JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how t | o complete this form. | 1 Filer ID (Ethics Commiss 00000016 | sion Filers) | 2 Total pages file | |
|-------------------------|----------------------|-------------------------|---|-------------------|---|-------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | 1 0000010 | MI | | |
| OFFICEHOLDER | | | | IVII | OFFICE U | SE ONLY |
| NAME | | Daniel | | | Date Received | |
| | | | | | ELECTRONICA | LLY FILED |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | 10/28/2024 | |
| | Danny | Robledo | | | | |
| 4 CANDIDATE / | | ; APT / SUITE #; CIT | -V· | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| OFFICEHOLDER | ADDICE337 FO BOX | , AFT/SUIL#, CI | Ι, | | | |
| MAILING | | | | | Desciet // | A |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | | | | | | |
| | | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | | MI | |
| TREASURER | | | | | IVII | |
| NAME | | Mary | | | | |
| | | | | | | |
| | NICKNAME | LAST | | | SUFFIX | |
| | | Robledo | | | | |
| | | Robiedo | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (| NO PO BOX PLEASE); | APT | / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER | | | | | | |
| ADDRESS | | | | | | |
| (Residence or Business) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| TREASURER | (915) 494-1905 | | | | | |
| PHONE | | | | | | |
| 8 REPORT | | | | | | |
| TYPE | | 20th day befor | | | 15th day offer com | anaign traacuror |
| | January 15 | 30th day before | | Runoff | 15th day after carr appointment (offic | |
| | July 15 | X 8th day before | election | Exceeded modified | Final Report (Atta | |
| | | | | reporting limit | | |
| | | | | | | |
| 9 PERIOD | Month Day | Year | | Month Day | Year | |
| COVERED | 09/27/2024 | Tł | HROUGH | 10/26/202 | 4 | |
| | | | | | | |
| 10 ELECTION | ELECTION D | ATE | | ELECTION TYPE | | |
| | Month Day | | Primary | | Other | |
| | 11/05/2024 | | minary | Runon | Uner | |
| | 11/03/2024 | X | Seneral | Special | | |
| | | | | <u> </u> | | |
| | | <u> </u> | | | (if los as a) | |
| 11 OFFICE | OFFICE HELD (if any | | | 12 OFFICE SOUGHT | | |
| | Municipal Court Jud | dge, Court 5 District C | ourt 5 El Paso | Municipal Court | Judge District Co | urt 5 El Paso |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| GO TO PAGE 2 | | | | | | |
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| Forms provided by Te | exas Ethics Commissi | ion www.et | hics.state.tx.us | | Versio | n V4.1.0.d378aba0 |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 40

L

| 13 C / OH NAME | Robledo, Daniel | | 14 Filer ID 00000016 | (Ethics Com | mission Filers) |
|--|--|---|-------------------------|----------------|-----------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of p candidate / officeholder. <i>consent.</i> Candidates and | ures made by political c the candidate's or office | eholder's kno | owledge or | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| Additional Pages | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | SS | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ | 0.00 |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | IS) | \$ | 8,725.00 |
| EXPENDITURE TOTALS | · · · · · · · · · · · · · · · · · · · | ZED POLITICAL EXPENDITURES | , | \$ | 0.00 |
| 4. TOTAL POL | | CAL EXPENDITURES | | \$ | 31,786.99 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ | 10,496.25 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | \$ | 5,500.00 |
| 17 AFFIDAVIT | | l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | | |
| | | | Daniel Robledo | | |
| | | Signature o | f Candidate or Officeho | lder | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | | day |
| of | , 20, to ce | ertify which, witness my hand and seal of office. | | | |
| Signature of offic | cer administering oath | Printed name of officer administering oath | Title of office | er administeri | ng oath |
| -orms provided by Te | xas Ethics Commission | www.ethics.state.tx.us | | Version V4 | .1.0.d378aba0 |

FORM JC/OH COVER SHEET PG 3

3 of 40

| 18 FILER NAME Robledo, Daniel | 19 Filer ID 00000016 | (Ethics Commission Filers) |
|--|--------------------------------|----------------------------|
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (J | UDICIAL) | \$ 8,725.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR | RIBUTIONS | \$ |
| 3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ |
| 4. X SCHEDULE E(J): LOANS (JUDICIAL) | | \$ 500.00 |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL | CONTRIBUTIONS | \$ 31,643.66 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITIC | AL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL | FUNDS | \$ 143.33 |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS | TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITIC | AL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C TO FILER | ONTRIBUTIONS RETURNED | \$ |
| | | |

