### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction                     | Guide explains how to c              | complete this form.        | 1 Filer ID       |                                      | 2 Total pages filed:<br>13                                                 |               |
|------------------------------------------|--------------------------------------|----------------------------|------------------|--------------------------------------|----------------------------------------------------------------------------|---------------|
| 3 CANDIDATE /<br>OFFICEHOLDER            | MS / MRS / MR<br>Mr.                 | FIRST<br>Joshua            |                  | MI                                   | OFFICE USE                                                                 | ONLY          |
| NAME                                     |                                      |                            |                  |                                      | Date Received                                                              |               |
|                                          | NICKNAME<br>Josh                     | LAST<br>Acevedo            |                  | SUFFIX                               | 6/11/20                                                                    | 019           |
|                                          |                                      |                            |                  |                                      | WI -                                                                       | '             |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING | ADDRESS / PO BOX;<br>2721 Copper Ave | APT / SUITE #; CI          | TY;              | ZIP CODE                             | Date Hand-delivered or Date                                                | Postmarked    |
| ADDRESS                                  | El Paso, TX 79930                    |                            |                  |                                      |                                                                            | nount         |
|                                          |                                      |                            |                  |                                      | Date Processed                                                             |               |
|                                          |                                      |                            |                  |                                      | Date Imaged                                                                | 9 2C          |
| 5 CAMPAIGN                               | MS / MRS / MR                        | FIRST                      |                  | MI                                   |                                                                            |               |
| TREASURER<br>NAME                        | Mr.                                  | Keny                       |                  | Michael                              |                                                                            |               |
|                                          | NICKNAME                             | LAST                       |                  | SUFFIX                               |                                                                            |               |
|                                          |                                      | Apodaca                    |                  |                                      |                                                                            |               |
| 6 CAMPAIGN                               | STREET ADDRESS (N                    | O PO BOX PLEASE);          | AP               | T / SUITE #; CITY;                   | STATE;                                                                     | ZIP CODE      |
| TREASURER<br>ADDRESS                     | 3323 Sacramento Ave                  | 9                          |                  | El Pa                                | iso TX                                                                     | 79930         |
| (Residence or Business)                  |                                      |                            |                  |                                      |                                                                            |               |
|                                          |                                      |                            |                  |                                      |                                                                            |               |
| 7 CAMPAIGN<br>TREASURER<br>PHONE         | AREA CODE<br>(915)                   | PHONE NUMBER<br>252 - 4520 | EXTENSION        |                                      |                                                                            |               |
| 8 REPORT<br>TYPE                         | January 15                           | 30th day befor             | re election X    | Runoff                               | 15th day after campai                                                      | gn treasurer  |
|                                          | July 15                              | 8th day before             | e election       | Exceeded \$500 limit                 | <ul> <li>appointment (officehol</li> <li>Final Report (Attach C</li> </ul> |               |
| 9 PERIOD                                 | Month Day                            | /007                       |                  | Manth Dav                            |                                                                            |               |
| COVERED                                  | 04/25/2019                           | ′ear<br>T                  | HROUGH           | Month Day<br>06/05/201               | Year<br>9                                                                  |               |
| 10 ELECTION                              | ELECTION DA                          | TE                         |                  | ELECTION TYPE                        |                                                                            |               |
|                                          | Month Day                            | rear                       | Primary          | X Runoff                             | Other                                                                      |               |
|                                          | 06/15/2019                           |                            | General          | Special                              |                                                                            |               |
|                                          |                                      |                            |                  |                                      |                                                                            |               |
| 11 OFFICE                                | OFFICE HELD (if any)                 |                            |                  | 12 OFFICE SOUGHT<br>El Paso ISD Trus |                                                                            |               |
|                                          |                                      |                            |                  |                                      |                                                                            |               |
|                                          |                                      |                            |                  |                                      |                                                                            |               |
|                                          |                                      |                            | TO PAGE 2        |                                      |                                                                            |               |
| Forms provided by Te                     | xas Ethics Commissio                 | n www.e                    | thics.state.tx.u | S                                    | Version                                                                    | V1.1.c63509e1 |

