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 00000006		2 Total pages filed: 19	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Peter		MI	OFFICE USE ONLY	
NAME		. 515.			Date Received ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Art	Fierro				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	1959 Paseo Del Prado				Receipt # Amount	
Change of Address	El Paso, TX 79936				Data Brassand	
🗂					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Peter				
	NICKNAME	LAST		SUFFIX		
	Art	Fierro				
6 CAMPAIGN	STREET ADDRESS (NO PO	DOV DI EASE):	Λ D 7	Γ / SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	1959 Paseo Del Prado	BOX PLEASE),	AP	173011E#, CITT,	STATE, ZIP CODE	
(Residence or Business)	515 517 5000					
	El Paso, TX 79936					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 630-6480					
8 REPORT TYPE	X January 15	30th day before	a classian	Runoff	15th day after campaign treasurer	
	X January 15	Journal Delore	election	Kunon	appointment (officeholder only)	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	T⊦	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Р	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	City Of El Paso, City Cour Paso District District 6 El		ive Place El	None		
				•		
	GO TO PAGE 2					
i						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Fierro, Peter			14 Filer ID 00000006	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without to quired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	<u> </u>			
_	GENERAL					
		COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, (IS DR GUARANTEES OF LOANS	5)	\$	3,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	3,774.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	108.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	19,442.46
17 AFFIDAVIT		t	swear, or affirm, under penalty rue and correct and includes al ınder Title 15, Election Code.			
		-		Peter Fierro Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE	Jigiliatai e el	Salara C. Cinosiio		
Sworn to and subs	cribed before me. by the s	aid		, this the		day
			ny hand and seal of office.	,		9
Signature of offi	cer administering	Printed name o	of officer administering	Title of office	er administerii	ng nath
Signature of Offi	cer auministening	rmiled name (n onicer aurillinstering	Tille OF Office	aummisterii	iy Ualii

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 19	
18 FILER NAME Fierro, Peter	19 Filer ID 0000006	(Ethics Co	ommission Filers)		
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,000.00	
2. SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. X SC	CHEDULE E: LOANS		\$	19,442.46	
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	3,774.11	
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
8. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$		
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$		
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R O FILER	RETURNED	\$		

Fierro, Peter 00000006	N	MONET	ARY POLITICAL CONTRIBUTION	SNC	5		SCHEDULE A	L
Fierro, Peter 4 Date 5 Full name of contributor out-of-state PAC (ID#:	TI	The Instruction Guide explains how to complete this form.				1		
11/20/2024 Stanley, Jobe 6 Contributor address; City; State; Zip Code 1150 Southview Dr. El Paso, TX 79928 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						3	Filer ID (Ethics Commission Filers 00000006)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		Date 11/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Stanley, Jobe 6 Contributor address; City; State; Zip Code 1150 Southview Dr.				7	Amount of Contribution (\$) \$3,00	D.00
DUSTITION SET ETTIPLOYEU SET ETTIPLOYEU THE PROPERTY OF THE			pation / Job title (See Instructions)			<u>l</u> 5)		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to comp	lete this fo	orm.	1	ages Schedule E: /1 Rpt: 5/19
2	FILER NAME Fierro, Peter				3 Filer ID 00000	(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			1	\$
5	Date of loan 12/31/2024	7 Name of lender	out-of-state PAC	C (ID#:		9 Loan Amount (\$) \$19,442.46
6	Is lender a financial institution?	8 Lender address; City; 1959 Paseo Del Prado Dr.	State;	Zip Code		10 Interest Rate
	No	El Paso, TX 79936				11 Maturity Date
12	Principal occupation City Representa	on / Job title (See Instructions) utive		13 Employer (See Instruction: City of El Paso	s)	
14	Description of Col X None	lateral		15 Check if personal funds w	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor		_		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instruction:	5)	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/14 Rpt: 6/19	Fierro, Peter	00000006		
4	Date	5 Payee name			
	07/09/2024	AT&T			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$184.75	PO Box 10330			
		Ft. Wayne, IN 46851			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			Cell Service		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held		
	expenditure to benefit C/OI				
F	Date	Payee name			
	08/09/2024	AT&T			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$184.75	PO Box 10330			
		Ft. Wayne, IN 46851			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense Cell Service		
			Cell Cell vice		
Н	Complete ONLY if direct	Candidate/Officeholder name Office sou	I ght Office held		
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	09/09/2024	AT&T			
Г	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$184.75	PO Box 10330			
		Ft. Wayne, IN 46851			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense Cell Service		
			Con Scretce		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	 ght Office held		
	expenditure to benefit C/OI				
\vdash					

