CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00000059		2 Total pages f	iled: 7
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Mr.	Ivan			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST Niño		SUFFIX	07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3620 Tierra Alba				Receipt#	Amount
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 P	O BOX PLEASE);	AP.	Γ / SUITE #; CITY	; ST.	ATE; ZIP CODE
TREASURER ADDRESS	1015 Magoffin Ave					
(Residence or Business)	El Paso, TX 79901					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (915) 255-1334	ONE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after ca	impaign treasurer
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Att	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		□G	General	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	T (if known)	
	City Representative Dist	rict District 5 El P	aso			
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 7

13 C / OH NAME	Niño, Ivan (Mr.)		14 Filer ID (Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 1,300.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 537.93						
CONTRIBUTION BALANCE	REPORTING PE			\$ 3,008.57						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 5,000.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		!	Mr. Ivan Niño							
		Signature of	Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	DVE								
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
		ertify which, witness my hand and seal of office.								
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 7
18 FILER NA Niño, Iva	n (Mr.)	19 Filer ID 0000059	(Ethics Commis	sion Filers)
20 SCHEDU NAME OF	SUBTOTA	L AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,300.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	537.93
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/7	
2	FILER NAME Niño, Ivan (N			3	Filer ID (Ethics Commission 00000059	on Filers)
4	Date 01/27/2025	5 Full name of contributor out-of-state PAC (ID#: El Paso Electric Company Employee PAC Texa 6 Contributor address; City; State; Zip Code P.O. Box 982 El Paso, TX 79960	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/30/2025	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 (\$)	\$300.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction: D.A.V.	<u> </u> s)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - ıl Co	mmittee	Legal Se		•		/ages	ete this form.			Out of Dis R (enter a	strict category not listed above)	
<u> </u>	Tatalana O. I. S. T.	۱_	EU ES *****			oxpiaiiis			101111.	٦_	F-11 -		/F4bine On a said at 1 = "	
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)	
L	Sch: 1/3 Rpt: 5/7	L	Niño, Ivan (Mr.)							0000	υυ59 —		
4	Date	5	Payee name											
	01/31/2025		Canva USA	, Inc										
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de						
	\$15.00		3212 E. Ce		-									
	+ 25.00		Building 1,											
			=											
		$ldsymbol{ld}}}}}}$	Austin Texa	ıs, IX	18102									
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising	Exper	ise								plete Schedule T.	
									Check if Austin				j expense	
									Graphic desig	yıı	μιαιιυί	111		
Ļ	2													
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cehold	er name	(Office sou	ght			О	office he	eld	
L														
	Date		Payee name											
	02/06/2025		Costco											
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$107.92		6101 Gatev		-	E #1	-							
	+ 3			,	,,,,									
			El Doco TV	7000	5									
		Ļ	El Paso, TX											
	PURPOSE OF	(a)	Category (Se			ne top of this sch	nedule)	(b)	Description		: /=	6	alete Oeleeded. 7	
	EXPENDITURE		Food/Bever	age E	xpense				Check if travel				plete Schedule T.	
									Volunteer Ap					
									voidineer Ap	ی ام	Januar			
\vdash	Complete ONLY if direct	Ц,	Candidata/O#:	cobold	or nama		Office corr	ah+				office by	old.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoid	ei name	(Office sou	ynt			C	office he	tiu	
L		_												
	Date		Payee name											
	01/06/2025		Taqueria El	Come	eta									
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$322.79		9529 Visco	unt Bl	vd									
			El Paso, TX	7992	5									
_	PURPOSE	(2)					 1	(h)	Description:					
	OF	^(a)	Category (Se		ories listed at th	ne top of this sch	nedule)	(n)	Description Check if travel	Outei	ide of Te	xas Com	plete Schedule T.	
	EXPENDITURE		Event Expe	use					Check if Austin					
									Event Expens					
									•					
_	Complete ONLY if direct	Щ,	Candidate/Offi	cehold	er name		Office sou	aht			0	office he	əld	
	expenditure to benefit C/O		Carlaidato/OIII	2011010	J. 1141110	·	C.1100 00u	ar			Č			
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		I Committee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		pense ages/0	Contract Labor e this form.		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1: Sch: 2/3 Rpt: 6/7								Filer ID 00000059	(Ethics Commission Filer	rs)
Ļ	·	Niño, Ivan	. ,						00000059		
4	Date	5 Payee name									
	01/06/2025	Taqueria E									
6	Amount (\$)	7 Payee addre	-	State;	Zip Coo	de					
	\$42.22	9529 Visc	ount Blvd								
		El Paso, T	X 79925								
8	PURPOSE	(a) Category (See Categories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Event Exp				ļ	=			plete Schedule T.	
						L	Check if Austin, Event Expens		officeholder living	j expense	
						,	o Expond				
9	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Of	ffice soug	aht			Office he	eld	
	expenditure to benefit C/O										
	Date	Payee name									
	02/28/2025	Wellsfargo									
	Amount (\$)	Payee addr	•	State;	Zip Coo	de					
	\$10.00	P.O. Box 6	6995								
		Portland, C	DR 97228-6995								
	PURPOSE	(a) Category (s	See Categories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Accounting				[Check if travel of			plete Schedule T.	
	_/					Į			officeholder living	g expense	
							Monthly Servi	ice	ree		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Of	ffice soug	ght			Office he	eld	
L	experiorare to benefit C/Of	·									
	Date	Payee name	e								
	03/31/2025	Wellsfargo	Bank								
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de					
	\$10.00	P.O. Box 6	995								
		Portland, C	DR 97228-6995								
	PURPOSE	(a) Category (s	See Categories listed at the	e top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Accounting				[Check if travel of			plete Schedule T.	
						Į	Check if Austin, Monthly Servi		officeholder living	g expense	
							violiully SelVI	ice	ree		
	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	ffice soug	nht			Office he	<u>ald</u>	
	expenditure to benefit C/O		nocholaci Hailie	Oi	mee soug	J111			Office III	JIU.	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
Travel Out of District
OTHER (enter a category not 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: 3/3 Rpt: 7/7	Niño, Ivan (Mr.) 00000059	
4	Date	5 Payee name	_
	04/30/2025	Wellsfargo Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$10.00	P.O. Box 6995	
		Portland, OR 97228-6995	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Monthly Service Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Grot	'	
	Date	Payee name	
	05/30/2025	Wellsfargo Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 6995	
		Portland, OR 97228-6995	
	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.	
		Check if Austin, TX, officeholder living expense Monthly Service Fee	
		Monthly Service i ce	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
-	Date	Payee name	_
	06/30/2025	Wellsfargo Bank	
	Amount (\$)	7	_
	\$10.00	Payee address; City; State; Zip Code P.O. Box 6995	
	Ψ10.00	1.0.20.000	
		Portland, OR 97228-6995	
	DUDDOC=		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Monthly Service Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
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