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 

2 of 13

|                                                |                                                                            |                                                                                                                                                                    |                             | 2 01 13              |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|
| 13 C / OH NAME                                 | Acevedo, Josh                                                              |                                                                                                                                                                    | 14 Filer ID                 |                      |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.                                                  | political contributions accepted or political expenditu<br>These expenditures may have been made without<br>d officeholders are required to report this informatio | the candidate's or officeh  | older's knowledge or |
| Additional Pages                               | COMMITTEE TYPE                                                             | COMMITTEE NAME                                                                                                                                                     |                             |                      |
|                                                | GENERAL                                                                    |                                                                                                                                                                    |                             |                      |
|                                                |                                                                            | COMMITTEE ADDRESS                                                                                                                                                  |                             |                      |
|                                                | SPECIFIC                                                                   |                                                                                                                                                                    |                             |                      |
|                                                |                                                                            | COMMITTEE CAMPAIGN TREASURER NAME                                                                                                                                  |                             |                      |
|                                                |                                                                            | COMMITTEE CAMPAIGN TREASURER ADDRE                                                                                                                                 | SS                          |                      |
|                                                |                                                                            |                                                                                                                                                                    |                             |                      |
| 16 CONTRIBUTION TOTALS                         |                                                                            | L<br>AL CONTRIBUTIONS OF \$50 OR LESS (OTHER<br>ARANTEES OF LOANS), UNLESS ITEMIZED                                                                                | THAN PLEDGES,               | \$ 235.00            |
|                                                |                                                                            | CAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS                                                                                                        | S)                          | \$ 3,455.00          |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL POLITIC                                                           | AL EXPENDITURES OF \$100 OR LESS, UNLESS                                                                                                                           | SITEMIZED                   | <b>\$</b> 170.22     |
|                                                | 4. TOTAL POLITIC                                                           | AL EXPENDITURES                                                                                                                                                    |                             | \$ 4,946.67          |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE                                           | AL CONTRIBUTIONS MAINTAINED AS OF THE L<br>RIOD                                                                                                                    | AST DAY OF THE              | <b>\$</b> 154.35     |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIP<br>OF THE REPOR                                           | PAL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD                                                                                                              | OF THE LAST DAY             | <b>\$</b> 2,934.02   |
| 17 AFFADAVIT                                   |                                                                            |                                                                                                                                                                    |                             |                      |
|                                                | JESSICA CORDERO<br>ID #12022875<br>y Commission Expires<br>August 12, 2020 | I swear, or affirm, under penalt<br>true and correct and includes a<br>under Title 15, Election Code.                                                              | all information required to | be reported by me    |
|                                                | TARY STAMP / SEAL AB                                                       | chocking Acound                                                                                                                                                    |                             | th                   |
| of                                             | cribed before me, by the st                                                | ard ertify which, witness my hand and seal of office.                                                                                                              | , this the                  | day                  |
| Signature of offic                             | Each<br>er administering                                                   | Printed name of officer administering                                                                                                                              | den N<br>Title of officer a | administering oath   |
|                                                |                                                                            |                                                                                                                                                                    |                             |                      |

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Version V1.1.c63509e1

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| SUBTOTALS - C/OH                                                                   |             | FORM C/OH          |
|------------------------------------------------------------------------------------|-------------|--------------------|
|                                                                                    | Ľ           | 3 of 13            |
| 18 FILER NAME<br>Acevedo, Josh                                                     | 19 Filer ID |                    |
| 20 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                          |             | SUBTOTAL AMOUNT    |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 |             | \$ 3,455.00        |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                     |             | \$                 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                               |             | \$                 |
| 4. X SCHEDULE E: LOANS                                                             |             | <b>\$</b> 1,646.02 |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | 5           | <b>\$</b> 4,946.67 |
| 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 CONTRIBUTIO              | DNS         | \$                 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED    | \$                 |
|                                                                                    |             |                    |
|                                                                                    |             |                    |
|                                                                                    |             |                    |
|                                                                                    |             |                    |
|                                                                                    |             |                    |

