

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) 00000048	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Monica	MI	OFFICE USE ONLY
	NICKNAME	LAST Reyes	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6004 Dona Beatriz Ln El Paso, TX 79932			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Sylvia	MI	
	NICKNAME	LAST Borunda Firth	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 311 Montana, Suite B El Paso, TX 79902			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(915)	248-9838		
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 type="checkbox"/> General <input checked="" type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None District N/A El Paso		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 16

13 C / OH NAME Reyes, Monica (Ms.)	14 Filer ID (Ethics Commission Filers) 00000048
---	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,877.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,069.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,808.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 33,500.00

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.

Ms. Monica Reyes

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 16

18 FILER NAME Reyes, Monica (Ms.)	19 Filer ID (Ethics Commission Filers) 00000048
---	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,366.62
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,511.24
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 33,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,069.59
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta , Fermin (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1436 Cedar Oak Rd El Paso, TX 79926	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) GECU
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguayo Chiropractic PC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 61 Camille Dr. El Paso, TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldaco, Manuel (Mr.)	Amount of Contribution (\$) \$210.84
	Contributor address; City; State; Zip Code 312 Rio Pinsaqui El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) ESC Region 19
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apodaca, Aliana (Mrs.)	Amount of Contribution (\$) \$263.47
	Contributor address; City; State; Zip Code 814 Wyoming Ave. El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self-employed
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, David (Mr.)	Amount of Contribution (\$) \$263.47
	Contributor address; City; State; Zip Code 5745 Mira Grande Dr El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Testing Services		Employer (See Instructions) El Paso Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baeza Gardner, Ida (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code P.O Box 1804 Canutillo, TX 79835	
8 Principal occupation / Job title (See Instructions) Municipal Judge		9 Employer (See Instructions) City of Anthony
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Norma (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 5409 Tierra Vista Ln El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) self-employed
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorado, Fermin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 4875 Cuartel Ln El Paso, TX 79912	
Principal occupation / Job title (See Instructions) retired engineer		Employer (See Instructions) El Paso City
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmunson, Shane (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 401 E. Main Suite 408 El Paso, TX 79901	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Beatriz (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 267 S. Festival Dr El Paso, TX 79912	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Deborah (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code 312 Corvena Way El Paso, TX 79922	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired educator		9 Employer (See Instructions) Canutillo ISD
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code 312 Covena Way El Paso, TX 79922	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Gloria (Mrs.) <hr/> Contributor address; City; State; Zip Code 6204 Los Altos Dr. El Paso, TX 79912	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Federal
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Sergio (Mr.) <hr/> Contributor address; City; State; Zip Code 337 Rio Dulce Ave El Paso, TX 79932	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Fleet Manager		Employer (See Instructions) CASA Ford
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman , Max (Mr.) <hr/> Contributor address; City; State; Zip Code 6265 Camino Alegre Dr. El Paso, TX 79912	Amount of Contribution (\$) \$263.47
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UTEP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holguin, Abigail (Miss)	7 Amount of Contribution (\$) \$5.58
	6 Contributor address; City; State; Zip Code 241 Elvin Way El Paso, TX 79907	
8 Principal occupation / Job title (See Instructions) student		9 Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez-Turner, Cindy (Mrs.)	Amount of Contribution (\$) \$526.63
	Contributor address; City; State; Zip Code 225 Tennessee Ave. N.E. Washington, DC 20002	
Principal occupation / Job title (See Instructions) Senior Executive		Employer (See Instructions) Cemvita
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1301 Lonewood Dr El Paso, TX 79925	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Federal
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggan Blair & Sampson LLP	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code P.O. Box 17428 Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loya, Fred (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 1800 N. Lee Trevino Dr El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Business owner		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: 5/9 Rpt: 8/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Patricia (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code P.O. Box 2003 Canutillo, TX 79835	
8 Principal occupation / Job title (See Instructions) Board of Trustees		9 Employer (See Instructions) Canutillo ISD
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Arturo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 510 University Ave. El Paso, TX 79902	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Bank of America
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivas, Angel (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 3218 Pera Ave El Paso, TX 79905	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Canutillo ISD
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Orlando (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 2068 Estancia PI Las Cruces, NM 88005	
Principal occupation / Job title (See Instructions) CEO/President		Employer (See Instructions) Padilla Networks, LLC
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Melissa	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 4545 Honey Willow Way El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Dealership