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lead Services Salaries/Wages/Contract Labor

	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: 2/14 Rpt: 7/19	Fierro, Peter 00000006
4	Date	5 Payee name
	10/09/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.75	PO Box 10330
		Ft. Wayne, IN 46851
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Service
		Gen Gervice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Dete	
	Date	Payee name
	11/09/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.75	PO Box 10330
		Ft. Wayne, IN 46851
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Service
		Cell Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	12/09/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.75	PO Box 10330
		Ft. Wayne, IN 46851
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Service
		Cell Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 3/14 Rpt: 8/19	Fierro, Peter 00000006
4	Date	5 Payee name
	12/14/2024	Albertsons
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.50	11320 Montwood Dr
		El Paso , TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign
		Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Davies same
	Date	Payee name
	12/13/2024	Azucar Bakery
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.86	2801 N Piedras St
		El Paso, TX 79930
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign
		Campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/19/2024	Barrio Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.18	502 Oregon
		El Paso, TX 79901
	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.
		Campaign
		Campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/14 Rpt: 9/19	Fierro, Peter	0000006
4 Date	5 Payee name	-
10/24/2024	Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$198.03	5000 Country Club Place	
	El Paso, TX 79922	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Food/Beverage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	nght Office held
· .		
Date	Payee name	
10/31/2024	Chick-Fil-A	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$27.05	2051 Wiggins	
	El Paso, TX 79902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign
		- Campaig.
Complete ONLY if direct	Candidate/Officeholder name Office sou	L aght Office held
expenditure to benefit C/O		•
Date	Payee name	
07/15/2024	Circle K	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$30.61	12190 Montwood	
400.02		
	El Paso, TX 79936	
BUBBOCE		(b) 5
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Traver in District	Check if Austin, TX, officeholder living expense
		Gas
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/14 Rpt: 10/19	2 FILER NAME Fierro, Peter	3 Filer ID (Ethics Commission Filers) 00000006
4	Date 08/22/2024	5 Payee name Circle K	
6	Amount (\$) \$53.52	7 Payee address; City; State; Zip Code 12190 Montwood	
		El Paso, TX 79936	
8	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/07/2024	Payee name Circle K	
	Amount (\$) \$45.15	Payee address; City; State; Zip Code 12190 Montwood	
		El Paso, TX 79936	
	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/25/2024	Payee name Circle K	
	Amount (\$) \$29.80	Payee address; City; State; Zip Code 12190 Montwood	
		El Paso, TX 79936	
	PURPOSE OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	OTTLK (enter a category flot listed above)	
1	Total pages Schedule F1:	•	<u> </u>	Filer ID (Ethics Commission Filers	s)
	Sch: 6/14 Rpt: 11/19	Fierro, Peter		00000006	
4	Date	5 Payee name			
	11/18/2024	Circle K			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$25.00	12190 Montwood			
		El Paso, TX 79936			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Travel In District		tside of Texas. Complete Schedule T. 'X, officeholder living expense	
			Gas	A, officerolder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı ıght	Office held	
	expenditure to benefit C/O		-		
F	Date	Payee name			
	12/23/2024	Circle K			
_	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$34.33	12190 Montwood			
		El Paso, TX 79936			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	EXPENDITURE	Travel In District	l <u> </u>	tside of Texas. Complete Schedule T. 'X, officeholder living expense	
			Gas	A, officerolder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
	expenditure to benefit C/OF	1			
F	Date	Payee name			
		-			
1	07/01/2024	Cube Smart			
	07/01/2024 Amount (\$)	Cube Smart Payee address; City; State; Zip Co	ode		
			ode		
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	Amount (\$) \$175.98	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Amount (\$) \$175.98	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936	(b) Description Check if travel ou	tside of Texas. Complete Schedule T.	
	Amount (\$) \$175.98 PURPOSE OF	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel ou Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense	
	Amount (\$) \$175.98 PURPOSE OF	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel ou		
	Amount (\$) \$175.98 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel ou Check if Austin, T	X, officeholder living expense	
	Amount (\$) \$175.98 PURPOSE OF	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel ou Check if Austin, T		
	Amount (\$) \$175.98 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel ou Check if Austin, T	X, officeholder living expense	
	Amount (\$) \$175.98 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Co 11565 James Watt El Paso, TX 79936 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel ou Check if Austin, T	X, officeholder living expense	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 12/19	Fierro, Peter 00000006
4	Date	5 Payee name
	08/01/2024	Cube Smart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.98	11565 James Watt
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/01/2024	Cube Smart
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.98	11565 James Watt
	Ψ1.0.00	11000 Garriso Wall
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
		Citoliago
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	10/01/2024	Cube Smart
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.98	11565 James Watt
	Ψ175.90	11505 Junes Wall
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Storage
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		·