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

|   |                                                                                         | ······································             |                            |          |                                                |          |
|---|-----------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|----------|------------------------------------------------|----------|
|   | The Instru                                                                              | ction Guide explains how to complete this fo       | orm.                       | 1        | Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/13 |          |
| 2 | FILER NAME                                                                              |                                                    |                            | 3        | Filer ID                                       |          |
|   | Acevedo, Jo                                                                             | sh .                                               |                            |          |                                                |          |
| 4 | Date                                                                                    | 5 Full name of contributor out-of-state PAC (ID#:_ |                            | 7        | Amount of Contribution (\$)                    |          |
|   | 05/04/2019                                                                              | Acevedo, Guiillermo                                |                            |          |                                                | \$300.00 |
|   |                                                                                         | Contributor address; City; State; Zip Code         |                            |          |                                                |          |
|   |                                                                                         | 2617 Pershing                                      |                            |          |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |
| _ |                                                                                         | El Paso, TX 79903                                  |                            |          |                                                |          |
| 8 | 8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions) |                                                    |                            |          |                                                |          |
|   | Date                                                                                    | Full name of contributor out-of-state PAC (ID#:    |                            |          | Amount of Contribution (\$)                    |          |
|   | 05/04/2019                                                                              | Anchondo, Daniel                                   |                            |          |                                                | \$250.00 |
|   |                                                                                         | Contributor address; City; State; Zip Code         |                            | 1        |                                                |          |
|   |                                                                                         | 2509 Montana                                       |                            |          |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |
|   | Dringinglagou                                                                           | El Paso, TX 79903                                  | Employer (Cap Instructions | Ľ        |                                                |          |
|   | Рппсіраї осси                                                                           | pation / Job title (See Instructions)              | Employer (See Instructions | 5)       |                                                |          |
|   | Date                                                                                    | Full name of contributor out-of-state PAC (ID#:    | )                          | ľ        | Amount of Contribution (\$)                    |          |
|   | 06/05/2019                                                                              | Anchondo, Daniel                                   |                            |          |                                                | \$250.00 |
|   |                                                                                         | Contributor address; City; State; Zip Code         |                            | 1        |                                                |          |
|   |                                                                                         | 2509 Montana                                       |                            |          |                                                |          |
|   |                                                                                         | El Paso, TX 79903                                  |                            |          |                                                |          |
|   | Principal occu                                                                          | pation / Job title (See Instructions)              | Employer (See Instructions | <u> </u> |                                                |          |
|   | 1 11101241 0000                                                                         |                                                    |                            | ~        |                                                |          |
|   | Date                                                                                    | Full name of contributor 🔲 out-of-state PAC (ID#:_ | )                          | Ι        | Amount of Contribution (\$)                    |          |
|   | 04/25/2019                                                                              | Aragon, Liz                                        |                            |          |                                                | \$50.00  |
|   |                                                                                         | Contributor address; City; State; Zip Code         |                            | 1        |                                                |          |
|   |                                                                                         | 1531 George Dieter                                 |                            |          |                                                |          |
|   |                                                                                         | El Paso, TX 79936                                  |                            |          |                                                |          |
|   | Principal occu                                                                          | pation / Job title (See Instructions)              | Employer (See Instructions | <u> </u> |                                                |          |
|   | Frincipal occu                                                                          |                                                    |                            | »)       |                                                |          |
|   | Date                                                                                    | Full name of contributor out-of-state PAC (ID#:    | )                          | Γ        | Amount of Contribution (\$)                    |          |
|   | 06/03/2019                                                                              | Barcon, Ben                                        |                            |          |                                                | \$500.00 |
|   |                                                                                         | Contributor address; City; State; Zip Code         |                            | 1        |                                                |          |
|   |                                                                                         | 2100 W 15th                                        |                            |          |                                                |          |
|   |                                                                                         | Tempe, AZ 85281                                    |                            |          |                                                |          |
|   | Principal occu                                                                          | pation / Job title (See Instructions)              | Employer (See Instructions | 5)       |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |
|   |                                                                                         |                                                    |                            |          |                                                |          |

| MONET                       | ARY POLITICAL CONTRIBUTIO                                                                                                                               | NS                            | SCHEDUL                                          | E A1     |  |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|----------|--|
| The Instru                  | ction Guide explains how to complete this fo                                                                                                            | orm.                          | 1 Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/13 |          |  |
| 2 FILER NAME<br>Acevedo, Jo | sh                                                                                                                                                      |                               | 3 Filer ID                                       |          |  |
| 4 Date<br>05/07/2019        | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Burge, Christopher</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | )                             | 7 Amount of Contribution (\$)                    | \$100.00 |  |
|                             | 3832 Crestpark<br>Dallas, TX 75244                                                                                                                      |                               |                                                  |          |  |
| 8 Principal occu            |                                                                                                                                                         | 9 Employer (See Instructions) | )                                                |          |  |
| Date<br>04/28/2019          | Full name of contributor out-of-state PAC (ID#:<br>Calvo, Beverley<br>Contributor address; City; State; Zip Code<br>5904 Via Norte<br>El Paso, TX 79915 | )<br>                         | Amount of Contribution (\$)                      | \$50.00  |  |
| Principal occu              | Principal occupation / Job title (See Instructions) Employer (See Instructions)                                                                         |                               |                                                  |          |  |
| Date<br>04/25/2019          | Full name of contributor out-of-state PAC (ID#:<br>Campbell, Austin<br>Contributor address; City; State; Zip Code<br>3813 Loma Cortez                   |                               | Amount of Contribution (\$)                      | \$50.00  |  |
| Principal occu              | El Paso, TX 79938<br>pation / Job title (See Instructions)                                                                                              | Employer (See Instructions)   | )                                                |          |  |
| Date<br>05/31/2019          | Full name of contributor in out-of-state PAC (ID#:_<br>Cavazos-Reyna, C. LeRoy<br>Contributor address; City; State; Zip Code<br>1730 Donerail           | )                             | Amount of Contribution (\$)                      | \$150.00 |  |
| Principal occu              | San Antonio, TX 78248<br>pation / Job title (See Instructions)                                                                                          | Employer (See Instructions)   | )                                                |          |  |
| Date<br>04/26/2019          | Full name of contributor out-of-state PAC (ID#:<br>De La Luz, Maria<br>Contributor address; City; State; Zip Code<br>184 Carreta<br>Socorro, TX 79927   |                               | Amount of Contribution (\$)                      | \$50.00  |  |
| Principal occu              | pation / Job title (See Instructions)                                                                                                                   | Employer (See Instructions)   |                                                  |          |  |
|                             |                                                                                                                                                         |                               |                                                  |          |  |

