FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 23 0000006 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Peter NAME Date Received **ELECTRONICALLY FILED** 07/10/2025 NICKNAME LAST **SUFFIX** Art Fierro CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1959 Paseo Del Prado MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79936 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Peter NAME NICKNAME LAST **SUFFIX** Art Fierro **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1959 Paseo Del Prado **ADDRESS** (Residence or Business) El Paso, TX 79936

EXTENSION

THROUGH

Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

Year

Other

reporting limit

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(915) 630-6480

January 15

Day

Day

OFFICE HELD (if any)

ELECTION DATE

01/01/2025

July 15

Х

Month

Month

PHONE NUMBER

Year

Year

City Representative District District 6 El Paso

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Fierro, Peter			14 Filer ID (0000006	(Ethics Comn	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditury have been made without to red to report this information	he candidate's or office	eholder's kno	wledge or		
Additional Pages	COMMITTEE TYPE	YPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRES	SS					
	SPECIFIC							
		COMMITTEE CAMPA	GN TREASURER NAME					
		COMMITTEE CAMPA	IGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS			RIBUTIONS (OTHER THAN NTRIBUTIONS MADE ELEC		\$	22,250.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR	GUARANTEES OF LOANS	i)	\$	44,500.00		
EXPENDITURE TOTALS						3,475.09		
	4. TOTAL POLITIC	AL EXPENDITURES			\$	6,950.18		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	20,259.39		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	19,442.46		
17 AFFIDAVIT		true	vear, or affirm, under penalty e and correct and includes al er Title 15, Election Code.					
			1	Peter Fierro				
			Signature of	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE						
			based and a select office	, this the		_ day		
	of, 20, to certify which, witness my hand and seal of office.							
Signature of offi	cer administering	Primed name of 0	fficer administering	Title of office	i aummisterin	iy valii		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 23							
18 FILER NAM Fierro, Pet	FILER NAME 19 Filer ID (Ethics Commission Filers) Fierro, Peter 00000006								
	NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	44,500.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00					
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00					
4. X	SCHEDULE E: LOANS		\$	38,884.92					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	981.16					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	5,969.02					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12.	\$								

	MONEI	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/23	
2	FILER NAME Fierro, Peter				3	Filer ID (Ethics Commission 00000006	on Filers)
4	Date 06/16/2025	 5 Full name of contributor Aguilar, Richard (Mr.) 6 Contributor address; City; State 150 West Castellano Dr. 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu Business Ow	EL Paso, TX 79912 pation / Job title (See Instructions) /ner	9	Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2025 Bowling, Randal Contributor address; City; State; Zip Code 6504 Contessa Ridge Dr El Paso, TX 79911			Amount of Contribution (\$)	\$2,500.00		
	Principal occupation / Job title (See Instructions) Business Owner Employer (See Instruction Self Employed)				5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2025 Bowling, Robert Contributor address; City; State; Zip Code 457 San Clemente			Amount of Contribution (\$)	\$2,500.00		
	Principal occup	El Paso, TX 79912 pation / Job title (See Instructions) //ner		Employer (See Instructions Self Employed	5)		
	Date 06/10/2025	Full name of contributor Enlow, Howard Contributor address; City; State P.O. Box 2559 Anthony , NM 88021	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$750.00
	Principal occup Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Life Ambulance	()		
	Date 06/30/2025	Full name of contributor Escudero, Edward Contributor address; City; State 34 Goodwin El Paso, TX 79902	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occup Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions High Desert Capital)		
			·				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/23			
2	FILER NAME Fierro, Peter					3	Filer ID (Ethics Commission 00000006	on Filers)		
4	Date 06/11/2025					7	Amount of Contribution (\$)	\$1,000.00		
8		El Paso, TX 79902 Principal occupation / Job title (See Instructions) Business Owner 9 Employer (See Instructions Self		5)						
	Date Full name of contributor out-of-state PAC (ID#:) 06/09/2025 Gaddy, Lane Contributor address; City; State; Zip Code 1613 Dede Lane El Paso, TX 79902			Amount of Contribution (\$)	\$1,000.00					
	Principal occupation / Job title (See Instructions) Business Owner Employer (See Instruction W Silver				i)					
	Date Full name of contributor out-of-state PAC (ID#:) 06/10/2025 Harracksingh, Rachel Contributor address; City; State; Zip Code P.O Box 26486			Amount of Contribution (\$)	\$750.00					
		El Paso, TX 79926 pation / Job title (See Instructions)		Employer (See Instructions Life Ambulance	<u> </u>				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00				
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Piexxar/IRG)				
	Date 06/20/2025	Full name of contributor Houghton, Ted Contributor address; City; St 210 N. Campbell El Paso, TX 79901	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Business Ow	pation / Job title (See Instructions ner			Employer (See Instructions Self	()				

	MONEI	ARY POLITICAL CONTRIB	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/23	
2	FILER NAME Fierro, Peter				3	Filer ID (Ethics Commission 00000006	on Filers)
4	Date 06/06/2025	 5 Full name of contributor out-of-state P Jobe, Stanley 6 Contributor address; City; State; Zip Code 1150 Southview Dr 	PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
Ω	Dringinal occur	El Paso, TX 79928 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction					
Ü	Business Owner Jobe		,				
	Date Full name of contributor out-of-state PAC (ID#:) 06/10/2025 Johnson, Renard Contributor address; City; State; Zip Code 1381 Diamond Gate Place El Paso , TX 79936			Amount of Contribution (\$)	\$500.00		
	Principal occupation / Job title (See Instructions) Business Owner Employer (See Instruction METI)		
			MEII		Amount of Contribution (\$)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Loya, Fred Contributor address; City; State; Zip Code 1800 N Lee Trevino Dr.					\$3,000.00	
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business Ow			Self	,		
Date Full name of contributor out-of-state PAC of Moody, Joseph Contributor address; City; State; Zip Code P.O. Box 920827 El Paso, TX 79902		PAC (ID#:)		Amount of Contribution (\$)	\$300.00	
	Principal occu State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas)		
	Date 06/09/2025	Full name of contributor out-of-state P Palacios, Raymond Contributor address; City; State; Zip Code 5025 Meadowlark El Paso, TX 79922	AC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Business Ow	pation / Job title (See Instructions) Iner		Employer (See Instructions)		
			•				

	MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/23		
2	FILER NAME Fierro, Peter			3	Filer ID (Ethics Commission 00000006	on Filers)	
4	Date 06/16/2025 5 Full name of contributor out-of-state PAC (ID#:) Porras, Rick 6 Contributor address; City; State; Zip Code 256 Everest El Paso, TX 79912 Principal occupation / Joh title (See Instructions)				Amount of Contribution (\$)	\$200.00	
8	Principal occupation / Job title (See Instructions) Business Owner 9 Employer (See Instructions Self						
	Date Full name of contributor out-of-state PAC (ID#:) 06/06/2025 Schwarz, Douglas Contributor address; City; State; Zip Code PO Box 13611 El Paso, TX 79936				Amount of Contribution (\$)	\$2,500.00	
	Principal occupation / Job title (See Instructions) Business Owner Employer (See Instruction Self						
	Date 06/11/2025	Full name of contributor out-of-state PAC (ID#:_ Tomblin, Kelly Contributor address; City; State; Zip Code 365 Silver Star Dr El Paso, TX 79912			Amount of Contribution (\$)	\$500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions El Paso Electric	s)			

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide ex	plains how to comple	ete this form.	1	Total pages Sch Sch: 1/1 Rpt: 8	
2 FILER N Fierro, F				3		thics Commission Filers)
4 TOTAL	OF UNITEMIZED PLED			\$	0.00	
5 Date	6 Full name of pledgor		8	Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Code				
				<u> </u>	Check if travel ou	tside of Texas. Complete Schedule T
10 Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See Instr	uctio	ons)	