SUBTOTALS - JC/OH

| The Instruction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 1/12 Rpt: 4/40 |
|---|--|--|
| 2 FILER NAME Robledo, Daniel | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Andritos, George | | 7 Amount of Contribution (\$) \$300.00 |
| 6 Contributor address; City; State; Zip Code 3116 Montana | | |
| El Paso , TX 79903 | | |
| 8 Contributor's Principal Occupation Attorney | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Self Employed | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/15/2024 Andritos, George (Mr.) | | \$300.00 |
| Contributor address; City; State; Zip Code | | |
| 3116 Montana | | |
| El Paso , TX 79903 | | |
| Contributor's Principal Occupation | Contributor's Job Title | |
| Attorney | Attorney | |
| Contributor's employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self Employed | | |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/22/2024 Blake, michael (Mr.) | | \$125.00 |
| Contributor address; City; State; Zip Code | | |
| 400 E. Overland Ave. | | |
| El Paso , TX 79901 | | |
| Contributor's Principal Occupation | Contributor's Job Title | |
| Attorney Attorney | | |
| Contributor's employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self Employed | | |
| If contributor is a child, law firm of parent(s) (if any) | | |
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|---|--|---------------------------------------|--|
| 2 FILER NAME Robledo, Dar | iel | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 10/17/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Canales, Carla (Ms.) | | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code 4695 N. Mesa | | |
| | El Paso , TX 79912 | | |
| 8 Contributor's Pl Attorney | rincipal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's er Self Employe | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 09/27/2024 | Chavez, Alfredo (Mr.) | | \$200.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | 9209 Shaver | | |
| | El Paso, TX 79925 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | • |
| Attorney | | Attorney | |
| | nployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Sel Employed | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 09/27/2024 | Dekoatz, Carl (Mr.) | | \$100.00 |
| | Contributor address; City; State; Zip Code 2113 N. Kansas | | |
| | El Paso, TX 79902 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Attorney Attorney | | Attorney | |
| Contributor's employer/law firm Law firm of contributor's s | | bouse (if any) | |
| Sefl Employe | d | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
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|------------------------------------|---|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Robledo, Da | | | 0000016 |
| 4 Date 10/22/2024 | 5 Full name of contributor out-of-state PAC (ID#: Diaz, Luis (Mr.) |) | 7 Amount of Contribution (\$) \$300.00 |
| 10/22/2024 | | | |
| | 3423 Greenock | | |
| | | | |
| | El Paso , TX 79925 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e Self Emloyed | | 11 Law firm of contributor's sp | bouse (if any) |
| - | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/19/2024 | Dominguez, Andy (Mr.) | | \$400.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | 1608 Billy Casper | | |
| | | | |
| | El Paso , TX 79936 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney | employer/law firm | Attorney Law firm of contributor's sp | nouse (if any) |
| Sefl Employe | | | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/10/2024 | Enriquez, Laura (Mrs.) | | \$300.00 |
| | Contributor address; City; State; Zip Code | | |
| | 1212 Montana | | |
| | El Paso , TX 79902 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| _ | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self Employe | ed | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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|---|--|---------------------------------------|--|
| 2 FILER NAME Robledo, Dai | niel | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 10/10/2024 | 5 Full name of contributor Out-of-state PAC (ID#:_ Escobar, Jesus (Mr.) | | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code 1030 N. Zaragoza | | |
| | El Paso, TX 79907 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's e Self Employe | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | I | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/15/2024 | Gandara, Jaime (Mr.) | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | 1203 E. Yandell | | |
| | El Paso , TX 79902 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | • |
| Attorney | | Attorney | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employe | | | |
| lf contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/09/2024 | Garcia, Patrick (Mr.) | | \$100.00 |
| | Contributor address; City; State; Zip Code 9004 Shaver Dr | | |
| | El Paso , TX 79925 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Judge Judge | | | |
| | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| | nty Court House | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
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| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 5/12 Rpt: 8/40 |
|------------------------------------|---|--|--|
| 2 FILER NAME Robledo, Dai | niel | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 10/18/2024 | 5 Full name of contributor out-of-state PAC (ID#: Gonzalez, Daniel | | 7 Amount of Contribution (\$) \$300.00 |
| | 6 Contributor address; City; State; Zip Code 909 E. Rio Grande | | |
| | El Paso , TX 79902 | | |
| 8 Contributor's F Attorney | rincipal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's e Self Employe | | 11 Law firm of contributor's sp | pouse (if any) |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/21/2024 | Hughes, Thomas (Mr.) | | \$150.00 |
| | Contributor address; City; State; Zip Code | | |
| | 747 E. San Antonio #202 | | |
| | El Paso , TX 79901 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | 1 |
| Attorney | | Attorney | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Sefl Employe | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/01/2024 | Joe , Spencer (Mr.) | | \$250.00 |
| | Contributor address; City; State; Zip Code 1009 Montana Ave. | | |
| | El Paso , TX 79902 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Attorney Attorney | | | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employe | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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| The Instruction Guide explains how to complete | e this form. | 1 Total pages Schedule A(J)1: Sch: 6/12 Rpt: 9/40 |
|---|---------------------------------------|--|
| 2 FILER NAME Robledo, Daniel | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 5 Full name of contributor out-of-state PA 10/18/2024 Lerma, Eduardo | AC (ID#:) | 7 Amount of Contribution (\$)\$200.00 |
| 6 Contributor address; City; State; Zip Code 1417 Montana | | |
| El Paso, TX 79902 | | |
| 8 Contributor's Principal Occupation Attorney | 9 Contributor's Job Title Attorney | |
| 10 Contributor's employer/law firm Self Employed | 11 Law firm of contributor's sp | pouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/18/2024 Lerma, Eduardo (Mr.) | | \$200.00 |
| Contributor address; City; State; Zip Code | | |
| 1417 Montana | | |
| El Paso , TX 79901 | | |
| Contributor's Principal Occupation | Contributor's Job Title | |
| Attorney | Attorney | |
| Contributor's employer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employed | Self Employed | |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date Full name of contributor out-of-state PA | AC (ID#:) | Amount of Contribution (\$) |
| 10/10/2024 Mena, Gilbert (Mr.) | | \$200.00 |
| Contributor address; City; State; Zip Code 708 River | | |
| El Paso, TX 79922 | | |
| Contributor's Principal Occupation | Contributor's Job Title | |
| Attorney Attorney | | |
| Contributor's employer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employed | | |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 7/12 Rpt: 10/40 |
|---|---|--|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Robledo, Da | | | 00000016 |
| 4 Date 10/03/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Milan, Felipe (Mr.) |) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | 1147 Montana | | |
| | El Paso, TX 79902 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e Self Employe | | 11 Law firm of contributor's sp | bouse (if any) |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/02/2024 | Montoya, Roger (Mr.) | , | \$100.00 |
| | Contributor address; City; State; Zip Code | | |
| | 1006 Magoffin Ave. | | |
| | | | |
| | El Paso , TX 79901 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's employer/law firm | | bouse (if any) | |
| Self Employe | a child, law firm of parent(s) (if any) | | |
| | a clinu, law lifth of parent(s) (ir any) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/03/2024 | Navarro, Miguel (Mr.) |) | \$200.00 |
| | Contributor address; City; State; Zip Code | | |
| | PO Box 3904 | | |
| | | | |
| | El Paso, TX 79923 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney Attorney | | | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employe | | | |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
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| | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/12 Rpt: 11/40 | |
|---|--|---|--|
| 2 FILER NAME Robledo, Dar | iol | | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 Date 10/17/2024 | | | 7 Amount of Contribution (\$) \$150.00 |
| | El Paso, TX 79901 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's er | | 11 Law firm of contributor's sp | bouse (if any) |
| Sefl Employe | | | |
| | a child, law firm of parent(s) (if any) | | |
| Date 10/10/2024 | Full name of contributor out-of-state PAC (ID#:) Olivas, Jesus (Mr.) Contributor address; City; State; Zip Code 501 N. Kansas Ste. 202 | | Amount of Contribution (\$) \$100.00 |
| Contributor's P | El Paso, TX 79901 rincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's er Self Employe | nployer/law firm d | Law firm of contributor's sp | oouse (if any) |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date 10/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Perez, Joseph (Mr.) Contributor address; City; State; Zip Code 221 N. Kansas St Ste. 1103 |) | Amount of Contribution (\$) \$800.00 |
| | El Paso , TX 79902 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Attorney Attorney | | | |
| | nployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self Employe | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Eorme provided b | y Texas Ethics Commission www.ethic | s.state.tx.us | Version V4.1.0.d378aba0 |

| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A(J)1: Sch: 9/12 Rpt: 12/40 |
|--|--|---------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Robledo, Da | niel | | 0000016 |
| 4 Date 10/14/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Rivas, Jorge (Mr.) | | 7 Amount of Contribution (\$)\$300.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | 1600 N. Kansas St. | | |
| | | | |
| | El Paso, TX 79902 | | |
| 8 Contributor's F | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | bouse (if any) |
| Self Employe | | | |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/14/2024 | Serang, Ghalib | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | 12985 Kaitlyn Reece | | |
| | | | |
| | El Paso , TX 79938 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employe | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 10/14/2024 | Spence, Joe (Mr.) | | \$250.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | 1009 Montana | | |
| | | | |
| | El Paso, TX 79902 | | |
| | rincipal Occupation | Contributor's Job Title | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | bouse (if any) | |
| Self Employe | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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| Forms provided I | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V4.1.0.d378aba0 |

| The Instruc | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 10/12 Rpt: 13/40 | | | | | | |
|-----------------------------|--|--|---|--|--|--|--|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Robledo, Dai | niel | 0000016 | | | | | | |
| 4 Date 10/14/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Spencer, Joe Jr. (Mr.) | | 7 Amount of Contribution (\$) \$250.00 | | | | | |
| | 6 Contributor address; City; State; Zip Code | | | | | | | |
| | 1009 Montana | | | | | | | |
| | El Paso, TX 79902 | | | | | | | |
| | rincipal Occupation | 9 Contributor's Job Title | | | | | | |
| Attorney 10 Contributor's e | malayor/lay firm | Attorney | | | | | | |
| Self Employe | | 11 Law firm of contributor's sp | Jouse (II ally) | | | | | |
| | a child, law firm of parent(s) (if any) | | | | | | | |
| | | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | | | | | |
| 10/14/2024 | Tejeda, Claudia (Ms.) | | \$500.00 | | | | | |
| | Contributor address; City; State; Zip Code | | | | | | | |
| | 301 S. Campbell | | | | | | | |
| | | | | | | | | |
| Cantributaria | El Paso , TX 79901 | Contributorio Job Title | | | | | | |
| Self Employe | rrincipal Occupation | Contributor's Job Title Self Employed | | | | | | |
| | mployer/law firm | Law firm of contributor's sp | pouse (if any) | | | | | |
| Self Employe | | | | | | | | |
| If contributor is | a child, law firm of parent(s) (if any) | 1 | | | | | | |
| | | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | | | | | |
| 10/17/2024 | Thomas, Paula (Mr.) | | \$200.00 | | | | | |
| | Contributor address; City; State; Zip Code 2720 E. Yandell | | | | | | | |
| | | | | | | | | |
| | El Paso , TX 79903 | | | | | | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | | | | | | |
| Attorney | | Attorney | | | | | | |
| | mployer/law firm | Law firm of contributor's sp | oouse (if any) | | | | | |
| Self Employe | | | | | | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | | | | | | |
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| | ny Texas Ethics Commission www.ethic | s state tx us | Version V4.1.0 d378aba0 | | | | | |

| Robledo, Daniel | 3 Filer ID (Ethics Commission Filers) 00000016 7 Amount of Contribution (\$) |
|---|---|
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) |
| 09/27/2024 Truhill, Robert 6 Contributor address; City; State; Zip Code 1444 Montana | \$150.00 |
| El Paso , TX 79902 | |
| 8 Contributor's Principal Occupation 9 Contributor's Job Title Attorney Attorney | |
| 10 Contributor's employer/law firm 11 Law firm of contributor's spot Self Employed 11 Law firm of contributor's spot | ouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | |
| Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Vasquez, Joseph (Mr.) Contributor address; City; State; Zip Code 6380 Los Robles | Amount of Contribution (\$) \$100.00 |
| El Paso , TX 79912 | |
| Contributor's Principal OccupationContributor's Job TitleAttorneyAttorney | |
| Contributor's employer/law firm Law firm of contributor's spot Self Employed | ouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | |
| Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Velarde, Ray Contributor address; City; State; Zip Code 1216 Montana Contributor Contraction | Amount of Contribution (\$) \$250.00 |
| El Paso, TX 79902 | |
| Contributor's Principal OccupationContributor's Job TitleAttorneyAttorney | |
| Contributor's employer/law firm Law firm of contributor's spo Self Employed | ouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us | Version V4.1.0.d378aba0 |

| The Instru | ction Guide explains how to complete this t | 1 Total pages Schedule A(J)1: Sch: 12/12 Rpt: 15/40 | |
|------------------|---|--|-------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Robledo, Da | niel | 00000016 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 10/21/2024 | Wenke, John | / | \$250.00 |
| 10/21/2024 | | | φ230.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | 501 E. California | | |
| | | | |
| | El Paso , TX 79902 | | |
| 8 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's | employer/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| Sefl Employ | ed | Self Employed | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/30/2024 | montes, jose (Mr.) | | \$150.00 |
| | Contributor address; City; State; Zip Code | | |
| | 1155 Westmoreland | | |
| | | | |
| | El Paso , TX 79925 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| | - Incipal Occupation | Attorney | |
| Attorney | | - | |
| | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self Employ | | | |
| If contributor i | s a child, law firm of parent(s) (if any) | | |
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| LOANS (J | UDICIAL) | | | SCHEDULE E(J) | |
|--|---|--|----------------------------------|---------------------------------------|--|
| The Instruction | on Guide explains how to complete this f | 1 Total pages Schedule E(J): Sch: 1/1 Rpt: 16/40 | | | |
| 2 FILER NAME Robledo, Daniel | | 3 Filer ID 000000 | (Ethics Commission Filers) 16 | | |
| ⁴ TOTAL OF UN | IITEMIZED LOANS | | | \$ | |
| 5 Date of loan 10/10/2024 | 7 Name of lender Out-of-state PA Robledo, Daniel (Mr.) | C (ID#: |) | 9 Loan Amount (\$) \$500.00 | |
| 6 Is lender a financial institution? | 8 Lender address; City; State; 3000 E, Yandell | Zip Code | | 10 Interest Rate 0.00 | |
| No | El Paso , TX 79903 | | | 11 Maturity Date 10/10/2024 | |
| 12 Lender's Principal Attorney | Occupation | 13 Lender's Job Title Attorney | | • | |
| 14 Lender's Employe | r/Law Firm | 15 Law Firm of lender's spous | e (if any) | | |
| | aw firm of parent(s) (if any) | | | | |
| 17 Description of Col | lateral | 18 Check if personal funds were deposited into political account X (See Instructions) | | | |
| 19 GUARANTOR INFORMATION | 20 Name of guarantor | l | | 22 Amount Guaranteed (\$) | |
| X not applicable | 21 Guarantor address; City; State; | Zip Code | | | |
| 23 Guarantor's Princi | I pal Occupation | 24 Guarantor's Job Title | | I | |
| 25 Guarantor's Emplo | oyer/Law Firm | 26 Law Firm of guarantor's sp | ouse (if any) | | |
| 27 If guarantor is chil | d, law firm of parent(s) (if any) | I | | | |
| | | | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-----|-----------------------------|---|------------|--|----------------------------------|---------------------|-------|---|--------------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C | ls Expense | Office Ove Polling Exp Printing Ex Salaries/W | rhead pense pense ages/ | e Contract Labor | | Travel in District Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/22 Rpt: 17/40 | | Robledo, Da | niel | | | | | | 00000016 | |
| 4 | Date 10/25/2024 | | Payee name Avalos, Lesl | ie (Mr.) | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State | ; Zip Co | de | | | | |
| | \$370.00 | | 4531 Blanco El Paso , TX | | | · | | | | | |
| 8 | PURPOSE | (a) | Category | | | | (b) | Description | | | |
| 0 | OF | | | e Categories listed at ges/Contract I | | iedule) | | Check if travel of | , TX, | de of Texas. Com officeholder living | plete Schedule T. J expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Office sou | ght | | | Office he | eld |
| | Date | | Payee name | | | | | | | | |
| | 10/25/2024 | | Caldera, Ma | uricio | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State | ; Zip Co | de | | | | |
| | \$200.00 | | 1130 Presco El Paso , TX | ott Dr. | | , 1 | | | | | |
| | PURPOSE OF EXPENDITURE | | | e Categories listed at ges/Contract I | | nedule) | | | , TX, | de of Texas. Com officeholder living | plete Schedule T. J expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Offic | ceholder name | (| Office sou | ght | | | Office he | eld |
| | Date | | Payee name | | | | | | | | |
| | 10/25/2024 | | Carison, Gla | ıdys (Ms.) | | | | | | | |
| | Amount (\$) \$100.00 | | Payee addres | | State | ; Zip Co | de | | | | |
| | | | El Paso , TX | 79901 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | | e Categories listed at ges/Contract I | | nedule) | | | , TX, | de of Texas. Com officeholder living | plete Schedule T. J expense |
| ļ | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Offic | eholder name | (| Dffice sou | ght | | | Office he | əld |
| | | | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | | | |
|---|---|---|--------------------------------------|--|--|
| | EXPENDITURE CATEG | ORIES FOR BOX 8(a) | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense | Solicit Trans Travel Travel | | |
| Candidate/Officeholder/Political Committee Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHE | | |

olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Qut of District

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | OTHER (enter a category not listed above) |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/22 Rpt: 18/40 | Robledo, Daniel | 00000016 |
| 4 | Date | 5 Payee name | |
| | 10/09/2024 | Carlos and Mickey | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$76.90 | Montana Ave | |
| | | | |
| | | El Paso , TX 79925 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, | TX, officeholder living expense |
| | | Food for two v | volunteers |
| | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 10/25/2024 | Castillo, Jerri (Ms.) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$135.00 | 6027 Brook Hollow #209 | |
| | | | |
| | | El Paso, TX 79925 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. |
| | | Campaign Wo | TX, officeholder living expense |
| | | Cumpugn We | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 0 | |
| ⊨ | Date | Payee name | |
| | 10/22/2024 | Chik Filet | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$26.73 | S. Zaragoza | |
| | \$20110 | 0. 24.43024 | |
| | | El Paso, TX 79936 | |
| ⊢ | DUDDOCC | i | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | | TX, officeholder living expense |
| | | chicken salad | S |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| - | | | |

| POLITICAL EXPENDITURES FROM POLITICAL | |
|---------------------------------------|--|
| CONTRIBUTIONS | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 3/22 Rpt: 19/40 | Robledo, Daniel | 00000016 | | |
| 4 | Date 10/25/2024 | Payee name Churches Fried Chicken | | | |
| 6 | Amount (\$) \$90.88 | Payee address; City; State; Zip Code 812 N. Copia El Paso , TX 79903 | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. IX, officeholder living expense kers lunch meeting | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/20/2024 | Churches Fried Chicken | | | |
| | Amount (\$) \$41.30 | Payee address; City; State; Zip Code 812 N. Copia | | | |
| | | El Paso , TX 79903 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. FX, officeholder living expense D aign workers | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/15/2024 | Cognent | | | |
| | Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO Box 536421 | | | |
| | | Orlando , FL 32853 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. FX, officeholder living expense te Mailers | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS | | | | | |
|---|---|---|---|--|--|--|
| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District r - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 4/22 Rpt: 20/40 | Robledo, Daniel 00000016 | | | | |
| 4 | Date 10/24/2024 | 5 Payee name Cognet | | | | |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code PO Box 536421 | | | | |
| | | Orlando, FL 32853 | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Labor standard Create Mailer #2 | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | | | | |
| | 10/01/2024 | DelaPena, Paul (Mr.) | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO BOX 920628 | | | | |
| | | El Paso, TX 79902 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Team Infor Grafics | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
| | Date | Payee name | - | | | |
| | 10/16/2024 | DelaPena, Paul | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO BOX 920628 | | | | |
| | | El Paso, TX 79902 | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | |
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| | POLITICAL EXE | PENDITURES FROM POLITICAL | SCHEDULE F1 |
|---|---|--|--|
| | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: Sch: 5/22 Rpt: 21/40 | 2 FILER NAME Robledo, Daniel | 3 Filer ID (Ethics Commission Filers) 00000016 |
| 4 | Date 10/16/2024 | 5 Payee name DelaPena, Paul | |
| 6 | Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code PO BOX 920628 El Paso, TX 79902 | |
| 8 | PURPOSE OF EXPENDITURE | | n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Team Info Graffics |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/01/2024 | DelaPena, Paul | |
| | Amount (\$) \$1,250.00 | Payee address; City; State; Zip Code PO BOX 920628 | |
| | | El Paso, TX 79902 | |
| | PURPOSE OF EXPENDITURE | | n Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense e Mailers |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 10/01/2024 | DelaPena, Paul | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code PO BOX 920628 | |
| | | El Paso, TX 79902 | |
| | PURPOSE OF EXPENDITURE | | n Iravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense d Expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held |
| | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| | Sch: 6/22 Rpt: 22/40 | Robledo, Daniel | 00000016 | | |
| 4 | Date 10/11/2024 | 5 Payee name EP Veteran Council | | | |
| 6 | Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code Unknown EL Paso tex, TX 79924 | | | |
| 8 | PURPOSE OF EXPENDITURE | Candidate/Officeholder/Political Committee | utside of Texas. Complete Schedule T. IX, officeholder living expense ution made to EP Veteran Counsil Campaign | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/16/2024 | El Paso Mail & Print Services | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$4,656.47 | 1144 Vista De Oro Dr. El Paso Texas , TX 79935 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. FX, officeholder living expense ler | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/25/2024 | El Paso Mail & Print Services | | | |
| | Amount (\$) \$7,147.97 | Payee address; City; State; Zip Code 1144 Vista De Oro Dr. | | | |
| | | El Paso Texas , TX 79935 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. FX, officeholder living expense Mailers | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 | | | | |
|-----|---|---|--|--|--|
| ⊢ | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 7/22 Rpt: 23/40 | Robledo, Daniel 00000016 | | | |
| 4 | Date 10/19/2024 | 5 Payee name FireFest | | | |
| 6 | Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 5301 Salem El Paso , TX 79924 | | | |
| | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Haburger and tacos for campaign worker | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | Date | Payee name | | | |
| | 10/25/2024 | Garcia, Dellah (Ms.) | | | |
| | Amount (\$) \$135.00 | Payee address; City; State; Zip Code 6027 Brook Hollow #209 El Paso, TX 79925 | | | |
| ⊢ | BUBBOCE | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign work | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | Date | Pavee name | | | |
| | 10/25/2024 | Garcia, Destiny (Ms.) | | | |
| | Amount (\$) \$110.00 | Payee address; City; State; Zip Code 2114 Magoffin El Paso, TX 79901 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Work | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| l I | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | | | | EXPENDITURE | E CATEGO | RIES FOR | во | X 8(a) | | | | |
|---|---|-----|----------------------------------|---|-------------------|--|----------------------------------|----------------------|------|---|-------------------|-----------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fee Foo Gif nmittee Leg | ent Expense es od/Beverage Expense /Awards/Memorials E gal Services e Instruction Gu | Expense | Office Ove Polling Exp Printing Ex Salaries/W | rhead pense pense ages/ | e 'Contract Labor | | Transportation E Travel in District Travel Out of Dis | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commissio | n Filers) |
| | Sch: 8/22 Rpt: 24/40 | | Robledo, Dani | el | | | | | | 00000016 | , | , |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 10/09/2024 | | Guzman, Rich | ard (Mr.) | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State | ; Zip Co | de | | | | | |
| | \$125.00 | | 446 Buena Vis | sta | | | | | | | | |
| | | | El Paso, TX 7 | 9905 | | | | | | | | |
| 8 | PURPOSE OF | | Category (See C | | | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Salaries/Wage | es/Contract La | bor | | | | | | plete Schedule T. | |
| | | | | | | | | Campaign W | | officeholder living |) expense | |
| | | | | | | | | Campaign w | UIK | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | andidate/Officel | nolder name | C | Dffice sou | ght | | | Office he | eld | |
| | Date | | Payee name | | | | | | | | | |
| | 10/14/2024 | | Guzman, Rich | ard (Mr.) | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State | ; Zip Co | de | | | | | |
| | \$346.50 | I | 446 Buena Vis | sta | | | | | | | | |
| | | | | | | | | | | | | |
| | | | El Paso , TX 7 | 9905 | | | | | | | | |
| | PURPOSE | (a) | Category (See C | ategories listed at th | e top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wage | es/Contract La | bor | | | | | | plete Schedule T. | |
| | | | | | | | | Campain Wo | | officeholder living |) expense | |
| | | | | | | | | Campain wo | IKEI | | | |
| | | | | | | | | | | 0.00 | - 1 -1 | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officel | loider name | (| Office sou | ynt | | | Office he | eiu | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 10/25/2024 | | Guzman, Rich | ard (Mr.) | | | | | | | | |
| | Amount (\$) | | Payee address; | City; | State | ; Zip Co | de | | | | | |
| | \$1,022.00 | | 446 Buena Vis | sta | | | | | | | | |
| | | | | | | | | | | | | |
| | | | El Paso , TX 7 | 9905 | | | | | | | | |
| | PURPOSE | (a) | Category (See C | ategories listed at th | e top of this sch | iedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Salaries/Wage | s/Contract La | bor | | | | | | plete Schedule T. | |
| | | | | | | | | | | officeholder living |) expense | |
| | | | | | | | | Campaign W | ork | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officel | nolder name | C | Office sou | ght | | | Office he | eld | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) | | | |
| - | Sch: 9/22 Rpt: 25/40 | Robledo, Daniel | 00000016 | | | |
| 4 | Date 10/25/2024 | 5 Payee name Hernandez, Ana (Mrs.) | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$100.00 | 225 Hill View Unit A El Paso , TX 79932 | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense DrK | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/14/2024 | Hernandez, Baltazar | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$100.00 | 8101 Stell Vinton , TX 79821 | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense rk | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/18/2024 | Hinojos, Olivia (Ms.) | | | | |