| MONET                       | ARY POLITICAL CONTRIBUTIO                                                                                                                                                                                     | INS                           | SCHEDUL                                          | e A1        |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|-------------|
| The Instru                  | ction Guide explains how to complete this fo                                                                                                                                                                  | orm.                          | 1 Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/13 |             |
| 2 FILER NAME<br>Acevedo, Jo | sh                                                                                                                                                                                                            |                               | 3 Filer ID                                       |             |
| 4 Date<br>05/04/2019        | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>De LaFuente , Veronica</li> <li>6 Contributor address; City; State; Zip Code</li> <li>21267 Nixon</li> <li>Harlingen, TX 78550</li> </ul> |                               | 7 Amount of Contribution (\$)                    | \$200.00    |
| 8 Principal occu            | pation / Job title (See Instructions)                                                                                                                                                                         | 9 Employer (See Instructions) | )                                                |             |
| Date<br>06/04/2019          | Full name of contributor out-of-state PAC (ID#:<br>Duarte, Jesus and Lorena<br>Contributor address; City; State; Zip Code<br>6524 Woodfield<br>El Paso, TX 79932                                              | )                             | Amount of Contribution (\$)                      | \$100.00    |
| Principal occu              | pation / Job title (See Instructions)                                                                                                                                                                         | Employer (See Instructions)   | )                                                |             |
| Date<br>05/28/2019          | Full name of contributor out-of-state PAC (ID#:_<br>Gutierrez, Richard<br>Contributor address; City; State; Zip Code<br>1214 Moore                                                                            | )                             | Amount of Contribution (\$)                      | \$200.00    |
| Principal occu              | El Paso, TX 79902<br>pation / Job title (See Instructions)                                                                                                                                                    | Employer (See Instructions)   | )                                                |             |
| Date<br>04/25/2019          | Full name of contributor out-of-state PAC (ID#:_<br>Guzman, Claudia<br>Contributor address; City; State; Zip Code<br>3256 Lapis Beach                                                                         |                               | Amount of Contribution (\$)                      | \$100.00    |
| Principal occu              | Las Vegas, NV 89117<br>pation / Job title (See Instructions)                                                                                                                                                  | Employer (See Instructions)   | )                                                | <del></del> |
| Date<br>05/31/2019          | Full name of contributor out-of-state PAC (ID#:<br>Guzman, Claudia<br>Contributor address; City; State; Zip Code<br>3256 Lapis Beach                                                                          | )                             | Amount of Contribution (\$)                      | \$100.00    |
| Principal occu              | Las Vegas, NV 89117<br>pation / Job title (See Instructions)                                                                                                                                                  | Employer (See Instructions)   | )                                                |             |
|                             |                                                                                                                                                                                                               |                               |                                                  |             |
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| MONET            | ARY POLITICAL (                       | CONTRIBUTIC             | DNS                                     | SCHEDUL                                          | e A1.     |
|------------------|---------------------------------------|-------------------------|-----------------------------------------|--------------------------------------------------|-----------|
| The Instru       | ction Guide explains how              | to complete this f      | orm.                                    | 1 Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/13 |           |
| 2 FILER NAME     | · · · · · · · · · · · · · · · · · · · |                         |                                         | 3 Filer ID                                       |           |
| Acevedo, Jo      | sh                                    |                         |                                         |                                                  |           |
| 4 Date           | 5 Full name of contributor            | out-of-state PAC (ID#:_ | )                                       | 7 Amount of Contribution (\$)                    |           |
| 05/22/2019       | Halpern, Robert                       | _                       |                                         |                                                  | \$250.00  |
|                  | 6 Contributor address; City; St       | ate; Zip Code           |                                         |                                                  |           |
|                  | PO BOX 1391                           |                         |                                         |                                                  |           |
|                  | Marfa, TX 79843                       |                         |                                         |                                                  |           |
| 8 Principal occu | pation / Job title (See Instructions  | .)                      | 9 Employer (See Instructions            | )                                                |           |
|                  |                                       | ,                       |                                         | ,                                                |           |
| Date             | Full name of contributor              | out-of-state PAC (ID#:_ | )                                       | Amount of Contribution (\$)                      |           |
| 05/16/2019       | Huerta, Arturo                        |                         |                                         |                                                  | \$75.00   |
|                  | Contributor address; City; St         | ate; Zip Code           |                                         |                                                  |           |
|                  | 3227 Altura                           |                         |                                         |                                                  |           |
|                  | El Paso, TX 79930                     |                         |                                         |                                                  |           |
| Principal occu   | pation / Job title (See Instructions  |                         | Employer (See Instructions              | )                                                |           |
|                  |                                       | ,                       |                                         | ,                                                |           |
| Date             | Full name of contributor              | out-of-state PAC (ID#:_ | )                                       | Amount of Contribution (\$)                      |           |
| 04/26/2019       | Luna, Anthony                         |                         |                                         |                                                  | \$50.00   |
|                  | Contributor address; City; St         | ate; Zip Code           |                                         |                                                  |           |
|                  | 3204 McKinley                         |                         |                                         |                                                  |           |
|                  | El Paso, TX 79930                     |                         |                                         |                                                  |           |
| Principal occu   | pation / Job title (See Instructions  |                         | Employer (See Instructions              | )                                                |           |
| •                | · · ·                                 | ,                       |                                         | ,<br>,                                           |           |
| Date             | Full name of contributor              | out-of-state PAC (ID#:_ | ·                                       | Amount of Contribution (\$)                      |           |
| 04/25/2019       | Martinez, Carlos                      | _                       |                                         |                                                  | \$100.00  |
|                  | Contributor address; City; St         | ate; Zip Code           |                                         |                                                  |           |
|                  | 6301 Jebel Way                        |                         |                                         |                                                  |           |
|                  | El Paso, TX 79912                     |                         |                                         |                                                  |           |
| Principal occu   | pation / Job title (See Instructions  | .)                      | Employer (See Instructions              | )                                                |           |
| -                | · ·                                   |                         |                                         |                                                  |           |
| Date             | Full name of contributor              | out-of-state PAC (ID#:_ | ·                                       | Amount of Contribution (\$)                      |           |
| 04/26/2019       | Oaxaca, Diego                         | —                       |                                         |                                                  | \$70.00   |
|                  | Contributor address; City; St         | ate; Zip Code           | ••••••••••••••••••••••••••••••••••••••• |                                                  |           |
|                  | 6624 Cresta Bonita                    |                         |                                         | •                                                |           |
|                  | El Paso , TX 79912                    |                         |                                         |                                                  |           |
| Principal occu   | pation / Job title (See Instructions  | )                       | Employer (See Instructions              | )                                                |           |
|                  |                                       |                         |                                         |                                                  |           |
|                  |                                       |                         | <b>L</b>                                |                                                  |           |
|                  |                                       |                         |                                         |                                                  |           |
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

