

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) 00000004 | 2 Total pages filed: 37 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY |
| | | Joe | | |
| | NICKNAME | LAST | SUFFIX | Date Received |
| | Chief | Molinar | | ELECTRONICALLY FILED |
| | | | | 07/14/2024 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked |
| | 4717 Hondo Pass Dr | | | |
| | PMB268 | | | Receipt # |
| | El Paso, TX 79904 | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | |
| | | Kendra | | |
| | NICKNAME | LAST | SUFFIX | |
| | | Bray | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 9003 Virgo Ln | | | |
| | El Paso, TX 79904 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | | (915) 525-6303 | | |
| 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month |
| | | 01/01/2024 | | THROUGH |
| | | | | 06/30/2024 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE |
| | Month | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other |
| | | 11/05/2024 | | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) |
| | City Representative District 4 Place El Paso District 4 El Paso | | | |
| | | | | City Representative District 4 Place El Paso District 4 |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 37

| | |
|------------------------------------|---|
| 13 C / OH NAME Molinar, Joe | 14 Filer ID (Ethics Commission Filers) 00000004 |
|------------------------------------|---|

| | | |
|---|--|---|
| 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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |

| | | | |
|--------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 35.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 20,171.13 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 8,450.51 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 29,156.12 |
| 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.

