

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | | | |
|---|--|--|--|--|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00000064 | 2 Total pages filed: 5 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. Luis | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024 | | |
| | NICKNAME LAST SUFFIX Yanez | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE [REDACTED] | Date Hand-delivered or Date Postmarked | | |
| | [REDACTED] | Receipt # | Amount | |
| | [REDACTED] | Date Processed | | |
| | [REDACTED] | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Veronica | OFFICE USE ONLY | | |
| | NICKNAME LAST SUFFIX Lerma | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1417 Montana Ave El Paso, TX 79902 | | | |
| | AREA CODE PHONE NUMBER EXTENSION (915) 269-6607 | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| 9 PERIOD COVERED | Month Day Year 07/01/2024 | THROUGH | Month Day Year 09/26/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE | | |
| | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
| | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | 12 OFFICE SOUGHT (if known) Municipal Court Judge District Appeals El Paso | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 5

13 C / OH NAME Yanez, Luis (Mr.) **14** Filer ID (Ethics Commission Filers)
00000064

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|--|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 812.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,000.00 |

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.

Mr. Luis Yanez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

| | |
|---|---|
| 18 FILER NAME Yanez, Luis (Mr.) | 19 Filer ID (Ethics Commission Filers) 00000064 |
|---|---|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ 1,000.00 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 812.00 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

LOANS (JUDICIAL)

SCHEDULE E(J)

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/5 |
| 2 FILER NAME Yanez, Luis (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00000064 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 09/25/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) YANEZ, LUIS | 9 Loan Amount (\$) \$1,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code 1015 Magoffin Ave, El Paso, TX 79901 | 10 Interest Rate |
| | EL PASO, TX 79901 | 11 Maturity Date 11/25/2024 |
| 12 Lender's Principal Occupation ATTORNEY AT LAW | | 13 Lender's Job Title ATTORNEY AT LAW |
| 14 Lender's Employer/Law Firm YANEZ LAW OFFICE | | 15 Law Firm of lender's spouse (if any) N/A |
| 16 If lender is child, law firm of parent(s) (if any) N/A | | N/A |
| 17 Description of Collateral <input checked="" type="checkbox"/> None | | 18 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 20 Name of guarantor | 22 Amount Guaranteed (\$) |
| | 21 Guarantor address; City; State; Zip Code | |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 5/5 | 2 FILER NAME Yanez, Luis (Mr.) | 3 Filer ID (Ethics Commission Filers) 00000064 |
| 4 Date 09/19/2024 | 5 Payee name City of El Paso | |
| 6 Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 300 N. Campbell El Paso, TX 79901 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee City Clerks |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

| | | |
|---|---|--|
| Date 09/25/2024 | Payee name Vista Print | |
| Amount (\$) \$562.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts and Caps volunteers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |