# 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 00000059	sion Filers)	2 Total pages fi	led: L7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr.	Ivan			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	MCKNAIVIL	Niño		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING	3620 Tierra Alba				Receipt #	Amount
ADDRESS					riodolpt "	, anount
Change of Address	El Paso, TX 79938				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Alejandra				
	NICKNAME	LAST		SUFFIX		
		Valdez				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
TREASURER ADDRESS	1015 Magoffin Ave					
(Residence or Business)	El Paso, TX 79901					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(915) 255-1334					
9 DEDODE						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
		_ courtag scrore		L	appointment (off	ceholder only)
	July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
				reporting inflit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	12/05/2024	TH	IROUGH	12/31/202	24	
		<del>- 1</del>				
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 12/14/2024		rimary	X Runoff	Other	
	12/14/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	City Representative Distric	ct 5 El Paso				
	1					
		ദവ T	O PAGE 2			
		55 1	J . / . OL Z			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Niño, Ivan (Mr.)		14 Filer ID 0000059	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political ex These expenditures may have been made v officeholders are required to report this info	vithout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	AME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		
1017.20	011 007 11 0 11 11		or recommendation	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 5,850.00
EXPENDITURE TOTALS	RE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 15,532.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 2,246.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	NS AS OF THE LAST DAY	\$ 5,000.00
<b>17</b> AFFIDAVIT			penalty of perjury, that the ac ludes all information required t Code.	
			Mr. Ivan Niño	
		Signa	ature of 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
		ertify which, witness my hand and seal of offi		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

#### FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 17 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00000059 Niño, Ivan (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 5,850.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 15,532.81 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/17		
2	FILER NAME Niño, Ivan (N	1r.)		3	Filer ID (Ethics Commission 00000059	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  7 Aguilar, Richard  6 Contributor address; City; State; Zip Code  150 W Castellano Suite B		7	Amount of Contribution (\$)	\$1,000.00	
		El Paso, TX 79912				
8	Principal occu Principal	pation / Job title (See Instructions)	9 Employer (See Instructions EPT Land Communities			
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Hunt, Woody L. & Gayle  Contributor address; City; State; Zip Code  601 N Mesa			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	El Paso, TX 79901 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		of the Board of Directors	Hunt Companies	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Olivares, Bettina  Contributor address; City; State; Zip Code  5525 North Stanton Street  13B  El Paso, TX 79912			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.                                    </u>		
	Public Admir	istrator	City of El Paso			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Omega General & Electrical Contractors LLC Contributor address; City; State; Zip Code 3869 Roger Joseph Drive El Paso, TX 79938	)		Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions)  Employer (See Instruction					
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Peregrino, Sylvia (Dr.)  Contributor address; City; State; Zip Code 12452 Robert Dahl  El Paso, TX 79938	)		Amount of Contribution (\$)	\$50.00
	Principal occu Instructor	pation / Job title (See Instructions)	Employer (See Instructions EPCC	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this t	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/17	
2	FILER NAME Niño, Ivan (N		3 Filer ID (Ethics Commission Filers) 00000059	
4	Date 12/18/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Snap Partners LP</li> <li>Contributor address; City; State; Zip Code 11165 Gateway West</li> <li>El Paso, TX 79935</li> </ul>	7 Amount of Contribution (\$) \$1,000.00	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 12/29/2024	Full name of contributor out-of-state PAC (ID#:_Valdez, Dora A (CEO)  Contributor address; City; State; Zip Code 415 W Hathaway Dr  San Antonio, TX 78209		Amount of Contribution (\$) \$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions D.A.V.	I s)

### 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	Il 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: 1/12 Rpt: 6/17	Niño, Ivan (Mr.) 00000059
4	Date	5 Payee name
	12/07/2024	Acosta, Alfredo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	14283 Richard Wiles Ave
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Canvassing
		Carrassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	12/27/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.91	366 Summer Street
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online donation service platform fee.
		Chimic donation service platform rec.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/10/2024	Airport Printing Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,888.97	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
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Printing Expense & Postage
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 : 2 :2 :20 3/01	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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: 2/12 Rpt: 7/17	Niño, Ivan (Mr.) 00000059
4	Date	5 Payee name
	12/14/2024	Benny Franks Bar and Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,179.80	3041 N Zaragoza Rd Ste B
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Election night watch gathering.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	12/22/2024	Bluehost, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.30	5335 Gate Parkway
		Jacksonville, FL 32256
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Online voter outreach fee.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online voter outreach fee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/31/2024	Canva USA, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	3212 E. Cesar Chavez Street
		Building 1, Suite 1300
		Austin Texas, TX 78702
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Graphic design platform
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1: Sch: 3/12 Rpt: 8/17	2 FILER NAME Niño, Ivan (Mr.)		3 Filer ID (Ethics Commission Filers) 00000059
4	Date 12/15/2024	5 Payee name Cheddars		
6	Amount (\$) \$96.47	7 Payee address; City; State; Zip Co 11895 Gateway Blvd W, El Paso, TX 79936	ode	
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  Food expense for volunteers.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ight	Office held
	Date 12/09/2024	Payee name Circle K		
	Amount (\$) \$36.28	Payee address; City; State; Zip Co 3291 N Zaragoza Rd El Paso, TX 79938	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gasoline to canvass	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gasoline to canvass
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught	Office held
	Date 12/14/2024	Payee name Circle K		
	Amount (\$) \$38.04	Payee address; City; State; Zip Co 3291 N Zaragoza Rd	ode	
		El Paso, TX 79938		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gasoline for canvassing.	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gasoline for canvassing.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held