Joe Molinar

 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 Molinar, Joe | | 19 Filer ID (Ethics Commission Filers) 00000004 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 19,755.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 416.13 |
| 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 | \$ 7,161.76 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 1,288.75 |
| 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: 1/9 Rpt: 4/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 05/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Raul (Mr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 6716 Brisa Del Mar Dr El Paso, TX 79935 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguayo, Ruby (Ms.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code 3013 Lake Travis Pl El Paso, TX 79936-3334 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atiyah, Jim (Mr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code 10132 Dyer St El Paso, TX 79924-4284 | |
| Principal occupation / Job title (See Instructions) Businessman | | Employer (See Instructions) Owner |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bare, Woodrow Alan (Mr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code 5868 Oscar Perez El Paso, TX 79911 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 03/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonart DVM, Richard (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 6524 Loma de Cristo Dr El Paso, TX 79911 | |
| Principal occupation / Job title (See Instructions) Retired Veterinarian | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Randall (Mr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code 6504 Contessa Ridge Dr El Paso, TX 79911 | |
| 8 Principal occupation / Job title (See Instructions) Businessman | | 9 Employer (See Instructions) Owner |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling IV, Robert (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 457 San Clemente El Paso, TX 79912-6431 | |
| Principal occupation / Job title (See Instructions) Businessman | | Employer (See Instructions) Owner |
| Date 02/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, JP (Mr.) | Amount of Contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code 3355 West Alabama Suite 1200A Houston, TX 77098 | |
| Principal occupation / Job title (See Instructions) Businessman | | Employer (See Instructions) Owner |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Robert (Mr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 9437 E B Taulbee Dr El Paso, TX 79924-6004 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comeau, Ron & Jill | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code 4317 Loma Taurina Dr El Paso, TX 79934-3794 | |
| 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: 3/9 Rpt: 6/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Jennifer (Ms.) | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Unknown Zelle El Paso, TX 79924 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culty, James | Amount of Contribution (\$) \$175.00 |
| | Contributor address; City; State; Zip Code 10424 Gaius Dr El Paso, TX 79924 | |
| Principal occupation / Job title (See Instructions) Insurance Agent | | Employer (See Instructions) Self Employed |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgado Acosta Spencer Linebarger & Perez | Amount of Contribution (\$) \$400.00 |
| | Contributor address; City; State; Zip Code 221 N Kansas Suite 1400 El Paso, TX 79901-1400 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorame, Andres (Mr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code 9517 Fairfax St El Paso, TX 79911 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorame, Andres (Mr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 9517 Fairfax St El Paso, TX 79911 | |
| 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: 4/9 Rpt: 7/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 03/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPAOFF Local # 51 PAC <hr/> 6 Contributor address; City; State; Zip Code 3112 Forney Dr El Paso, TX 79935 | 7 Amount of Contribution (\$) \$2,500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPCSOA <hr/> Contributor address; City; State; Zip Code 747 E San Antonio #103 El Paso, TX 79901-2557 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPMPOA <hr/> Contributor address; City; State; Zip Code 747 E San Antonio Suite 103 El Paso, TX 79901-2557 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenberg, Cliff (Mr.) <hr/> Contributor address; City; State; Zip Code 2211 E Missouri Ave #320 El Paso, TX 79903-3801 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Owner |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, David (Mr.) <hr/> Contributor address; City; State; Zip Code 221 N Kansas St Suite 1400 El Paso, TX 79901-1400 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Office Manager | | Employer (See Instructions) Delgado Acosta Spencer Linebarger & Perez |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David (Mr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code 5228 Prince Edward Ave El Paso, TX 79924-3312 | |
| 8 Principal occupation / Job title (See Instructions) Retired Military | | 9 Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Martha (Mrs.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code 317 Purple Hills Way El Paso, TX 79912-3819 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Max (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code 6265 Camino Alegre Dr El Paso, TX 79912-2611 | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) UTEP |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Tyler (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code 200 N Festival Dr Apt 506 El Paso, TX 79912-6241 | |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) El Paso Firemen & Policemen Pension Fund |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Jr., Arnulfo (Mr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code 1490 George Dieter Dr Suite A-194 El Paso, TX 79911 | |
| Principal occupation / Job title (See Instructions) Attorney 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: 6/9 Rpt: 9/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 03/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Brian (Mr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code 5015 Montoya Dr El Paso, TX 79922-2031 | | |
| 8 Principal occupation / Job title (See Instructions) City Representative | | 9 Employer (See Instructions) City of El Paso |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, John (Mr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 4873 McGregor Dr El Paso, TX 79904-1429 | | |
| Principal occupation / Job title (See Instructions) DoD Civilian | | Employer (See Instructions) Dept of Defense - Army |
| Date 03/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeser, Oscar (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 7101 N Mesa El Paso, TX 79912 | | |
| Principal occupation / Job title (See Instructions) Mayor | | Employer (See Instructions) City of El Paso |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rogelio (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 736 Colchester Dr El Paso, TX 79912-7056 | | |
| Principal occupation / Job title (See Instructions) Senior VP | | Employer (See Instructions) IBI |
| Date 02/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Susan (Ms.) | Amount of Contribution (\$) \$75.00 |
| Contributor address; City; State; Zip Code 4001 Little Lane El Paso, TX 79922-1913 | | |
| 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: 7/9 Rpt: 10/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meigel, Glenn & Regina <hr/> 6 Contributor address; City; State; Zip Code 4704 G T Powers Dr El Paso, TX 79924 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired Army | | 9 Employer (See Instructions) Retired |
| Date 03/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles-Bonart, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code 6524 Loma de Cristo Dr El Paso, TX 79911 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired Educator | | Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinar, Carlos & Sara <hr/> Contributor address; City; State; Zip Code 10404 Silver Cloud El Paso, TX 79924-2465 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molinar, Gilbert (Mr.) <hr/> Contributor address; City; State; Zip Code 1801 E Cliff Dr Apt 5 El Paso, TX 79902-5166 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired Nurse | | Employer (See Instructions) Retired |
| Date 05/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mowles, Sherry (Mrs.) <hr/> Contributor address; City; State; Zip Code 730 Kerbey Ave El Pso, TX 79902 | Amount of Contribution (\$) \$450.00 |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Self Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Eulogio & Frances | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 10604 Rayito Pl El Paso, TX 79924-1916 | |
| 8 Principal occupation / Job title (See Instructions) Retired / Realtor | | 9 Employer (See Instructions) Retired |
| Date 02/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prado, Patricia (Ms.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code 409 Bells Corner Ave El Paso, TX 79911 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 03/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teschner, Richard (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 1800 N Stanton Street Apt 302 El Paso, TX 79902-3541 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teschner, Richard (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 1800 N Stanton Street Apt 302 El Paso, TX 79902-3541 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 06/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teschner, Richard (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 1800 N Stanton Street Apt 302 El Paso, TX 79902-3541 | |
| 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: 9/9 Rpt: 12/37 |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Anastacio & Floriza <hr/> 6 Contributor address; City; State; Zip Code 3820 Skyline Ave El Paso, TX 79904-1143 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired Fireman | | 9 Employer (See Instructions) Retired |
| Date 06/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolff, James <hr/> Contributor address; City; State; Zip Code 4747 Hondo Pass Dr Suite A El Paso, TX 79924 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self Employed |