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 9/23
2 FILER NAME Fierro, Peter	3 Filer ID (Ethics Commission Filers) 00000006
TOTAL OF UNITEMIZED LOANS	\$ 19,442.46
5 Date of loan 01/01/2025 7 Name of lender 0ut-of-state PAC (ID#:	9 Loan Amount (\$) \$19,442.46
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code 1959 Paseo Del Prado	10 Interest Rate
No El Paso, TX 79936	11 Maturity Date
12 Principal occupation / Job title (See Instructions) City Representative 13 Employer (See City of El Pa	
14 Description of Collateral X None 15 Check if person	onal funds were deposited 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 occupation 21 Employer (Se	e Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 10/23	Fierro, Peter		0000006
4	Date	5 Payee name		·
	06/30/2025	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$156.83	P.O. Box 962017		
		Boston, MA 02196		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Fees	Ē	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Processing Fee
				100033111g 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
	06/28/2025	Anson 11		
_	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>	
	\$131.48	303 N. Oregon	C	
	4101 .10	coc in crogon		
		El Paso, TX 79901		
	PURPOSE		h)	No exploit in a
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	υ, L Γ	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 ood/beverage Expense	Ī	Check if Austin, TX, officeholder living expense
			C	campaign lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	06/26/2025	Circle K		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$54.33	12190 Montwood		
		El Paso, TX 79936		
	PURPOSE OF	,	b) [Description
	EXPENDITURE	Travel In District	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Gas
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
l				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Loan Repayment/ Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Lenal Services Salaries/Manes/C 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: 2/2 Rpt: 11/23	Fierro, Peter 00000006
4	Date	5 Payee name
	06/30/2025	First American Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	PO Box AA
		Artesia, NM 88211
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
		Bank Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/25/2025	Great American
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.72	2220 Yarbrough
		El Paso, TX 79936
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Power name
	06/30/2025	Payee name The Podium
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.22	1400 Texas
	700.22	
		El Paso, TX 79901
	PURPOSE	Tu.
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 12/23	Fierro, F	Peter			0000006
4	Date	5 Payee na	ime			
	01/16/2025	AT&T				
_	Amount (\$)	7 Payee ac	Idress; City; Sta	te; Zip C	odo	
٠	\$184.74	PO Box		ic, zip c	ouc	
		1000	10330			
	X Reimbursement from political contributions intended	Ft. Way	ne, IN 46851			
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office O	verhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Cell phone	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held
	Date	Payee na	ıme			
	02/16/2025	AT&T				
	Amount (\$)	Payee ac	Idress; City; Sta	te; Zip C	ode	
	\$184.74	PO Box	10330			
	Reimbursement from					
	X political contributions intended	Ft. Way	ne, IN 46851			
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office O	verhead/Rental Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORE				Cell phone	
		Candidate/Of	ficeholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date					
	Date 03/16/2025	Payee na	ıme			
		AT&T				
	Amount (\$)	Payee ac	•	te; Zip C	ode	
	\$184.74	PO Box	10330			
	Reimbursement from political contributions intended	Ft. Way	ne, IN 46851			
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office O	verhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Cell phone	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Col Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	rds/Memorials Expense Printing Expense		-	Travel in District Travel Out of District OTHER (enter a category not listed above			
				iow to co	ompiete this form.					
1		2 FILER NAM				ı	•	Commission Filers)		
	Sch: 2/12 Rpt: 13/23	Fierro, Pete	er			(00000006			
4	Date	5 Payee name)							
	04/16/2025	AT&T								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$184.74	PO Box 10								
	Reimbursement from									
	x political contributions intended	Et \\\(\alpha\)	INI 460E1							
		Ft. Wayne,	IIV 40801		-					
8	PURPOSE OF		See Categories listed at the top of this sche	edule)	(b) Description	=		exas. Complete Schedule T.		
	EXPENDITURE	Office Ove	rhead/Rental Expense		L	Che	ck if Austin, TX, officeho	older living expense		
					Cell phone					
9		Candidate/Office	holder name		Office sought		Office h	neld		
	expenditure to benefit C/OH									
	Date	Payee name	•							
	05/16/2025	AT&T								
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$184.74	PO Box 10	PO Box 10330							
	Reimbursement from									
	X political contributions intended	Ft. Wayne,	Ft. Wayne, IN 46851							
	PURPOSE	Category (s	See Categories listed at the top of this sch	adula)	Description	7 Che	ck if travel outside of Te	exas. Complete Schedule T.		
	OF		rhead/Rental Expense	uuic)		=	ck if Austin, TX, officeho			
	EXPENDITURE	Office Over	mead/Nemai Expense		Cell phone	_				
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office h	neld		
	expenditure to benefit	Candidate/Office	Holder Hame		Office 30dg/ft		Office i	iciu		
	C/OH									
	Date	Payee name	1							
	06/16/2025	AT&T								
_	Amount (\$)	Payee addre	ess; City; State;	Zip Co	nde .					
	\$184.74	PO Box 10		2.p 00	oue .					
		1 0 000 10	330							
	Reimbursement from political contributions									
	intended	Ft. Wayne,	IN 46851							
	PURPOSE	1	See Categories listed at the top of this sche	edule)	Description	_		exas. Complete Schedule T.		
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	Che	ck if Austin, TX, officeho	older living expense		
					Cell phone					
		Candidate/Office	holder name		Office sought	_	Office h	neld		
	expenditure to benefit C/OH									
\vdash										