| The instru         | ction Guide explains how to complete this                       | form                                    | 1 Total pages Schedule A1:    |                 |  |
|--------------------|-----------------------------------------------------------------|-----------------------------------------|-------------------------------|-----------------|--|
|                    |                                                                 | Sch: 5/5 Rpt: 8/13                      |                               |                 |  |
| 2 FILER NAME       |                                                                 |                                         | 3 Filer ID                    |                 |  |
| Acevedo, Jo        | sh                                                              |                                         |                               |                 |  |
| 4 Date             | 5 Full name of contributor 🔲 out-of-state PAC (ID#              | ;)                                      | 7 Amount of Contribution (\$) |                 |  |
| 04/25/2019         | Padilla, Jaime                                                  |                                         |                               | \$50.00         |  |
|                    | 6 Contributor address; City; State; Zip Code                    |                                         |                               |                 |  |
|                    | 962 Bellissimo                                                  |                                         |                               |                 |  |
|                    | El Paso, TX 79932                                               |                                         |                               |                 |  |
| 8 Principal occu   | pation / Job title (See Instructions)                           | 9 Employer (See Instructions            | <u> </u>                      |                 |  |
| o Fincipal occu    |                                                                 |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
| Date<br>04/26/2019 | Full name of contributor out-of-state PAC (ID#                  | )                                       | Amount of Contribution (\$)   | \$50.00         |  |
| 04/20/2019         | Ruiz, Nicole                                                    |                                         |                               | \$ <u>50.00</u> |  |
|                    | Contributor address; City; State; Zip Code<br>5120 Powder River |                                         |                               |                 |  |
|                    | SIZU POWDEI RIVEI                                               |                                         |                               |                 |  |
|                    | El Paso, TX 79938                                               |                                         |                               |                 |  |
| Principal occu     | pation / Job title (See Instructions)                           | Employer (See Instructions              | <u> </u><br>;)                |                 |  |
|                    | ······································                          |                                         | ,                             |                 |  |
| Date               | Full name of contributor out-of-state PAC (ID#                  |                                         | Amount of Contribution (\$)   |                 |  |
| 04/25/2019         | Serna, John                                                     | ·                                       |                               | \$50.00         |  |
|                    | Contributor address; City; State; Zip Code                      |                                         |                               |                 |  |
|                    | 10703 Chatanika Loop                                            |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
|                    | Eagle River, AR 99577                                           |                                         |                               |                 |  |
| Principal occu     | pation / Job title (See Instructions)                           | Employer (See Instructions              | ;)                            |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
| Date               | Full name of contributor out-of-state PAC (ID#                  | ;)                                      | Amount of Contribution (\$)   |                 |  |
| 05/31/2019         | Silva, Jessica                                                  |                                         |                               | \$75.00         |  |
|                    | Contributor address; City; State; Zip Code                      | ••••••••••••••••••••••••••••••••••••••• |                               |                 |  |
|                    | 1300 Elm St. Apt. B                                             |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
|                    | El Paso, TX 79930                                               |                                         |                               |                 |  |
| Principal occu     | pation / Job title (See Instructions)                           | Employer (See Instructions              | 3)                            |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |
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|                    |                                                                 |                                         |                               |                 |  |
|                    |                                                                 |                                         |                               |                 |  |