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: 13/37 | |
| 2 FILER NAME Molinar, Joe | | 3 Filer ID (Ethics Commission Filers) 00000004 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/28/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Guadalupe (Ms.) | 8 Amount of contribution (\$) \$324.75 | 9 In-kind contribution description Campaign Bumper Stickers |
| | 7 Contributor address; City; State; Zip Code 126 S. Glenwood St El Paso, TX 79905-4620 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | 11 Employer (FOR NON-JUDICIAL) (See instructions) Retired | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 03/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Guadalupe (Ms.) | Amount of contribution (\$) \$51.60 | In-kind contribution description Campaign plastic cups with straws |
| | Contributor address; City; State; Zip Code 126 S. Glenwood St El Paso, TX 79905-4620 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | Employer (FOR NON-JUDICIAL) (See instructions) Retired | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 03/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas, Guadalupe (Ms.) | Amount of contribution (\$) \$39.78 | In-kind contribution description Campaign Decorations |
| | Contributor address; City; State; Zip Code 126 S. Glenwood St El Paso, TX 79905-4620 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | Employer (FOR NON-JUDICIAL) (See instructions) Retired | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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: 1/16 Rpt: 14/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|---|-------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/29/2024 | 5 Payee name All Star Party & Gaming Hall |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 9109 Dyer St Suite J El Paso, TX 79924 |
|----------------------------------|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Rental of Party Hall for Campaign Announcement |
|---------------------------------|--|--|

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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 06/15/2024 | Payee name Amazon.com |
|--------------------|--------------------------|

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|------------------------|--|
| Amount (\$) \$24.89 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Plastic drinking cups |
|-------------------------------|--|---|

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

| | |
|--------------------|--------------------------|
| Date 06/09/2024 | Payee name Amazon.com |
|--------------------|--------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$123.29 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
|-------------------------|--|

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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 Printer Ink |
|-------------------------------|---|---|

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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: 2/16 Rpt: 15/37 | 2 | FILER NAME Molinar, Joe | 3 | Filer ID (Ethics Commission Filers) 00000004 |
| 4 | Date 03/10/2024 | 5 | Payee name Best Buy | | |
| 6 | Amount (\$) \$50.89 | 7 | Payee address; City; State; Zip Code 8889 Gateway Blvd W El Paso, TX 79925 | | |
| 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 Square Reader Contactless | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 02/18/2024 | | Payee name Catering By Andres | | |
| | Amount (\$) \$700.00 | | Payee address; City; State; Zip Code 7250 Doniphan Canutillo, TX 79835 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Catering Services | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 06/16/2024 | | Payee name Catering By Andres | | |
| | Amount (\$) \$640.00 | | Payee address; City; State; Zip Code 7250 Doniphan Canutillo, TX 79835 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Catering Services | | |
| | | 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: 3/16 Rpt: 16/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|---|-------------------------------------|--|

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|-----------------------------|--|
| 4 Date 01/09/2024 | 5 Payee name Current Catalog |
|-----------------------------|--|

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|---------------------------------|---|
| 6 Amount (\$) \$30.76 | 7 Payee address; City; State; Zip Code 6765 Campus Dr Colorado Springs, CO 80920 |
|---------------------------------|---|

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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 Checks |
|---------------------------------|---|--|

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

| | |
|--------------------|---------------------------|
| Date 03/29/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$8.12 | Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
|-----------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Decorations for North Easter Parade |
|-------------------------------|--|---|

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

| | |
|--------------------|---------------------------|
| Date 02/29/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$6.77 | Payee address; City; State; Zip Code 11420 Gateway Blvd North Bldg 8 El Paso, TX 79934 |
|-----------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Candy for Campaign Announcement |
|-------------------------------|--|---|

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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: 4/16 Rpt: 17/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|---|-------------------------------------|--|