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 3/12 Rpt: 14/23		Fierro, Peter				0000006			
4	Date	5	Payee name							
	04/07/2025		Albertson's							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode					
	\$28.96		3111 N. Mesa							
	Reimbursement from political contributions intended		El Paso, TX 79902							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			Ch	neck if Austin, TX, officeholder living expense			
	LAFENDITORE				Birthday cake					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	01/22/2025		Albertsons							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$27.57		3100 N. Mesa							
	Reimbursement from political contributions intended		El Paso , TX 79902							
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense		Birthday cake	Ch	neck if Austin, TX, officeholder living expense			
	2	<u>_</u>								
	Complete ONLY if direct expenditure to benefit C/OH	Car	ıdidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	05/20/2025		Ardovinos							
	Amount (\$)		Payee address; City; State;	Zip Co	ode					
	\$72.79		1879 Zaragoza							
	Reimbursement from									
	x political contributions intended		El Paso, TX 79936							
	PURPOSE	Г	Category (See Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			Ch	neck if Austin, TX, officeholder living expense			
	LA LIBITOIL				Staff Lunch					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			

SCHEDULE G

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 Salaries/Mange/Control Labor

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

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor omplete this form.		OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 15/23		Fierro, Peter			0000006
4	Date	5	Payee name			
	05/08/2025		Baskin Robbins			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$38.99		3500 N. Mesa			
	Reimbursement from					
	X political contributions intended		El Paso, TX 79902			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense	L	Cr	neck if Austin, TX, officeholder living expense
				birthday cake		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit			· ·		
	C/OH					
	Date		Payee name			
	01/23/2025		Canes			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$29.95		2031 N. Mesa			
	Reimbursement from					
	X political contributions intended		El Paso, TX 79902			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		Ch	neck if Austin, TX, officeholder living expense
	EXI ENDITORE			Office Lunch		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_				
	Date		Payee name			
	02/16/2025	L	Chapulin Restaurant			
	Amount (\$)		Payee address; City; State; Zip C	ode		
	\$68.48		1610 Congress			
	Reimbursement from					
	X political contributions intended		El Paso, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		Ch	neck if Austin, TX, officeholder living expense
	LAFENDITORE			staff lunch		
	· —	Caı	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	C/Un					

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By -				Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)				
				<u> </u>	s now to c	omplete this form.						
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID	(Ethics Commission	Filers)		
	Sch: 5/12 Rpt: 16/23		Fierro, Pete	r				00000	006			
4	Date	5	Payee name									
	04/09/2025		Chick-Fil-A									
6	Amount (\$)	7	Payee addres	ss; City; Stat	e; Zip C	ode						
	\$35.81		2051 Wiggir	•								
	Reimbursement from											
	X political contributions		El Doos TV	7,000								
	intended		El Paso, TX	. 79902		· _						
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top of this s	chedule)	(b) Description	=		rel outside of Texas. Complete S			
	EXPENDITURE		Food/Bever	age Expense		L		neck if Aus	stin, TX, officeholder living expen	se		
						staff lunch						
9		Car	ndidate/Officeh	nolder name		Office sought			Office held			
	expenditure to benefit C/OH											
		_										
	Date		Payee name									
	01/18/2025		Circle K									
	Amount (\$)		Payee address; City; State; Zip Code									
	\$38.00		12190 Mont	twood								
	Reimbursement from											
	x political contributions intended	El Paso, TX 79936										
	PURPOSE	\vdash	Category (Se	ee Categories listed at the top of this s	chedule)	Description	7 c	heck if trav	rel outside of Texas. Complete S	Schedule T.		
	OF		Travel In Di		,		_		stin, TX, officeholder living expen			
	EXPENDITURE					Gas						
	Complete ONLY if direct	<u>I</u> Car	 ndidate/Officel	nolder name		Office sought			Office held			
	expenditure to benefit					g						
	C/OH											
	Date	Г	Payee name									
	02/15/2025		Circle K									
	Amount (\$)	\vdash	Payee addres	ss; City; Stat	e; Zip C	ode						
	\$46.66		12190 Mont		-, -,-							
	Reimbursement from political contributions intended		El Paso, TX 79936									
		╙										
	PURPOSE OF			ee Categories listed at the top of this s	chedule)	Description	_		rel outside of Texas. Complete S stin, TX, officeholder living expen			
	EXPENDITURE		Travel In Di	strict		L		neck II Aus	sun, 1x, onicenoider living expen	se		
						Gas						
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeh	nolder name		Office sought			Office held			
	C/OH											
\vdash												