| LOANS                                      |                                           |             |                               |               | SCHEDULE E                                     |
|--------------------------------------------|-------------------------------------------|-------------|-------------------------------|---------------|------------------------------------------------|
| The Instructio                             | n Guide explains how to comple            | te this t   | form.                         |               | ages Schedule E:<br>/1 Rpt: 9/13               |
| 2 FILER NAME<br>Acevedo, Josh              |                                           |             |                               | 3 Filer ID    |                                                |
| <sup>4</sup> TOTAL OF UN                   | ITEMIZED LOANS                            |             |                               |               | \$                                             |
| 5 Date of loan<br>04/30/2019               | 7 Name of lender out-<br>Acevedo , Joshua | of-state PA | AC (ID#:                      | )             | 9 Loan Amount (\$)<br>\$1,650.00               |
| 6 Is lender a<br>financial<br>institution? | 8 Lender address; City;<br>2721 Copper    | State;      | Zip Code                      |               | 10 Interest Rate                               |
| No                                         | El paso, TX 79930                         |             |                               |               | <b>11</b> Maturity Date                        |
| 12 Principal occupation                    | on / Job title (See Instructions)         |             | 13 Employer (See Instructions | 5)            |                                                |
| 14 Description of Coll X None              | ateral                                    |             | 15 Check if personal funds we | ere deposited | d into political account<br>(See Instructions) |
| 16 GUARANTOR<br>INFORMATION                | 17 Name of guarantor                      |             |                               |               | 19 Amount Guaranteed (\$)                      |
| X not applicable                           | 18 Guarantor address; City;               | State;      | Zip Code                      |               |                                                |
|                                            |                                           |             |                               |               |                                                |
| 20 Principal occupatio                     | ภ                                         |             | 21 Employer (See Instructions | 5)            | 1                                              |
|                                            |                                           |             | <b>I</b>                      | <u></u>       |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
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|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |
|                                            |                                           |             |                               |               |                                                |

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees C<br>Food/Beverage Expense P<br>Gift/Awards/Memorials Expense P                 | can Repayment/Reimburseme<br>tfice Overhead/Rental Expens<br>olling Expense<br>rinting Expense<br>alaries/Wages/Contract Labor | e Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Total pages Schedule F1:                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                | w to complete this form.                                                                                                       | 3 Filer ID                                                                                                                |
| Sch: 1/4 Rpt: 10/13                                                                                                                                           | Acevedo, Josh                                                                        |                                                                                                                                |                                                                                                                           |
| Date                                                                                                                                                          | 5 Payee name                                                                         |                                                                                                                                |                                                                                                                           |
| 04/25/2019                                                                                                                                                    | Carden, Jaenelle                                                                     |                                                                                                                                |                                                                                                                           |
| Amount (\$)                                                                                                                                                   |                                                                                      | Zip Code                                                                                                                       |                                                                                                                           |
| \$431.75                                                                                                                                                      | 4517 Fairbanks<br>El Paso, TX 79924                                                  |                                                                                                                                |                                                                                                                           |
| PURPOSE                                                                                                                                                       |                                                                                      |                                                                                                                                |                                                                                                                           |
| OF<br>EXPENDITURE                                                                                                                                             | (a) Category (See Categories listed at the top of this schedu<br>Consulting Expense  | Check if tra                                                                                                                   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense                                     |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O                                                                                                     |                                                                                      | ce sought                                                                                                                      | Office held                                                                                                               |
| Date                                                                                                                                                          | Payee name                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                          |                                                                                                                           |
| 04/30/2019                                                                                                                                                    | H&H Mailing and Printing Services                                                    |                                                                                                                                |                                                                                                                           |
| Amount (\$)                                                                                                                                                   | Payee address; City; State; 2                                                        | Zip Code                                                                                                                       |                                                                                                                           |
| \$711.00                                                                                                                                                      | 9431 Carnegie Ave<br>El Paso, TX 79925                                               |                                                                                                                                |                                                                                                                           |
| PURPOSE                                                                                                                                                       | (a) Category (See Categories listed at the top of this schedu                        | (b) Description                                                                                                                |                                                                                                                           |
| OF<br>EXPENDITURE                                                                                                                                             | Advertising Expense                                                                  | Check if tra                                                                                                                   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense<br>Services, and Postage for Mailer |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |                                                                                      | ce sought                                                                                                                      | Office held                                                                                                               |
| Date                                                                                                                                                          | Payee name                                                                           |                                                                                                                                |                                                                                                                           |
| 06/03/2019                                                                                                                                                    | H&H Mailing and Printing Services                                                    |                                                                                                                                |                                                                                                                           |
| Amount (\$)<br>\$509.24                                                                                                                                       | Payee address; City; State; 2<br>9431 Carnegie Ave                                   | Zip Code                                                                                                                       |                                                                                                                           |
|                                                                                                                                                               | El Paso, TX 79925                                                                    |                                                                                                                                |                                                                                                                           |
|                                                                                                                                                               |                                                                                      |                                                                                                                                |                                                                                                                           |
| PURPOSE                                                                                                                                                       | (a) Category (See Categories listed at the top of this schedu                        | (b) Description                                                                                                                |                                                                                                                           |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedu<br>Advertising Expense | Check if tra                                                                                                                   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense<br>rinting, and Postage for mailer  |