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|-----------------------------|------------------------------------|
| 4 Date 03/13/2024 | 5 Payee name Dollar Tree |
|-----------------------------|------------------------------------|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$2.71 | 7 Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Decorative Ribbon for Easter Parade |
|---------------------------------|--|---|

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

| | |
|--------------------|---------------------------|
| Date 02/21/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$4.87 | Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
|-----------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Cups and Ice |
|------------------------|---|---|

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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 03/28/2024 | Payee name EPISD - Print Shop & Copy Center |
|--------------------|--|

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|-------------------------|---|
| Amount (\$) \$622.44 | Payee address; City; State; Zip Code 1014 N Stanton El Paso, TX 79902 |
|-------------------------|---|

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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 Banner, Push Cards. Door Magnets, Signs |
|------------------------|---|--|

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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: 5/16 Rpt: 18/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 03/28/2024 | 5 Payee name EPISD - Print Shop & Copy Center | |
| 6 Amount (\$) \$270.63 | 7 Payee address; City; State; Zip Code 1014 N Stanton El Paso, TX 79902 | |
| 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 Banner |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/07/2024 | Payee name EPISD - Print Shop & Copy Center | |
| Amount (\$) \$92.01 | Payee address; City; State; Zip Code 1014 N Stanton El Paso, TX 79902 | |
| 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 Thank you Cards |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/25/2024 | Payee name EPISD - Print Shop & Copy Center | |
| Amount (\$) \$270.63 | Payee address; City; State; Zip Code 1014 N Stanton El Paso, TX 79902 | |
| 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 Campaign Signs |
| 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: 6/16 Rpt: 19/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|---|-------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 06/12/2024 | 5 Payee name EPISD - Print Shop & Copy Center |
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|---------------------------------|--|
| 6 Amount (\$) \$89.31 | 7 Payee address; City; State; Zip Code 1014 N Stanton El Paso, TX 79902 |
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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 Invitations and Envelopes |
|---------------------------------|---|---|

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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 03/08/2024 | Payee name FedEx |
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| | |
|------------------------|---|
| Amount (\$) \$15.09 | Payee address; City; State; Zip Code 6600 Montana Ave El Paso, TX 79925 |
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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 Copies |
|-------------------------------|---|--|

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

| | |
|--------------------|----------------------------------|
| Date 03/27/2024 | Payee name Illustrious Crafts |
|--------------------|----------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$88.00 | Payee address; City; State; Zip Code 6637 Isla Del Rey El Paso, TX 79912 |
|------------------------|--|

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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 Campaign Cups with lids & Straw |
|-------------------------------|--|---|

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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: 7/16 Rpt: 20/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 03/28/2024 | 5 Payee name MT Needles Embroidery | |
| 6 Amount (\$) \$336.39 | 7 Payee address; City; State; Zip Code 9900 Dyer St El Paso, TX 79924 | |
| 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 Tee Shirts |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/09/2024 | Payee name McCoy's #075 | |
| Amount (\$) \$9.33 | Payee address; City; State; Zip Code 9001 Gateway South El Paso, TX 79904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Easter Parade - 8ft Conduit |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/29/2024 | Payee name Mendez, Nayeli | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 4690 Woodrow Bean Rd El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Hospitality Services |
| 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: 8/16 Rpt: 21/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 06/26/2024 | 5 Payee name Mendez, Nayeli | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 4690 Woodrow Bean Rd El Paso, TX 79924 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Hospitality Services |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/04/2024 | Payee name Newell, Fred | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 9615 Dyer St El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation to Robinson Family | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Carl Robinson's Repass |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/21/2024 | Payee name PB's Pizza | |
| Amount (\$) \$16.23 | Payee address; City; State; Zip Code 9109 Dyer St Suite M El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteer Meeting |
| 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: 9/16 Rpt: 22/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|---|-------------------------------------|--|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 02/21/2024 | 5 Payee name PB's Pizza |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 6 Amount (\$) \$27.04 | 7 Payee address; City; State; Zip Code 9109 Dyer St Suite M El Paso, TX 79924 |
|---------------------------------|---|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteer Meeting |
|---------------------------------|--|---|