| | Amount (\$) \$220.00 | Payee address; City; State; Zip Code 446 Buena Vista | | | | |
| | | El Paso , TX 79905 | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Drker | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule E1: | bages Schedule F1: 2 FILER NAME (Ethics Commission File) | | | | |
| 1 | Sch: 10/22 Rpt: 26/40 | Robledo, Daniel | 00000016 | | | |
| 4 | Date 10/14/2024 | 5 Payee name Hinojos, Olivia (Ms.) | | | | |
| 6 | Amount (\$) \$280.00 | Payee address; City; State; Zip Code 446 Buena Vista El Paso , TX 79905 | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense DrKer | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/09/2024 | Hinojos, Olivia (Ms.) | | | | |
| | Amount (\$) \$125.00 | Payee address; City; State; Zip Code 446 Buena Vista | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Drker | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/25/2024 | Hinojos, Olivia (Ms.) | | | | |
| | Amount (\$) \$460.00 | Payee address; City; State; Zip Code 446 Buena Vista | | | | |
| | | El Paso , TX 79905 | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense DrK | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services 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) | | | | |
| - | Total names Cabadula E1. | The Instruction Guide explains how to complete this form. | | | | | |
| 1 | Total pages Schedule F1: Sch: 11/22 Rpt: 27/40 | Robledo, Daniel | 3 Filer ID (Ethics Commission Filers) 00000016 | | | | |
| 4 | Date 10/25/2024 | 5 Payee name Jones, Harry (Mr.) | | | | | |
| 6 | Amount (\$) \$230.00 | 7 Payee address; City; State; Zip Code Unknown El Paso , TX 79932 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense DrK | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/17/2024 | Lowe's | | | | | |
| | Amount (\$) \$282.25 | Payee address; City; State; Zip Code 11950 Rojas | | | | | |
| | PURPOSE OF EXPENDITURE | together Check if Austin, | outside of Texas. Complete Schedule T. TX, officeholder living expense Screws, to hold banners together | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/25/2024 | Martinez, Eusebio (Mr.) | | | | | |
| | Amount (\$) \$560.00 | Payee address; City; State; Zip Code 2114 Magoffin #146 | | | | | |
| | | El Paso , TX 79901 | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. TX, officeholder living expense Drk | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | | | 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: 12/22 Rpt: 28/40 | Robledo, Daniel | 3 Filer ID (Ethics Commission Filers) 00000016 | |
| 4 | Date 10/25/2024 | Payee name Martinez, Ramiro (Mr.) | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | |
| U | \$100.00 | 225 Hillview Ave Unit A El Paso , TX 79932 | | |
| _ | DUDDOOF | | | |
| 8 | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense /orker | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
| | Date | Payee name | | |
| | 10/24/2024 | McDonalds | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$43.05 | Vista Del Sol El Paso , TX 79936 | | |
| | PURPOSE OF EXPENDITURE | a) Category (See Categories listed at the top of this schedule) b) Description Check if trave Check if Austi | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ampaign workers | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
| F | Date | Payee name | | |
| | 10/15/2024 | Mier, Marie (Ms.) | | |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code Edgemere | | |
| | | El Paso , TX 79925 | | |
| | PURPOSE OF EXPENDITURE | | l outside of Texas. Complete Schedule T. n, TX, officeholder living expense /orker | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
| | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|--|-------|--|-----------|---|----------------------------|--------|---|----------------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment | | | Event Expense Fees Food/Beverage Expe Gift/Awards/Memorial tee Legal Services The Instruction C | s Expense | Office Over Polling Exp Printing Exp Salaries/Wa | ense ges/Contract Labor | | Travel in District Travel Out of Dist | uipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 FII | ER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 13/22 Rpt: 29/40 | | bledo, Daniel | | | | | 00000016 | · · · · · |
| 4 | Date 10/07/2024 | | yee name er, Marie (Ms.) | | | | | | |
| _ | | | . , | Ctata | . 7:2 0.00 | | | | |
| 6 | Amount (\$) \$125.00 | Ec | yee address; City; Igemere Paso , TX 79925 | State | ; Zip Coc | e | | | |
| _ | DUDDOCE | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | tegory (See Categories listed at laries/Wages/Contract L | | nedule) | | ı, TX, | de of Texas. Comp officeholder living C I | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | didate/Officeholder name | C | Office soug | ht | | Office he | ld |
| | Date | Pa | yee name | | | | | | |
| | 09/30/2024 | Mi | er, Marie (Ms.) | | | | | | |
| | Amount (\$) | Pa | yee address; City; | State | ; Zip Coc | e | | | |
| | \$125.00 | Ec | lgemere Paso , TX 79925 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tegory (See Categories listed at llaries/Wages/Contract L | | nedule) | | η, TX, | de of Texas. Comp , officeholder living Er | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | (| Office soug | ht | | Office he | ld |
| | Date | Pa | yee name | | | | | | |
| | 10/25/2024 | | er, Marie (Ms.) | | | | | | |
| | Amount (\$) | | yee address; City; | State | ; Zip Coc | e | | | |
| | \$410.00 | | 12 Edgemere R-21 | | | | | | |
| | | El | Paso , TX 79925 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tegory (See Categories listed at llaries/Wages/Contract L | | nedule) | | n, TX, | de of Texas. Comp , officeholder living | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder name | C | Office soug | ht | | Office he | ld |
| | | | | | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | · · · · · · | B Filer ID (Ethics Commission Filers) | |
| 4 | Sch: 14/22 Rpt: 30/40 | Robledo, Daniel | 00000016 | |
| 4 | Date 10/25/2024 | 5 Payee name Nieves, Lorenzo (Mr.) | | |
| | | | | |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 14353 Desierto Bueno Horizon, TX 79928 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF | Salaries/Wages/Contract Labor | itside of Texas. Complete Schedule T. 'X, officeholder living expense r k | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
| | Date | Payee name | | |
| | 10/18/2024 | Olivares, Lydia (Ms.) | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$80.00 | 4025 Fillmore El Paso , TX 79930 | | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. 'X, officeholder living expense r ker | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | Office held | | |
| | Date | Payee name | | |
| | 10/14/2024 | Olivares, Lydia (Ms.) | | |
| | Amount (\$) \$130.00 | Payee address; City; State; Zip Code 4025 Fillmore | | |
| | | El Paso , TX 79930 | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. 'X, officeholder living expense r ker | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
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| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|-------------------------------------|---|---|---|------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explair | Office Overhea Polling Expense Printing Expense Salaries/Wages | se s/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | FILER NAME | | : | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 15/22 Rpt: 31/40 | Robledo, Daniel | | | 00000016 |
| 4 | Date 10/25/2024 | Payee name Drdonez, Adzari (Ms.) | | | |
| 6 | Amount (\$) \$410.00 | Payee address; City; Sta 3736 Winchester El Paso , TX 79907 | te; Zip Code | | |
| 8 | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor | schedule) (b) | | utside of Texas. Complete Schedule T. TX, officeholder living expense Irk |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sought | | Office held |
| | Date | Payee name | | | |
| | 10/25/2024 | Pichardo, Jose (Mr.) | | | |
| | Amount (\$) \$260.00 | Payee address; City; Sta 9702 Ahumada | te; Zip Code | | |
| | PURPOSE | El Paso , TX 79927 Category (See Categories listed at the top of this s | ophodulo) (b) | Description | |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | | Check if travel or | utside of Texas. Complete Schedule T. TX, officeholder living expense brk |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sought | | Office held |
| | Date | Payee name | | | |
| | 10/25/2024 | Rivera, Darlene (Ms.) | | | |
| | Amount (\$) \$110.00 | Payee address; City; Sta 100 S. Eucalyptus #4104 | te; Zip Code | | |
| | | El Paso, TX 79905 | i | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this s Salaries/Wages/Contract Labor | schedule) (b) | | utside of Texas. Complete Schedule T. TX, officeholder living expense Irk |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name | Office sought | | Office held |
| | | | | | |