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/14 Rpt: 13/19	Fierro, Peter 00000006
4	Date	5 Payee name
	11/01/2024	Cube Smart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.98	11565 James Watt
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	H · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/14/2024	Delicious Mexican Eatery
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.38	11335 Montwood
		El Paso, TX 79936
	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
		Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	H
	Date	Payee name
	09/01/2024	El Paso County Elections
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.44	500 E. San Antonio
	, -	
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZXI ZXIDITORE	Check if Austin, TX, officeholder living expense
		Maps
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 9/14 Rpt: 14/19	Fierro, Peter 00000006
4	Date	5 Payee name
(09/04/2024	El Paso County Parking Garage
6 /	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	500 E. San Antonio
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		T arking
9 (Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/30/2024	First American Bank
,	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1726 North Zaragoza
		El Paso , TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Service Fee
	0 1 0 0 1 1 1 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
(08/30/2024	First American Bank
,	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	1726 North Zaragoza
		El Paso , TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Service Fee
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>`</u>		

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

l	Credit Card Payment	The Instruction Guide explains how to co	mplete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/14 Rpt: 15/19	Fierro, Peter		00000006
4	Date	5 Payee name		
	09/30/2024	First American Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$25.00	1726 North Zaragoza		
		El Paso , TX 79936		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		F	Check if Austin, TX, officeholder living expense
			3	Service Fee
_	Complete ONL V if direct	Candidate/Officeholder name Office sou	ab+	Office held
9	Complete ONLY if direct expenditure to benefit C/OH		gni	Office field
_				
	Date	Payee name		
	10/30/2024	First American Bank		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$25.00	1726 North Zaragoza		
		El Paso , TX 79936		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
	OF		_	Check if travel outside of Texas. Complete Schedule T.
l		Accounting/Banking	l <u>L</u>	
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
		Accounting/Banking	L S	
	EXPENDITURE			Check if Austin, TX, officeholder living expense Service Fee
		Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Service Fee
_	Complete ONLY if direct expenditure to benefit C/OlDate	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Service Fee
_	Complete ONLY if direct expenditure to benefit C/OhDate 11/30/2024	Candidate/Officeholder name Office sou H Payee name First American Bank	ght	Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$)	Candidate/Officeholder name Office sou Payee name First American Bank Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Service Fee
_	Complete ONLY if direct expenditure to benefit C/OhDate 11/30/2024	Candidate/Officeholder name Office sou H Payee name First American Bank	ght	Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$)	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$)	Candidate/Officeholder name Office sou Payee name First American Bank Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Service Fee
_	Complete ONLY if direct expenditure to benefit C/OFD Date 11/30/2024 Amount (\$) \$25.00	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Office held Description
	Complete ONLY if direct expenditure to benefit C/OhDate 11/30/2024 Amount (\$) \$25.00	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co. 1726 North Zaragoza El Paso , TX 79936	ght	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$) \$25.00	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule)	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$) \$25.00	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule)	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$) \$25.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/OFDate 11/30/2024 Amount (\$) \$25.00	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co. 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Candidate/Officeholder name Office sou	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/On Date 11/30/2024 Amount (\$) \$25.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co. 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Candidate/Officeholder name Office sou	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee
	Complete ONLY if direct expenditure to benefit C/On Date 11/30/2024 Amount (\$) \$25.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name Payee name First American Bank Payee address; City; State; Zip Co. 1726 North Zaragoza El Paso , TX 79936 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking Candidate/Officeholder name Office sou	ght ode	Check if Austin, TX, officeholder living expense Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Fee

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Frinang Expense Frinang Expense Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Credit Card F dyment			The Instruction Gu	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 11/14 Rpt: 16/19		Fierro, Pete	r						00000006		
4	Date	5	Payee name									
	12/30/2024		First Americ	an Bank								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$25.00		1726 North	Zaragoza	·	·						
			El Paso , TX	(79936								
8	PURPOSE	(2)					(h)	Description				
°	OF	(a)		e Categories listed at t	ne top of this sched	dule)	(D)	Description Check if travel of	nutsi	de of Texas, Coi	nplete Schedule T.	
	EXPENDITURE		Accounting/	Danking				=		officeholder livir		
								Service Fee				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/13/2024		Grimaldi's									
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	de					
	\$88.48		8889 Gatew			·						
			Ste 1200	,								
			El Paso, TX	70025								
	DUDDOCE	(0)					(b)	5				
	PURPOSE OF	(a)		e Categories listed at the	ne top of this sched	dule)	(D)	Description Check if travel (nutsi	de of Teyas, Coi	nplete Schedule T.	
	EXPENDITURE		F00u/Bever	age Expense				_		officeholder livir		
								Campaign				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/05/2024		J. Carver's									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$168.48		509 Rio Gra	ınde								
			Austin, TX 7	'8701								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne ton of this scher	dule)	(b)	Description				
	OF	` `		age Expense	10 top 01 till 00110t	aaio)			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE								, TX,	officeholder livir	ng expense	
								Campaign				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	neld	
	Superiorder to beliefft 6/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/14 Rpt: 17/19 Fierro, Peter 0000006 4 Date Payee name 08/02/2024 Little Ceasar 6 Amount (\$) Payee address; City; State; Zip Code \$60.54 3010 Saul Kleinfeld Dr Ste 302 El Paso, TX 79936 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2024 Park Tavern Amount (\$) Payee address; City; State; Zip Code \$60.98 204 Mills El Paso, TX 79901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2024 Rockstar Burger Amount (\$) Payee address: City; State; Zip Code \$87.62 217 N Stanton St El Paso, TX 79901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

	Credit Card Payment	The Instruction Guide explains how to o	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 18/19	Fierro, Peter		0000006
4	Date	5 Payee name		
	07/30/2024	The Podium		
6	Amount (\$)	7 Payee address; City; State; Zip C	Code	
	\$69.49	1400 Texas Ave.		
		El Paso, TX 79901		
8	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
				Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	08/13/2024	The Podium		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$63.20	1400 Texas		
		El Paso, TX 79901		
	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
				Campaign
Г	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
	experiditure to benefit C/Oi	1		
	Date	Payee name		
	09/06/2024	Vespaio		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$126.07	1610 S. Congress		
		A . (f) . TV 7070 A		
L		Austin, TX 78704	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Campaign
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
	experioralization betterit C/OI	1		

SCHEDULE F1

Advertising Expense Event Expe Accounting/Banking Fees Consulting Expense Food/Beve Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Serv

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/14 Rpt: 19/19	Fierro, Peter 00000006
4	Date	5 Payee name
	11/06/2024	Vista Quality Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.84	3116 N. Piedras
		El Paso, TX 79930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	12/14/2024	Vista Quality Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.85	1960 George Dieter
l		El Paso, TX 79936
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
⊨	D-4-	
	Date 08/02/2024	Payee name Walmart
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.31	1850 N. Zaragoza
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·