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
		The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G: Sch: 6/12 Rpt: 17/23	FILER NAME Fierro, Peter	3 Filer ID (Ethics Commission Filers) 00000006					
4	Date	Payee name						
	03/09/2025	Circle K						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.00	12190 Montwood						
	Reimbursement from political contributions intended	El Paso, TX 79936						
8	PURPOSE) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense					
		Gas						
9	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/01/2025	Circle K						
	Amount (\$)	Payee address; City; State; Zip Code						
\$46.67 12190 Montwood								
	X Reimbursement from political contributions intended	El Paso, TX 79936						
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense					
		Gas	Gas					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/16/2025	Circle K						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$47.49	12190 Montwood						
	Reimbursement from							
	x political contributions intended	El Paso, TX 79936						
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense					
		gas						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ndidate/Officeholder name Office sought	Office held					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing I Committee Legal Services Salaries	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		The Instruction Guide explains how to o	complete this form.			
1	Total pages Schedule G: Sch: 7/12 Rpt: 18/23	2 FILER NAME Fierro, Peter	3	Filer ID (Ethics Commission Filers) 00000006		
4	Date	5 Payee name	<u></u>			
	01/19/2025	Convention Center				
6	Amount (\$)	7 Payee address; City; State; Zip C	Code			
	\$15.00	1 Civic Plaza Place				
	X Reimbursement from political contributions intended	El Paso, TX 79901				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense		
	EXPENDITORE		Parking			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date	Payee name				
	01/18/2025	Cube Smart				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$175.98	11565 James Watt				
	X Reimbursement from political contributions intended	El Paso, TX 79936				
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
			Storage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date	Payee name				
	02/18/2025	Cube Smart				
	Amount (\$)	Payee address; City; State; Zip C	code			
	\$175.98	11565 James Watt				
	Reimbursement from					
	x political contributions intended	El Paso, TX 79936				
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense		
			Storage			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By -			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E			Transportation Equipment & Related Expentravel in District Travel Out of District OTHER (enter a category not listed above)	se	
	Credit Card Payment			The Instruction Guide explains h	how to co				
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission Fi	lers)
	Sch: 8/12 Rpt: 19/23		Fierro, Pete	·r				0000006	
4	Date	5	Payee name						
	03/18/2025		Cube Smart	t					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$175.98		11565 Jame						
	Reimbursement from								
	X political contributions intended		El Paso, TX	79936					
8	PURPOSE OF	(a)		ee Categories listed at the top of this sche	edule)	(b) Description	=	eck if travel outside of Texas. Complete Sch	
	EXPENDITURE		Office Overl	head/Rental Expense		l_ L	Ch	eck if Austin, TX, officeholder living expense	!
						Storage			
		L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	nolder name		Office sought		Office held	
	Date		Payee name						
	04/18/2025		Cube Smart	t					
	Amount (\$)	\vdash	Payee addres	ss; City; State;	Zip Co	ode			
	\$175.98		11565 Jame		•				
	Reimbursement from								
	x political contributions intended		El Paso, TX	79936					
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	=	eck if travel outside of Texas. Complete Sch	
	OF EXPENDITURE		Office Overl	head/Rental Expense			Ch	eck if Austin, TX, officeholder living expense	!
		Car	ndidate/Officeh	nolder name		Office sought		Office held	
	expenditure to benefit C/OH								
		=							
	Date		Payee name						
	05/18/2025	L	Cube Smart	<u> </u>					
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode			
	\$175.98		11565 Jame	es Watt					
	Reimbursement from								
	X political contributions intended		El Paso, TX	79936					
	PURPOSE	一	Category (Se	ee Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Sch	nedule T.
	OF			head/Rental Expense	,		Ch	eck if Austin, TX, officeholder living expense	!
EXPENDITURE				р		Storage			
	Complete ONLY if direct	Car	ndidate/Officeh	 nolder name		Office sought		Office held	
	expenditure to benefit								
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/12 Rpt: 20/23		Fierro, Peter				0000006			
4	Date	5	Payee name							
	06/18/2025		Cube Smart							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode					
	\$175.98		11565 James Watt							