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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 03/30/2024 | Payee name Peter Piper Pizza |
|--------------------|---------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$185.56 | Payee address; City; State; Zip Code 9450 Dyer St El Paso, TX 79924 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteers' post event meeting |
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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 03/29/2024 | Payee name Sam's Club #6246 |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$43.67 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 |
|------------------------|---|

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|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Candy for Easter Parade |
|-------------------------------|--|---|

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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: 10/16 Rpt: 23/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/27/2024 | 5 Payee name Sam's Club #6246 | |
| 6 Amount (\$) \$47.81 | 7 Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Food for Campaign Annoucement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/22/2024 | Payee name Sam's Club #6246 | |
| Amount (\$) \$8.98 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Bottled Water |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/27/2024 | Payee name Taco Cabana | |
| Amount (\$) \$75.81 | Payee address; City; State; Zip Code 4810 Hondo Pass Dr El Paso, TX 79904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteer Meeting |
| 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: 11/16 Rpt: 24/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 06/12/2024 | 5 Payee name The Party Zone | |
| 6 Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 5720 Woodrow Bean Unit E El Paso, TX 79924 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Venue Rental - Deposit |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/19/2024 | Payee name The Party Zone | |
| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 5720 Woodrow Bean Unit E El Paso, TX 79924 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Venue Rental - Balance owed |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2024 | Payee name The Postal Solution | |
| Amount (\$) \$120.00 | Payee address; City; State; Zip Code 4717 Hondo Pass Dr Suite 1-D El Paso, TX 79904-1456 | |
| 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 P O Box Rental |
| 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: 12/16 Rpt: 25/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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|-----------------------------|--|
| 4 Date 03/27/2024 | 5 Payee name The Postal Solution |
|-----------------------------|--|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$10.48 | 7 Payee address; City; State; Zip Code 4717 Hondo Pass Dr Suite 1-D El Paso, TX 79904-1456 |
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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 Copies |
|---------------------------------|---|--|

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

| | |
|--------------------|-----------------------------------|
| Date 02/28/2024 | Payee name The Postal Solution |
|--------------------|-----------------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$17.25 | Payee address; City; State; Zip Code 4717 Hondo Pass Dr Suite 1-D El Paso, TX 79904-1456 |
|----------------------------|---|

| | | |
|-------------------------------|---|--|
| 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 Copies |
|-------------------------------|---|--|

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

| | |
|--------------------|------------------------------------|
| Date 06/24/2024 | Payee name US Bank - State Farm |
|--------------------|------------------------------------|

| | |
|----------------------------|---|
| Amount (\$) \$12.00 | Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO 63179-0408 |
|----------------------------|---|

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

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 13/16 Rpt: 26/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 04/16/2024 | 5 Payee name US Bank - State Farm |
|-----------------------------|---|

| | |
|-------------------------------------|--|
| 6 Amount (\$) \$12.18 | 7 Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO 63179-0408 |
|-------------------------------------|--|

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

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

| | |
|--------------------|------------------------------------|
| Date 03/24/2024 | Payee name US Bank - State Farm |
|--------------------|------------------------------------|

| | |
|-----------------------------|---|
| Amount (\$) \$879.52 | Payee address; City; State; Zip Code P.O. Box 790408 St. Louis, MO 63179-0408 |
|-----------------------------|---|

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

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

| | |
|--------------------|--------------------|
| Date 01/19/2024 | Payee name USPS |
|--------------------|--------------------|

| | |
|-----------------------------|---|
| Amount (\$) \$132.00 | Payee address; City; State; Zip Code 219 E Mills Ave El Paso, TX 79901-9998 |
|-----------------------------|---|

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

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 14/16 Rpt: 27/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 01/19/2024 | 5 Payee name USPS | |
| 6 Amount (\$) \$132.00 | 7 Payee address; City; State; Zip Code 219 E Mills Ave El Paso, TX 79901-9998 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/11/2024 | Payee name USPS | |
| Amount (\$) \$132.00 | Payee address; City; State; Zip Code 5249 Sanders Ave El Paso, TX 79901-9998 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postal Sevices | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/11/2024 | Payee name USPS | |
| Amount (\$) \$132.00 | Payee address; City; State; Zip Code 5249 Sanders Ave El Paso, TX 79901-9998 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postal Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
| 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: 15/16 Rpt: 28/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

| | |
|-----------------------------|-----------------------------|
| 4 Date 01/06/2024 | 5 Payee name USPS |
|-----------------------------|-----------------------------|