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Jacqueline (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 6500 Berringer El Paso, TX 79932	
8 Principal occupation / Job title (See Instructions) student		9 Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Martha (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 436 Mockingbird Rd El Paso, TX 79907	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Monica (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 6004 Dona Beatriz Ln El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Canutillo ISD
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Rebecca (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 7724 Cedar Breaks Ln El Paso, TX 79904	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) State agency
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Silvestre (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 732 Azalea Pl El Paso, TX 79922	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Federal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Silvestre (The Honorable)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 732 Azalea Pl El Paso, TX 79922	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Federal
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes Jr., Silvestre (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 732 Azalea Pl El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) self-employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reza, Juan Antonio (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 6440 Paseo Villa St El Paso, TX 79932	
Principal occupation / Job title (See Instructions) retired CFO		Employer (See Instructions) Socorro ISD
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Rosalba (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1791 Waterstone Pkwy Boerne, TX 78006	
Principal occupation / Job title (See Instructions) community volunteer		Employer (See Instructions)
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, James (Colonel)	Amount of Contribution (\$) \$210.84
	Contributor address; City; State; Zip Code 3208 El Morro Rd El Paso, TX 79904	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Military

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soto, Leo (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code 932 Tyler Seth Ave El Paso, TX 79932	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Federal
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Frank (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 1130 Montana Ave El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Civil engineer		Employer (See Instructions) self-employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer III, Frank (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 6646 Paseo De Paz Ln Anthony, NM 88021	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Aztec Contractors, Inc.
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer Jr., Joe	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 1009 Montana Ave. El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Priscilla (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code 6853 Inca Dove Dr El Paso, TX 79911	
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) PT Premier Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Jorge (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 200 Pennsylvania El Paso, TX 79903	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Self-employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaragosa Lopez, Miguel (Mr.) <hr/> Contributor address; City; State; Zip Code 303 N. Oregon Ste 1020 El Paso, TX 79901	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		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: 13/16	
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/28/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borunda Firth J.D., Sylvia (Ms.)	8 Amount of contribution (\$) \$1,063.74	9 In-kind contribution description Venue and food for the formal announcement event
	7 Contributor address; City; State; Zip Code 311 Montana Ste B El Paso, TX 79902	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) attorney		11 Employer (FOR NON-JUDICIAL) (See instructions) self-employed	
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 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes Jr., Silvestre (Mr.)	Amount of contribution (\$) \$3,247.50	In-kind contribution description Paid for the DSI for yard signs
	Contributor address; City; State; Zip Code 732 Azalea Pl El Paso, TX 79922	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Caregiver		Employer (FOR NON-JUDICIAL) (See instructions) self-employed	
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 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Guillermo (Mr.)	Amount of contribution (\$) \$200.00	In-kind contribution description Staff gratuity for the formal announcement event
	Contributor address; City; State; Zip Code 1629 Tonantzin El Paso, TX 79911	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Chief Corporate Officer		Employer (FOR NON-JUDICIAL) (See instructions) Aliviane	
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)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 14/16
2 FILER NAME Reyes, Monica (Ms.)		3 Filer ID (Ethics Commission Filers) 00000048
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/20/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Monica (Dr.)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 6004 Dona Beatriz Ln El Paso, TX 79932	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Executive Director		13 Employer (See Instructions) Canutillo ISD
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 09/21/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Monica (Dr.)	Loan Amount (\$) \$30,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 6004 Dona Beatriz Ln El Paso, TX 79932	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Canutillo ISD
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 15/16	2 FILER NAME Reyes, Monica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000048
4 Date 08/30/2024	5 Payee name Airport Printing Services	
6 Amount (\$) \$1,188.59	7 Payee address; City; State; Zip Code 7A Leigh Fisher Blvd El Paso, TX 79906	
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 Door Hangers for canvass walking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held
Date 07/29/2024	Payee name Cognent	
Amount (\$) \$1,415.00	Payee address; City; State; Zip Code P.O. Box 536421 Orlando , FL 32853	
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 Branding package - social media strategy, website, design logo, etc.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held
Date 08/28/2024	Payee name Cognent	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 536421 Orlando , FL 32853	
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 Postcard design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 16/16	2 FILER NAME Reyes, Monica (Ms.)	3 Filer ID (Ethics Commission Filers) 00000048
4 Date 09/01/2024	5 Payee name Cognent	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code P.O. Box 536421 Orlando , FL 32853	
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 Establish Facebook and Instagram accounts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held
Date 09/01/2024	Payee name Cognent	
Amount (\$) \$550.00	Payee address; City; State; Zip Code P.O. Box 536421 Orlando , FL 32853	
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 Monthly Social Media Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held
Date 09/25/2024	Payee name Sun Circle Strategic Group	
Amount (\$) \$3,366.00	Payee address; City; State; Zip Code 1701 Bassett Ave Ste 157 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Data management, walking lists, mailing lists, phone list, VBM door list hangers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reyes, Monica (Dr.)	Office sought Office held