| | POLITICAL EXI CONTRIBUTIOI | PENDITURES FROM POLITICAL SCHEDULE F1 |
|---|--|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | |
| 1 | Credit Card Payment Total pages Schedule F1: | The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 4 | Sch: 16/22 Rpt: 32/40 Date | Robledo, Daniel 00000016 5 Payee name 00000016 |
| 6 | 10/04/2024 Amount (\$) | Scorpion 7 Payee address; City; State; Zip Code |
| | \$349.32 | 1501 Wyoming El Paso, TX 79903 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense T-Shirts |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 10/25/2024 | Serna, Joe (Mr.) |
| | Amount (\$) \$135.00 | Payee address; City; State; Zip Code 354 Rachel Dr. Apt. 2 |
| | | Socorro , TX 79927 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Work |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 10/24/2024 | Payee name Smoothie King |
| | Amount (\$) \$28.00 | Payee address; City; State; Zip Code N. Zaragoza |
| | | El Paso , TX 79907 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Food |
| F | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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| POLITICAL EXE | PENDITURES FROM POLITICAL | SCHEDULE F1 |
|---|---|---|
| | EXPENDITURE CATEGORIES FOR BC | NX 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repaymer Fees Office Overhead Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense Printing Expense | nt/Reimbursement Solicitation/Fundraising Expense I/Rental Expense Transportation Equipment & Related Expense revel Travel in District e Travel Out of District /Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Cabadula F1: | · · · | 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: Sch: 17/22 Rpt: 33/40 | Robledo, Daniel | 00000016 |
| 4 Date 10/16/2024 | 5 Payee name Su Casa Mi Casa | |
| 6 Amount (\$) \$51.34 | 7 Payee address; City; State; Zip Code Yandell El Paso , TX 79903 | |
| 8 PURPOSE OF EXPENDITURE | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Five Points meeting for candidates |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 10/21/2024 | Subway | |
| Amount (\$) \$104.66 | Payee address; City; State; Zip Code 1906 Lee Trevino | |
| | El Paso , TX 79926 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sub way sandwishes for Campaign workers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Date 10/21/2024 | Payee name Subway | |
| Amount (\$) \$104.66 | Payee address; City; State; Zip Code Piedras | |
| | El Paso , TX 79903 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Subway |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
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| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | |
| - | Sch: 18/22 Rpt: 34/40 | Robledo, Daniel | 00000016 | | |
| 4 | Date | 5 Payee name | | | |
| | 10/25/2024 | Torres, Irma (Ms.) | | | |
| 6 | Amount (\$) \$230.00 | 7 Payee address; City; State; Zip Code 9702 Ahumada | | | |
| | | El Paso , TX 79927 | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense r k | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/18/2024 | Villanueva, Dora (Ms.) | | | |
| | Amount (\$) \$220.00 | Payee address; City; State; Zip Code 4707 Comanche | | | |
| | | El Paso, TX 79905 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense brker | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/14/2024 | Villanueva, Dora (Ms.) | | | |
| | Amount (\$) \$270.00 | Payee address; City; State; Zip Code 4707 Comanche | | | |
| | | El Paso, TX 79905 | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense b rker | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL |
|---------------------------------------|
| CONTRIBUTIONS |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|---|---|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | |
| - | Sch: 19/22 Rpt: 35/40 | Robledo, Daniel | 00000016 | | |
| 4 | Date 10/09/2024 | Payee name Villanueva, Dora (Ms.) | | | |
| 6 | Amount (\$) \$125.00 | Payee address; City; State; Zip Code 4707 Comanche El Paso, TX 79905 | | | |
| 8 | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense Orker | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date | Payee name | | | |
| | 10/25/2024 | Villanueva, Dora (Ms.) | | | |
| | Amount (\$) \$460.00 | Payee address; City; State; Zip Code 4707 Comanche | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense Ork | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | Date Payee name | | | | |
| | 10/24/2024 | Whataburger | | | |
| | Amount (\$) \$27.67 | Payee address; City; State; Zip Code 9500 Montana | | | |
| | | El Paso, TX 79925 | | | |
| | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense r Campain workers | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 | | | | | |
|---|---|---|--------------------|--|--|
| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel out of District By - Gift/Awards/Memorials Expense Printing Expense | & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics | Commission Filers) | | |
| | Sch: 20/22 Rpt: 36/40 | Robledo, Daniel 00000016 | | | |
| 4 | Date 10/25/2024 | 5 Payee name Whataburger | | | |
| 6 | Amount (\$) \$34.59 | 7 Payee address; City; State; Zip Code 9500 Montana | | | |
| | | El Paso, TX 79925 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Breakfast for Campaign workers | edule T. | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held DH | | | |
| F | Date | Payee name | | | |
| | 10/10/2024 | Zippy Printing | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$2,300.00 | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Printing Expense Printing Expense Check if ravel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Campaign Signs | edule T. | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| | Date | Payee name | | | |
| | 10/15/2024 | Zippy Printing | | | |
| | Amount (\$) \$758.00 | Payee address; City; State; Zip Code 2855 Pershing | | | |
| | | El Paso , TX 79903 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Printing Expense Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living expense Sign Stakes | edule T. | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH | | | |
| | | | | | |

| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 | | | | |
|---|---|--|---|--|--|
| ⊢ | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 | Filer ID (Ethics Commission Filers) | | |
| | Sch: 21/22 Rpt: 37/40 | Robledo, Daniel | 00000016 | | |
| 4 | Date 09/28/2024 | 5 Payee name Zippy Printing | | | |
| 6 | Amount (\$) \$1,515.55 | 7 Payee address; City; State; Zip Code 2855 Pershing El Paso , TX 79903 | | | |
| | | EI Paso , 1x 79903 | | | |
| 8 | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense rds | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held | | |
| | Date | Payee name | | | |
| | 10/04/2024 | Zippys | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$811.88 | 2855 Pershing EI , TX 79903 | | | |
| ⊢ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Printing Expense | tside of Texas. Complete Schedule T. X, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | |
| ⊨ | Date | Payee name | | | |
| | 10/16/2024 | berumen, linzui | | | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$400.00 | 9413 conejo | | | |
| | | El Paso , TX 79907 | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense paign | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | |
| F | | | | | |

| | POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 | | | | |
|---|---|--|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense I Committee Legal Services The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: Sch: 22/22 Rpt: 38/40 | 2 FILER NAME Robledo, Daniel | 3 Filer ID (Ethics Commission Filers) 00000016 | | |
| 4 | Date 10/02/2024 | 5 Payee name sams | 1 | | |
| 6 | Amount (\$) \$299.82 | 7 Payee address; City; State; Zip Code Gateway West El Paso, TX 79925 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel Check if Austin Check if Austin | outside of Texas. Complete Schedule T. n, TX, officeholder living expense enior citizens center campaigning | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | |
| | Date 10/13/2024 | Payee name sams | | | |
| | Amount (\$) \$274.12 | Payee address; City; State; Zip Code Gateway West El Paso, TX 79925 | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense ACKS | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | |
| | | | | | |

| POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
|---|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing | Repayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 Total pages Schedule G: Sch: 1/2 Rpt: 39/40 | 2 FILER NAME Robledo, Daniel | 3 | 3 Filer ID (Ethics Commission Filers) 00000016 | |
| 4 Date 10/18/2024 | 5 Payee name CRK Ferreteria | | | |
| 6 Amount (\$) \$18.19 Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 4022 Monana Ave El Paso , TX 79903 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling Expense | (b) Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| Date 10/20/2024 | Payee name Hernandez, Baltazar | | | |
| Amount (\$) \$40.00 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 8101 Stell Vinton , TX 79821 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Polling Expense | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held | | | Office held | |
| Date 10/23/2024 | Payee name McDonalds | | | |
| Amount (\$) \$23.71 | | | | |
| Reimbursement from political contributions intended | El Paso , TX 79936 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mpaign workers | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | | | | |

| | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G | | | | |
|---|---|--|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing | epayment/Reinbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule G: Sch: 2/2 Rpt: 40/40 | 2 FILER NAME Robledo, Daniel | | 3 Filer ID (Ethics Commission Filers) 00000016 | |
| 4 | Date 10/23/2024 | 5 Payee name Rafas Burritos | | | |
| 6 | Amount (\$) \$61.43 | 7 Payee address; City; State; Zip Code .43 Montana Ave | | | |
| | political contributions intended | El Paso , TX 79903 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description [[Burritos for cam] | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense paign workers | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | L Candidate/Officeholder name | Office sought | Office held | |
| | | | | | |