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|----------------------------------|---|
| 6 Amount (\$) \$132.00 | 7 Payee address; City; State; Zip Code 5249 Sanders Ave El Paso, TX 79901-9998 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postal Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
|---------------------------------|--|--|

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

| | |
|--------------------|--------------------|
| Date 01/06/2024 | Payee name USPS |
|--------------------|--------------------|

| | |
|-------------------------|--|
| Amount (\$) \$132.00 | Payee address; City; State; Zip Code 5249 Sanders Ave El Paso, TX 79901-9998 |
|-------------------------|--|

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

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

| | |
|--------------------|----------------------------|
| Date 05/17/2024 | Payee name VFW Post 812 |
|--------------------|----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 2400 Davis-Seamon Rd El Paso, TX 79930 |
|-------------------------|---|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Golf Tournament |
|-------------------------------|---|---|

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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: 16/16 Rpt: 29/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
| 4 Date 02/29/2024 | 5 Payee name Walmart Neighborhood Market | |
| 6 Amount (\$) \$17.41 | 7 Payee address; City; State; Zip Code 4716 Hondo Pass Dr El Paso, TX 79904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Beverages for Campaign Announcement |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2024 | Payee name Walmart Supercenter | |
| Amount (\$) \$42.78 | Payee address; City; State; Zip Code 5631 Dyer St El Paso, TX 79904 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Table Decorations for Campaign Announcement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/29/2024 | Payee name Zappa Graphics | |
| Amount (\$) \$116.91 | Payee address; City; State; Zip Code 3410 Wickham Ave Suite 100 El Paso, TX 79904 | |
| 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 Campaign Banner |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 1/8 Rpt: 30/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|---|
| 5 Date 06/05/2024 | 6 Payee name Squarespace, Inc |
|-----------------------------|---|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$12.00 | 8 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014 |
|---------------------------------|--|

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

| | | |
|----------------------------------|--|--|
| 10 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 Website Registration |
|----------------------------------|--|--|

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

| | |
|--------------------|---------------------------|
| Date 06/22/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|------------------------|---|
| Amount (\$) \$22.46 | Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
|------------------------|---|

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

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Non-Alcoholic Beverages and Balloons |
|-------------------------------|---|--|

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

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 2/8 Rpt: 31/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|-----------------------------------|
| 5 Date 06/23/2024 | 6 Payee name VistaPrint |
|-----------------------------|-----------------------------------|

| | |
|----------------------------------|--|
| 7 Amount (\$) \$162.35 | 8 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 |
|----------------------------------|--|

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

| | | |
|----------------------------------|--|---|
| 10 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 Campaign Push Cards |
|----------------------------------|--|---|

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

| | |
|--------------------|--------------------------|
| Date 06/23/2024 | Payee name VistaPrint |
|--------------------|--------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$200.24 | Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451 |
|-------------------------|---|

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

| | | |
|------------------------|--|---|
| 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 Campaign door hangers |
|------------------------|--|---|

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

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 3/8 Rpt: 32/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|------------------------------|
| 5 Date 02/09/2024 | 6 Payee name FedEx |
|-----------------------------|------------------------------|

| | |
|---------------------------------|--|
| 7 Amount (\$) \$33.53 | 8 Payee address; City; State; Zip Code 6600 Montana Ave El Paso, TX 79925 |
|---------------------------------|--|

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

| | | |
|----------------------------------|---|--|
| 10 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 Copies |
|----------------------------------|---|--|

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

| | |
|--------------------|--------------------------------|
| Date 02/24/2024 | Payee name Sam's Club #6246 |
|--------------------|--------------------------------|

| | |
|------------------------|---|
| Amount (\$) \$94.67 | Payee address; City; State; Zip Code 9498 Gateway North El Paso, TX 79924 |
|------------------------|---|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Adult Beverages and Water |
|-------------------------------|--|---|

