CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00000048	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	Ms.	Monica			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	12/06/2024	
	NICKNAME	Reyes		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	6004 Dona Beatriz Ln				Receipt #	Amount
ADDRESS					rtosoipt n	, and an
Change of Address	El Paso, TX 79932				Date Processed	l
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Sylvia				
	NICKNAME	LAST		SUFFIX		
		Borunda Firth				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	311 Montana, Suite B					
(Residence or Business)						
(rissidence of Edemisse)	El Paso, TX 79902					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER		IE NOMBER E	EXTENSION			
PHONE	(915) 248-9838					
8 REPORT						
TYPE	January 15	30th day before	election X	Runoff	15th day after can	
		-			appointment (offic	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
A DEDICE	Month Day Year			Manth Day	Vasu	
9 PERIOD COVERED	Month Day Year 10/27/2024	TH	IROUGH	Month Day 12/04/202	Year 4	
	10/2//2024	•	iitooon	12/04/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LEEGHON	Month Day Year		rimary	X Runoff	Other	
	12/14/2024					
			eneral	Special		
44 055:55	055105 1:5: 5 %			140 OFFICE 5 - 11 -	(1)	
11 OFFICE	OFFICE HELD (if any)	ot NI/A El Dogo		12 OFFICE SOUGHT		District District 1
	None Place El Paso Distri	CLIN/A ELPASO		City Representat	ive Place El Pasc	District District 1
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Reyes, Monica (Ms.)		14 Filer ID (Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
	2. TOTAL POLITIC (OTHER THAN F	5)	\$ 2,750.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 30,218.09					
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 33,500.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		Ms	. Monica Reyes						
		Signature of	Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

CC	OVER SHEET PG 3 3 of 12
18 FILER NAME 19 Filer ID Reyes, Monica (Ms.) 00000048	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,550.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30,218.09
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12		
2	FILER NAME Reyes, Mon		3	Filer ID (Ethics Commission 00000048	on Filers)	
4	Date 11/14/2024	 5 Full name of contributor out-of-state PAC (ID#:_Acosta Jr., Fermin (Mr.) 6 Contributor address; City; State; Zip Code 1436 Cedar Oak Rd El Paso, TX 79936 	7	Amount of Contribution (\$)	\$50.00	
8	Principal occur retired	upation / Job title (See Instructions)	9 Employer (See Instructions GECU	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Martinez, Richard (Mr.) Contributor address; City; State; Zip Code 11917 Paseo Real El Paso, TX 79936)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions White Sands	5)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Moreno, Arturo (Mr.) Contributor address; City; State; Zip Code 510 University Ave. El Paso, TX 79902)	•	Amount of Contribution (\$)	\$50.00
	Principal occurretired	upation / Job title (See Instructions)	Employer (See Instructions Bank of America	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/12				
2 FILER NAME Reyes, Mon			3 Filer ID (Ethics Commission Filers) 00000048				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 11/20/2024	 6 Full name of contributor out-of-state PAC (ID#:		8 Amount of contribution (\$) In-kind contribution description \$1,000.00 Consulting, Studio Time, Facilities				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
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 contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description \$550.00 Labor for social media				
	El Paso, TX 79922		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Caregiver	upation / Job title (FOR NON-JUDICIAL) (See instructions)	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 contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Southwest Government Affairs Contributor address; City; State; Zip Code 1931 Myrtle Ave. El Paso, TX 79901		Amount of In-kind contribution contribution (\$) description \$1,000.00 Consulting, Studio Time, Facilities				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/7 Rpt: 6/12	Reyes, Monica (Ms.)		0000048
4	Date	5 Payee name		·
	10/29/2024	Airport Printing Service		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$4,799.00	7 Leigh Fisher Blvd. Ste A		
		El Paso, TX 79906		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Postcard mailers
				1 Ostediu maiiers
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
ľ	expenditure to benefit C/OI		9110	Since neid
H	Date	Payee name		
	11/15/2024	Airport Printing Service		
_	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$648.42	7 Leigh Fisher Blvd. Ste A	ac	
	Ψ0-1012	7 Leight land Biva. Ste /		
		El Paso, TX 79906		
	PURPOSE		(h)	Description .
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Tilling Expense		Check if Austin, TX, officeholder living expense
				printing of the door hangers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	11/21/2024	Airport Printing Service		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$4,699.00	7 Leigh Fisher Blvd. Ste A		
		El Paso, TX 79906		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Postcard mailers
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI		-	
H				
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 7/12	Reyes, Monica (Ms.)	00000048
4	Date	5 Payee name	•
	11/21/2024	Airport Printing Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$973.17	7 Leigh Fisher Blvd. Ste A	
		El Paso, TX 79906	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		ļ !	Check if Austin, TX, officeholder living expense Printing of door hangers
			Tilling of door hangers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0000.0
-	Date	Payee name	
	12/04/2024	Airport Printing Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,714.40	7 Leigh Fisher Blvd. Ste A	
		El Paso, TX 79906	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Į .	Check if Austin, TX, officeholder living expense Postcard mailers
			Fosicaru maners
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Gilliog Hold
_		1	
	Date		
	Date 11/06/2024	Payee name CCCE,LLC DBA:Courtesy Services	
	11/06/2024	Payee name CCCE,LLC DBA:Courtesy Services	
	11/06/2024 Amount (\$)	Payee name	
	11/06/2024	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code	
	11/06/2024 Amount (\$)	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code	
	11/06/2024 Amount (\$)	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936	Description
	11/06/2024 Amount (\$) \$1,417.50 PURPOSE OF	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936	Description Check if travel outside of Texas. Complete Schedule T.
	11/06/2024 Amount (\$) \$1,417.50	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	11/06/2024 Amount (\$) \$1,417.50 PURPOSE OF	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$1,417.50 PURPOSE OF EXPENDITURE	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 phone bankers
	11/06/2024 Amount (\$) \$1,417.50 PURPOSE OF	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Amount (\$) \$1,417.50 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 phone bankers
	Amount (\$) \$1,417.50 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name CCCE,LLC DBA:Courtesy Services Payee address; City; State; Zip Code 11860 Vista del Sol #102 El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2 phone bankers