### 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 9/17	Niño, Ivan (Mr.)	00000059
4 Date	5 Payee name	<u>'</u>
12/17/2024	Civitech	
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip C	rode
\$730.36	21750 Hardy Oak Blvd Ste 104	
	,	
	San Antonio, TX 78258	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Voter outreach.	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Voter outreach.
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
12/30/2024	Civitech	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,287.27	21750 Hardy Oak Blvd Ste 104	
	San Antonio, TX 78258	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Voter outreach.	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Voter outreach.
		Voter outreach.
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		
Date	Payee name	
12/13/2024	Correa, Jesus	
Amount (\$)	Payee address; City; State; Zip C	rode
\$1,000.00	3841 Stacy Ln	
	El Paso, TX 79938	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Canvassing / Sign Installation
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Serv	s/Memorials Expense ices ruction Guide expla		Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abo	ve)
Ļ	T.1 C.1 11 =:	١.		action Calde expir				_	="	/Ellete C	. =1
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 5/12 Rpt: 10/17		Niño, Ivan (Mr.)						00000059		
4	Date	5	Payee name								
	12/05/2024		Dollartree								
6	Amount (\$)	7	Payee address; C	City; S	tate; Zip Co	ode					
	\$2.60		3590 N Zaragoza I	•	•						
	,			<b>3</b> -,							
			El Paso, TX 79938								
Ļ	DUDDOGE	├				/:->					
8	PURPOSE OF		Category (See Categori		is schedule)	(b)	Description		df.T O	alaka Cabadula T	
	EXPENDITURE		Markers for canvas	sers.			<b>=</b>		de of Texas. Comp officeholder living		
							Markers for ca			опролос	
9	Complete ONLY if direct	<u> </u>	andidate/Officeholder	name	Office sou	laht I			Office he	ald.	
"	expenditure to benefit C/OI		andidate/Onicendider	Hallie	Onice 500	igill			Office He	au	
L											
	Date	ı	Payee name								
	12/13/2024	L	El Paso Print & Mai	I Services							
	Amount (\$)		Payee address; C	city; S	tate; Zip Co	ode					
	\$291.19		1144 Vista De Oro								
			Ste A.								
			El Paso, TX 79935								
$\vdash$	PURPOSE	├			in nation ( ) ( )	(h)	Description				
	OF		Category (See Categori Printing Expense	es listed at the top of thi	is schedule)	(3)	_ ·	utsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		i mining Expense						officeholder living		
							Printing exper	ารย	;		
	Complete ONLY if direct		andidate/Officeholder	name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	Н									
H	Date	Π	Payee name								
	12/06/2024		Homedepot #85								
$\vdash$	Amount (\$)	-		ity: C	tate; Zip Co	nde					
		ı	12221 Montwood D	•	ιαι <del>ο</del> , ΔΙ <b>μ</b> Ο(	Jue					
	\$85.91		TZZZI MONIKWOOU L	II .							
L		L	El Paso, TX 79938								
	PURPOSE	(a)	Category (See Categori	es listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Sign supplies						de of Texas. Com		
	<del>-</del>						<b>—</b>	TX,	officeholder living	expense	
							Sign supplies				
_	Operation ONE VIII II	<u>_</u>	Name		O#:				0/" :	14	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder	name	Office sou	ignt			Office he	eia	

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
L	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: 6/12 Rpt: 11/17	Niño, Ivan (Mr.) 00000059
4	Date	5 Payee name
	12/18/2024	Lerma, Delia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2195 Lisa Sherr
		El Paso, TX 79938
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	
	Date	Payee name
L	12/18/2024	Lerma, Delia
	Amount (\$)	Payee address; City; State; Zip Code
	\$560.00	2195 Lisa Sherr
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Canvassing
	Occupation ONE VIII II	Out light Office halden areas
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	12/06/2024	Lerma, Delia
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	2195 Lisa Sherr
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	_/\	Check if Austin, TX, officeholder living expense
		Canvassing
	Complete ONII V if allows a	Condidate/Officeholder name Office assists
	Complete ONLY if direct expenditure to benefit C/OH	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