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

| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 4/8 Rpt: 33/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|---|
| 5 Date 02/20/2024 | 6 Payee name Crossroads Printing & Graphics |
|-----------------------------|---|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$48.71 | 8 Payee address; City; State; Zip Code 8022 N Mesa El Paso, TX 79932 |
|---------------------------------|---|

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

| | | |
|----------------------------------|---|--|
| 10 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 Contribution Envelopes |
|----------------------------------|---|--|

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

| | |
|--------------------|---------------------------|
| Date 03/04/2024 | Payee name NE Optimist |
|--------------------|---------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 8801 Railroad Dr El Paso, TX 79904 |
|-------------------------|---|

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

| | | |
|-------------------------------|---|--|
| 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 Northeast Parade - Entry Fee |
|-------------------------------|---|--|

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

| |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 5/8 Rpt: 34/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|---|
| 5 Date 02/12/2024 | 6 Payee name Crossroads Printing & Graphics |
|-----------------------------|---|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$153.17 | 8 Payee address; City; State; Zip Code 8022 N Mesa El Paso, TX 79932 |
|----------------------------------|---|

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

| | | |
|----------------------------------|---|---|
| 10 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 Invitations and Envelopes |
|----------------------------------|---|---|

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

| | |
|--------------------|--------------------------|
| Date 02/13/2024 | Payee name Amazon.com |
|--------------------|--------------------------|

| | |
|------------------------|--|
| Amount (\$) \$51.92 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
|------------------------|--|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Plastic Drinking Cups |
|-------------------------------|--|---|

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

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 6/8 Rpt: 35/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|-----------------------------------|
| 5 Date 02/20/2024 | 6 Payee name Amazon.com |
|-----------------------------|-----------------------------------|

| | |
|---------------------------------|---|
| 7 Amount (\$) \$23.79 | 8 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
|---------------------------------|---|

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

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Plastic Drinking Cups |
|----------------------------------|--|---|

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

| | |
|--------------------|-----------------------------------|
| Date 02/24/2024 | Payee name Walmart Supercenter |
|--------------------|-----------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$128.67 | Payee address; City; State; Zip Code 5631 Dyer St El Paso, TX 79904 |
|-------------------------|---|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Adult Beverages |
|-------------------------------|--|---|

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

| | | | |
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| | | | |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 7/8 Rpt: 36/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|------------------------------------|
| 5 Date 02/28/2024 | 6 Payee name Dollar Tree |
|-----------------------------|------------------------------------|

| | |
|--------------------------------|--|
| 7 Amount (\$) \$6.77 | 8 Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
|--------------------------------|--|

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

| | | |
|----------------------------------|--|---|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Patriotic table decorations |
|----------------------------------|--|---|

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

| | |
|--------------------|-----------------------------------|
| Date 02/28/2024 | Payee name Walmart Supercenter |
|--------------------|-----------------------------------|

| | |
|-----------------------|---|
| Amount (\$) \$9.96 | Payee address; City; State; Zip Code 5631 Dyer St El Paso, TX 79904 |
|-----------------------|---|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Limes |
|-------------------------------|--|---|

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

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|-------------------------------------|--|
| 1 Total pages Schedule F4: Sch: 8/8 Rpt: 37/37 | 2 FILER NAME Molinar, Joe | 3 Filer ID (Ethics Commission Filers) 00000004 |
|--|-------------------------------------|--|

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

| | |
|-----------------------------|--|
| 5 Date 02/27/2024 | 6 Payee name D Embroidery Corp |
|-----------------------------|--|

| | |
|----------------------------------|---|
| 7 Amount (\$) \$228.33 | 8 Payee address; City; State; Zip Code 921-A Texas Ave El Paso, TX 79901 |
|----------------------------------|---|

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

| | | |
|----------------------------------|--|--|
| 10 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 Campaign Polo Shirts |
|----------------------------------|--|--|

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

| | |
|--------------------|---------------------------|
| Date 03/10/2024 | Payee name Dollar Tree |
|--------------------|---------------------------|

| | |
|------------------------|---|
| Amount (\$) \$12.18 | Payee address; City; State; Zip Code 9109 Dyer St Suite P El Paso, TX 79924-6438 |
|------------------------|---|

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

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Easter Parade Decorations |
|-------------------------------|--|---|

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

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