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| · · · · · · · · · · · · · · · · · · ·                                                                                                                         | EXPENDITURE CATEGORIE                                                                 | S FOR BOX 8(a)                                                                                                                          |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees O<br>Food/Beverage Expense Pe<br>Gitt/Awards/Memorials Expense Pr                | an Repayment/Reimbursemen<br>fice Overhead/Rental Expense<br>illing Expense<br>ularies/Wages/Contract Labor<br>/ to complete this form. |                                                                                            |
| Total pages Schedule F1:<br>Sch: 2/4 Rpt: 11/13                                                                                                               | 2 FILER NAME<br>Acevedo, Josh                                                         |                                                                                                                                         | 3 Filer ID                                                                                 |
| Date<br>05/01/2019                                                                                                                                            | 5 Payee name<br>Morrow, Jonah                                                         |                                                                                                                                         |                                                                                            |
| Amount (\$)<br>\$665.50                                                                                                                                       | 7 Payee address; City; State; Z<br>10736 Capt Valtr<br>El Paso, TX 79924              | ip Code                                                                                                                                 |                                                                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedul<br>Consulting Expense  | Check if trav                                                                                                                           | vel outside of Texas. Complete Schedule T.<br>stin, TX, officeholder living expense<br>&Ct |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                                                                                                  |                                                                                       | ce sought                                                                                                                               | Office held                                                                                |
| Date<br>05/07/2019                                                                                                                                            | Payee name<br>Morrow, Jonah                                                           |                                                                                                                                         |                                                                                            |
| Amount (\$)<br>\$506.00                                                                                                                                       | Payee address; City; State; Z<br>10736 Capt Valtr                                     | ip Code                                                                                                                                 |                                                                                            |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                         | El Paso, TX 79924                                                                     |                                                                                                                                         |                                                                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedul<br>Consulting Expense  | Check if trav                                                                                                                           | vel outside of Texas. Complete Schedule T.<br>stin, TX, olficeholder living expense<br>ACI |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     |                                                                                       | e sought                                                                                                                                | Office held                                                                                |
| Date<br>05/24/2019                                                                                                                                            | Payee name<br>Office Depot                                                            |                                                                                                                                         |                                                                                            |
| Amount (\$)<br>\$190.64                                                                                                                                       | Payee address; City; State; Z<br>1111 Geronimo Dr                                     | ip Code                                                                                                                                 |                                                                                            |
|                                                                                                                                                               | El Paso, TX 79925                                                                     |                                                                                                                                         |                                                                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedul<br>Advertising Expense | Check if trav                                                                                                                           | vel outside of Texas. Complete Schedule T.<br>stin, TX, officeholder living expense        |
|                                                                                                                                                               |                                                                                       |                                                                                                                                         |                                                                                            |

| POLITICAL EXE<br>CONTRIBUTION                                                                                                                                 | PENDITURES FROM POLITICA                                                                                  | AL SCHEDULE F1                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Fees Office C<br>Food/Beverage Expense Polling<br>Git/Awards/Memorials Expense Printing                   | tepayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Expense Travel in District gexpense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1:<br>Sch: 3/4 Rpt: 12/13                                                                                                             | 2 FILER NAME<br>Acevedo, Josh                                                                             | 3 Filer ID                                                                                                                                                                                                                      |
| 4 Date<br>04/30/2019                                                                                                                                          | 5 Payee name<br>Regency Printing                                                                          |                                                                                                                                                                                                                                 |
| 6 Amount (\$)<br>\$389.70                                                                                                                                     | 7 Payee address; City; State; Zip (<br>2313 N Piedras St<br>El Paso, TX 79930                             | Code                                                                                                                                                                                                                            |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                      | (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing for Push Cards                                                                              |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                                                                                               | Candidate/Officeholder name Office so                                                                     | ought Office held                                                                                                                                                                                                               |
| Date<br>05/13/2019                                                                                                                                            | Payee name<br>Regency Printing                                                                            |                                                                                                                                                                                                                                 |
| Amount (\$)<br>\$186.19                                                                                                                                       | Payee address; City; State; Zip (<br>2313 N Piedras St                                                    | Code                                                                                                                                                                                                                            |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | EI Paso, TX 79930<br>(a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push Cards                                                                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                                                                                    | Candidate/Officeholder name Office so                                                                     | ought Office held                                                                                                                                                                                                               |
| Date<br>05/23/2019                                                                                                                                            | Payee name<br>Regency Printing                                                                            |                                                                                                                                                                                                                                 |
| Amount (\$)<br>\$422.18                                                                                                                                       | Payee address; City; State; Zip (<br>2313 N Piedras St                                                    | Code                                                                                                                                                                                                                            |
|                                                                                                                                                               | El Paso, TX 79930                                                                                         |                                                                                                                                                                                                                                 |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                      | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push Cards                                                                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                     | Candidate/Officeholder name Office so                                                                     | ought Office held                                                                                                                                                                                                               |
| orms provided by Texas E                                                                                                                                      | hics Commission www.ethics.state.tx                                                                       | us Version V1.1.c63509e                                                                                                                                                                                                         |