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

	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: 7/12 Rpt: 12/17	Niño, Ivan (Mr.) 00000059
4	Date	5 Payee name
	12/10/2024	Maciel, Guadalupe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3620 Tierra Alba
		El Paso, TX 79936
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
		Food expenses, multiple meals for canvassers.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	12/18/2024	Maciel, Victor
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	900 N Carolina
		El Paso, TX 79915
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	12/07/2024	Maciel, Victor
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	900 N Carolina
		El Paso, TX 79915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing Check if Austin, TX, officeholder living expense
		Carryassing
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 8/12 Rpt: 13/17	Niño, Ivan (Mr.)		0000059
4	Date	5 Payee name		<b>'</b>
	12/10/2024	Marin, Olivia		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$750.00	301 NW Camp St		
		Fabens, TX 79838		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Canvassing
				Carivassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
H	Date	Payee name		
	12/12/2024	Marin, Olivia		
┝	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$400.00	301 NW Camp St	ue	
	Ψ400.00	301 NW Camp St		
		Fabens, TX 79838		
┡	DUDDOCE		/l-\	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(u)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Corntract Labor		Check if Austin, TX, officeholder living expense
				Canvassing
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit Gro			
l	Date	Payee name		
L	12/17/2024	Marin, Olivia		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$1,000.00	301 NW Camp St		
		Fabens, TX 79838		
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Canvassing
				. 3
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
H				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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: 9/12 Rpt: 14/17	Niño, Ivan (Mr.) 00000059			
4	Date	5 Payee name			
	12/09/2024	Marquez, Camila			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$75.00	4120 Rio Bravo St			
		Suite 110			
		El Paso, TX 79902			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Canvassing			
		Carivassing			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	12/13/2024	Marquez, Karyme			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$48.00	4120 Rio Bravo St			
		Suite 110			
		El Paso, TX 79902			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
		Canvassing			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
	Date	Payee name			
	12/09/2024	Murphy, Joel			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$150.00	12361 Tierra Humeda			
		El Paso, TX 79938			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Canvassing			
$\vdash$	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 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)

	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 15/17	Niño, Ivan (Mr.)		00000059			
4	Date	5 Payee name		<u> </u>			
	12/16/2024	Murphy, Joel					
6	Amount (\$)	7 Payee address; City; State; Zip C	Code				
	\$75.00	12361 Tierra Humeda					
		El Paso, TX 79938					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
	_/			Check if Austin, TX, officeholder living expense  Canvassing			
				Carryassing			
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht J	Office held			
ľ	expenditure to benefit C/OI		, ag. it	Cco			
_	Date	Payee name					
	12/05/2024	Naranja Juicery					
_	Amount (\$)	Payee address; City; State; Zip 0	`nde				
	\$51.35	2106 N Zaragoza Rd Ste B211	Jouc				
	402.00						
		El Paso, TX 79938					
	PURPOSE		(h)	Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(6)	Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	1 God/Beverage Expense		Check if Austin, TX, officeholder living expense			
				Food for volunteers			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held			
	Date	Payee name					
	12/14/2024	Ordonez, Natalie					
	Amount (\$)	Payee address; City; State; Zip (	Code				
	\$500.00	14049 Tierra Leona Dr					
		FI 5 FV 70000					
		El Paso, TX 79938	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	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense			
				Canvassing			
	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held			
expenditure to benefit C/OH							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

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: 11/12 Rpt: 16/17 Niño, Ivan (Mr.) 00000059 4 Date Payee name 12/06/2024 Rios, Natalya 6 Amount (\$) Payee address; City; State; Zip Code \$60.00 11837 Jim Thorpe Dr 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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Printing design expense. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2024 Speedway Amount (\$) Payee address; City; State; Zip Code \$32.81 12900 Edgemere El Paso, TX 79938 **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 Snacks and Drinks for Canvassing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/07/2024 **Sprouts** Amount (\$) Payee address; City: State; Zip Code \$41.14 2036 N Zaragoza Rd Ste E El Paso, TX 79938 **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 Food - Sandwiches for canvassers. 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 12/12 Rpt: 17/17	Niño, Ivan (Mr.)		0000059		
4	Date	5 Payee name				
	12/14/2024	Starbucks				
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Ci 3581 N Zaragoza Rd El Paso, TX 79938	ode			
8	PURPOSE		(h)	Deparinting		
0	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  Coffee for election day volunteers.		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sor	ught	Office held		
	Date	Payee name				
	12/13/2024	Whataburger				
	Amount (\$) Payee address; City; State; Zip Code \$49.41 12302 MONTANA AVE STE 100  El Paso, TX 79938					
	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 Food expense		
_	Complete ONLY if direct	Candidate/Officeholder name Office soil	ught	Office held		
	expenditure to benefit C/OH					