, T>	(79901					p=1000.600		
8	PURPOSE OF	(a)		iee Categories listed at the top of this	schedule)	(b)	Description				
ı	EXPENDITURE		Refund				The same and a second		ide of Texas. Com , officeholder living		
ı							Partial Refun				
							, and the second				
9	Complete ONLY if direct	- (Candidate/Off	iceholder name	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI										
	#1825										
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