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|                                                                                                                                                             | EXPENDITURE CATEGORIES FOR BO                                                                                                                                                                                                                                                                                                                                 | DX 8(a)                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Event Expense Loan Repayme<br>Fees Office Overhea<br>Food/Beverage Expense Polling Expens<br>y - Git/Awards/Memorials Expense Printing Expens                                                                                                                                                                                                                 | nt/Reimbursement Solicitation/Fundraising Expense<br>d/Rental Expense Transportation Equipment & Related Expense<br>Travel in District<br>Travel in District<br>icontract Labor OTHER (enter a category not listed above) |
| Total pages Schedule F1:                                                                                                                                    | 2 FILER NAME                                                                                                                                                                                                                                                                                                                                                  | 3 Filer ID                                                                                                                                                                                                                |
| Sch: 4/4 Rpt: 13/13                                                                                                                                         | Acevedo, Josh                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                           |
| Date                                                                                                                                                        | 5 Payee name                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |
| 05/28/2019                                                                                                                                                  | Regency Printing                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| Amount (\$)<br>\$146.14                                                                                                                                     | 7 Payee address; City; State; Zip Code<br>2313 N Piedras St<br>El Paso, TX 79930                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| PURPOSE                                                                                                                                                     | (a) Category (See Categories listed at the top of this schedule) (b)                                                                                                                                                                                                                                                                                          | Description                                                                                                                                                                                                               |
| OF<br>EXPENDITURE                                                                                                                                           | Printing Expense                                                                                                                                                                                                                                                                                                                                              | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>PUSh CardS                                                                                                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O                                                                                                   | Candidate/Officeholder name Office sought                                                                                                                                                                                                                                                                                                                     | Office held                                                                                                                                                                                                               |
| Date                                                                                                                                                        | Payee name                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                           |
| 06/03/2019                                                                                                                                                  | Regency Printing                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| Amount (\$)<br>\$293.36                                                                                                                                     | Payee address; City; State; Zip Code<br>2313 N Piedras St                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
|                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |
|                                                                                                                                                             | El Paso, TX 79930                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                           |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push Cards                                                                                            |
| OF                                                                                                                                                          | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       Candidate/Officeholder name         Office sought       Candidate/Officeholder name                                                                                                                                                                 | Check if travel outside of Texas. Complete Schedule T.                                                                                                                                                                    |
| OF<br>EXPENDITURE                                                                                                                                           | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       Candidate/Officeholder name         Office sought       Candidate/Officeholder name                                                                                                                                                                 | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Push Cards                                                                                                  |
| OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O                                                                           | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       (b)         Candidate/Officeholder name       Office sought         H       0                                                                                                                                                                       | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Push Cards                                                                                                  |
| OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O<br>Date                                                                   | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       (b)         Candidate/Officeholder name       Office sought         H       Payee name                                                                                                                                                              | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Push Cards                                                                                                  |
| OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O<br>Date<br>06/05/2019<br>Amount (\$)                                      | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       (b)         Candidate/Officeholder name       Office sought         Payee name       Regency Printing         Payee address;       City;       State;       Zip Code                                                                                | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Push Cards                                                                                                  |
| OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O<br>Date<br>06/05/2019<br>Amount (\$)                                      | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       (b)         Candidate/Officeholder name       Office sought         H       Payee name         Regency Printing       Payee address; City; State; Zip Code         2313 N Piedras St       El Paso, TX 79930                                        | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Push Cards Office held                                                                                            |
| OF<br>EXPENDITURE<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O<br>Date<br>06/05/2019<br>Amount (\$)<br>\$324.75                          | (a) Category (See Categories listed at the top of this schedule)       (b)         Printing Expense       (b)         Candidate/Officeholder name       Office sought         Payee name       Regency Printing         Payee address;       City;       State;       Zip Code         2313 N Piedras St       El Paso, TX 79930       State;       City Code | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Push Cards                                                                                                  |

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