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Politica

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
Ļ				piants now to co	Jilibie	te this form.	_		(=u: 0 : : =u)		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/7 Rpt: 8/12	Reyes, Moi	nica (Ms.)					00000048			
4	Date	5 Payee name									
	11/16/2024	CCCE,LLC	DBA:Courtesy Service	ces							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode						
	\$1,417.50	11860 Vista	a del Sol #102								
		El Paso, TX	(79936								
8	PURPOSE	(a) Category (c	ee Categories listed at the top of	this ashadula)	(b)	Description					
	OF		ages/Contract Labor	this schedule)	(-,		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	j expense		
						3 Phone bank	k a	gents			
9	Complete ONLY if direct		ceholder name	Office sou	ught			Office he	eld		
	expenditure to benefit C/O	1									
	Date	Payee name									
	11/30/2024	CCCE,LLC	DBA:Courtesy Service	ces							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$2,333.63	11860 Vista	a del Sol #102								
		El Paso, T	(79936								
	PURPOSE	(a) Category (s	ee Categories listed at the top of	this schodulo)	(b)	Description					
	OF		ages/Contract Labor	tilis scriculic)	<u> </u>		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE					—		officeholder living			
						2 Phone bank	k a	gents for 3 v	veeks		
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld		
	experialitare to benefit 6/01	'									
	Date	Payee name									
	11/14/2024	Cognent									
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode						
	\$400.00	PO Box 53	6421								
		Orlando , F	L 32853								
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description					
	OF EXPENDITURE	Advertising		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITORE	_				_		officeholder living			
						Labor for the	des	sign of the d	loornanger		
					<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office he	eld		
	Oriana.o to borioni O/Oi	-									
F ~ .	me provided by Tayas E	thica Commica	00 348484 05	hice state ty i	10				Version V// 1 0 d279aha0		

SCHEDULE F1

EXPENDITURE CATEGORIES 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 9/12	Reyes, Monica (Ms.) 00000048
4	Date	5 Payee name
	11/12/2024	Dirt Cheap signs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$576.18	6706 Lohman Ford Rd.
		Lago Vista, TX 78645
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yard signs
		Tara Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Power name
	11/14/2024	Payee name
		Display Service Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,247.50	821 N. Raynor
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign signs
		Campaigh signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Davies same
	Date 11/05/2024	Payee name Los Jarrones
	Amount (\$)	Payee address; City; State; Zip Code
	\$361.23	170 Redd Rd
		Suite #1
		El Paso, TX 79932
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Watch party food and drink on Election Night
		vvatori party 1000 and unink on Election Night
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 10/12	Reyes, Monica (Ms.) 00000048
4 Date	5 Payee name
10/29/2024	Scale to Win
6 Amount (\$) \$500.72	7 Payee address; City; State; Zip Code 13742 Harper St. Santa Ana , CA 92703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text messages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/30/2024	Scale to Win
Amount (\$) \$518.84	Payee address; City; State; Zip Code 13742 Harper St.
	Santa Ana , CA 92703
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 Text messages sent to residents
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/07/2024	Shutter Pro Creatives
Amount (\$) \$216.00	Payee address; City; State; Zip Code 1701 Bassett Ave.
	El Paso , TX 79901
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 Candidate Photos for Mailers
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 6/7 Rpt: 11/12	Reyes, Monica (Ms.) 00000048
4	<u> </u>	
4	Date	5 Payee name
	11/20/2024	Southwest Gov't Affairs , Teams Infographics, LLC, and Power at the Pass, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,350.00	1931 Myrtle Ave.
		El Paso , TX 79901
		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Content consulting, creative imagining, Photos, Podcasts
		1 oucusts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Т	Date	Payee name
	11/27/2024	Southwest Gov't Affairs , Teams Infographics, LLC, and Power at the Pass, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1931 Myrtle Ave.
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Content consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	11/30/2024	Southwest Gov't Affairs , Teams Infographics, LLC, and Power at the Pass, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$950.00	1931 Myrtle Ave.
		El Paso, TX 79901
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Content consulting
		Content consulting
_	0 1. 5	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	ift/Awards/Memorials egal Services The Instruction G			/ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 7/7 Rpt: 12/12	2	FILER NAME Reyes, Moni	ca (Ms.)						Filer ID 00000048	(Ethics Commission Filers))
4	Date 11/19/2024		Payee name Sun Circle S									
6	Amount (\$) \$1,250.00	7	Payee address 1701 Basset Ste 157 El Paso, TX	Ave	State;	Zip Co	de 					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Consulting E	Categories listed at 1 XPENSE	the top of this sche	edule)			, TX,	officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	0	Office sou	ght			Office he	eld	
	Date 12/03/2024		Payee name Sun Circle S	rategic Grp								
	Amount (\$) \$345.00		Payee address 1701 Basset Ste 157 El Paso, TX	Ave	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Printing Expe	Categories listed at l	he top of this sche	edule)		_	, TX,	officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	0	Office sou	ght			Office he	eld	