	Reimbursement from political contributions intended		El Paso, TX 79936							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	CI	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Office Overhead/Rental Expense			CI	neck if Austin, TX, officeholder living expense			
	EXI ENDITORE				Storage					
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	03/27/2025		El Paso Convention Center							
	Amount (\$)		Payee address; City; State; Zip Code							
	\$14.49		1 Civic Center Plaza							
	Reimbursement from political contributions intended		El Paso, TX 79901							
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Fees			CI	neck if Austin, TX, officeholder living expense			
					Parking					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date	Г	Payee name							
	01/30/2025		First American Bank							
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ode					
	\$25.00		PO Box AA							
	Reimbursement from									
	X political contributions intended		Artesia, NM 88211							
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Fees			CI	heck if Austin, TX, officeholder living expense			
					Bank Fee					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fultifiating Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 21/23		Fierro, Pete	r			0000006
4	Date	5	Payee name				
	02/28/2025		First Americ	an Bank			
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode	
	\$25.00	-	PO Box AA	,,			
	Reimbursement from						
	y political contributions intended		Artesia, NM	88211			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees			l L	Check if Austin, TX, officeholder living expense
						Bank Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	nolder name		Office sought	Office held
	Date		Payee name				
	03/20/2025		First Americ	an Bank			
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode	
	\$25.00		PO Box AA				
	Reimbursement from						
	X political contributions intended		Artesia, NM	88211			
	PURPOSE OF		Category (Se	ee Categories listed at the top of this scho	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Fees			L	Check if Austin, TX, officeholder living expense
						Bank Fee	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name		Office sought	Office held
	Date		Payee name				
	04/20/2025		First Americ	an Bank			
_	Amount (\$)	_	Payee addres	ss; City; State;	Zip Co	ndo	
	\$25.00		PO Box AA	ss, City, State,	Zip Ct	oue	
			TO BOX 701				
	X Reimbursement from political contributions intended		Artesia, NM	88211			
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				Check if Austin, TX, officeholder living expense
						Bank Fee	
L							
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name		Office sought	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid			opense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not	t listed above)		
1	Total pages Schedule G: Sch: 11/12 Rpt: 22/23	l	FILER NAME Fierro, Pete					3	Filer ID (Ethics Con 00000006	nmission Filers)		
4	Date	5	Payee name					1				
	05/20/2025	ı	First Americ									
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de					
	\$25.00		PO Box AA									
	Reimbursement from political contributions intended		Artesia, NM	1 88211								
8	PURPOSE	(a)	Category (s	ee Categories listed at the t	op of this sche	dule)	(b) Description	Cl	heck if travel outside of Texas.	Complete Schedule T.		
	OF EXPENDITURE		Fees					Cl	heck if Austin, TX, officeholder	living expense		
	-						Bank Fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ididate/Office	holder name			Office sought		Office held			
	Date		Payee name									
	01/18/2025		Lucy's Rest	taurant								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$84.93		4119 Mesa									
	X Reimbursement from political contributions intended		El Paso, T>	< 79902								
	PURPOSE OF		Category (S	ee Categories listed at the t	op of this sche	edule)	Description	_	heck if travel outside of Texas.			
	EXPENDITURE		Food/Bever	rage Expense				Ci	heck if Austin, TX, officeholder	living expense		
							Staff lunch					
	Complete ONLY if direct expenditure to benefit C/OH	C an	ndidate/Office	holder name			Office sought		Office held			
	Date		Payee name									
	04/07/2025		McAlister's	Deli								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$27.51		7040 N. Me	esa								
	X Reimbursement from political contributions intended		El Paso, T>	〈 79912								
	PURPOSE		Category (s	ee Categories listed at the t	op of this sche	dule)	Description	_	heck if travel outside of Texas.			
	OF EXPENDITURE		Food/Bever	rage Expense			[CI	heck if Austin, TX, officeholder	living expense		
							Staff lunch					
	Complete ONLY if direct	Con	didata/Office	holder name			Office sought		Office held			
	Complete ONLY if direct expenditure to benefit C/OH	can	ididate/Office	пошентатте			Office sought		Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 12/12 Rpt: 23/23 Fierro, Peter 00000006 Date Payee name The Roaring Fork 02/20/2025 6 Amount (\$) Payee address; City; State; Zip Code 701 Congress \$31.89 Reimbursement from political contributions intended Х Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** El Paso Days Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH