CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER**)osefina NAME Date Received NICKNAME losie 4 CANDIDATE/ ADDRESS / PO BOX; APR28 '23 5:86PN **OFFICEHOLDER MAILING ADDRESS** 6108 Camino Alegre El Paso, TX 79912 Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ **OFFICEHOLDER** (915) 227-1025 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Carlos Mr. Date Processed NAME NICKNAME STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 1372 Gate Place El Paso, TX 79936 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN **TREASURER** PHONE (915)526-8040 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD **COVERED** 3/28/23/ 26 / 23 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Description M General Special 65/04/2023 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE EPISD Trustee, District THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 C/OLL MANE		40 50 10 1510		
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,025		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,912.34		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA- OF REPORTING PERIOD	\$ 3,912.34 STDAY \$ 9,112.66		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder				
	Please complete either option belov	w:		
STEPHANIE OROZCO My Notary ID # 132755179				
(1) Affidavit	Expires October 29, 2024			
NOTARY STAMP/SEA		2 ath		
Sworn to and subscribed	before me by 054 mand and seal of office.	day of Ann,		
1 / 1 3	JUZLU Stephanie GNOCO	CUTON Title of officer administering oath		
2 Signature of officer administra	ering onth Printed name of officer administering oath OR	The of onloss daministrating can		
(2) Unsworn Declarati	ion			
My name is	, and my date of birth i	s		
My address is		· · · · · · · · · · · · · · · · · · ·		
		(state) (zip code) (country)		
Executed in	County, State of, on the day of(mon	th) , 20 (year) .		
	Signature of Cano	fidate/Officeholder (Declarant)		

S	SUBTOTALS - C/OH		FORM C/OH SHEET PG 3
19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,025
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s
4.	SCHEDULE E: LOANS		S
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	53,91234
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Castro Garcia, Josie	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
3-27-23	Carlos Leon 6 Contributor address; City; State; Zip Code 1372 Gate Place & Dano Tx 79936	\$ 80000		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
6 Philiopal occu	pation 7 300 little (360 marticulars)	onor tay		
Date	Full name of contributor	Amount of contribution (\$)		
3-29-23	Contributor address; City; State; Zip Code	\$ 25000		
	405 Valplano Dr. El Poso, TX 79912			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
03-31-23	Erica Losales Nigaglioni Contributor address; City; State; Zip Code	\$ 100		
	1763 Oxen Draw St El Poro, Tx 79911			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
04-01-23	Nicholette Ruiz Contributor address; City; State; Zip Code	\$100		
	5120 Powden Liver in Se Paso, TV 79938			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the reques	ted information is not applicable, DO NOT include this page in the	Teport.	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Castro Garcia, Josie	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Grow gina Williams 6 Contributor address; City; State; Zip Code 409 Lechugilla Ct El Paro, Tx 79912	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
oH-13-23	EL Pana Association of Contractors Contributor address; City; State; Zip Code	\$ 500°°	
	810 Nandell Ar. Suche B El Poso, TX 79902		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
04-15-23	Steve Shackel ford Contributor address; City; State; Zip Code 1380 Design to Ricc El Moss, TX 70412	\$ 2500	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)	
04-16-23	Contributor address; City; State; Zip Code 1095 Esplanada El Poso, Tx 79932	\$ 100°	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Certro Garcia, Josiu Date 5 Full name of contributor out-of-state PAC (IDE T Amount of contribution (\$) Hector Decral 6 Contributor address: City: State: Zip Code T 316 Cirlo Vista Or. & Poor TX 799.25 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE State: Zip Code T 500 D Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDE Zip Code T 500 D Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$)	If the request	ed information is not applicable, DO NOT include this page in the	report.
Catho Garria, Josiu Date 5 Full name of contributor out-of-state PAC (IDF) 7 Amount of contribution (\$) Hecter Decra 6 Contributor address: City: State: Zip Code 150 a2 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDF) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDF) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDF) Amount of contribution (\$) Le Nano Federation of Teacher (ORE	The li	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Hector Definal Contributor Address: City: State: Zip Code	FILER NAME	Castro Garcia, Josie	3 Filer ID (Ethics Commission Filers)
Date Full name of contributor Sel Para Freduce him of Teachers COPE Contributor address: City: State: Zip Code U624 Trombridge El Pac (ID# Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code 4024 Trombridge El Pac (ID# Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code	04-17-23	Hectur Bernal 6 Contributor address: City; State; Zip Code 7316 Cirlo Vista Dr. El Poso, TX 799 25	6 15000
El Novo Federa him of Teachers (OPE Contributor address: City: State: Zip Code 4024 Trombridge El Novo, TX 799 03 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) El Novo Federa hom of Teacher (OPE State: Zip Code 4024 Trombridge El Poo, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) CH 24 1000 Federa hom of Teacher (COPE See Instructions) CH 24 12 23 Contributor Out-of-state PAC (ID#: Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) CH 24 23 Contributor Out-of-state PAC (ID#: Amount of contribution (\$) CH 24 23 Contributor Address: City: State: Zip Code (\$) CH 24 23 Contributor Address: City: State: Zip Code (\$) CH 24 27 Contributor Address: City: State: Zip Code (\$) CH 24 27 Contributor Address: City: State: Zip Code (\$)	- Fillicipal occup	anon / 300 line (366 instructions)	Alons)
Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor	3-30-23	Contributor address; City; State; Zip Code	\$ 1500 °D
Date Full name of contributor out-of-state PAC (ID#. Amount of contribution (\$) £0 Nano Federation of Teachor (OPF Contributor address; City: State: Zip Code 52500 Page 120123 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) £1 Nano Federation of Teachers COPF Contributor address: City: State: Zip Code 46000 Page 124123 CH 24123 CH 24123 Trankrid & El Nano TX 79903		4024 Trombridge 80 Moso, 14 799 03	
20 Mano Federation of Teacher (OFF Tour bridge ElPm, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pate Full name of contributor Out-of-state PAC (ID#:	Principal occupa	ntion / Job title (See Instructions) Employer (See Instruc	ctions)
Contributor address; City: State: Zip Code 4024 Tran bridge El.Pm, TX 19903 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) El. Poso Faderahan of Teachers COPE Contributor address; City: State: Zip Code 4024 Tranbridge El.Poso TX 79903	Date	Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributorout-of-state PAC (ID#:	04/20/23		52500 B
Date Full name of contributor out-of-state PAC (ID#:		4024 Tranbilde ElPma, TX 79903	
Of 124/13 St. Poso Federation of Teachers COPE Contributor address; City; State; Zip Code 4024 Translidge El Poso, TX 79903	Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	ctions)
04/24/23 Contributor address; City; State; Zip Code 6 6000 de 4024 Translida El Poao, TX 79903	Date		
	01/24/23	Contributor address; City; State; Zip Code	\$ 6000 are
	Principal occupa		ctions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Offi Food/Beverage Expense Po Gift/Awards/Memoriats Expense Pri	an Repayment/Reimbursement Rec Overhoad/Rental Expense Illing Expense nting Expense larles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains he	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME (astro Garcia , losio		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	
04/03/23	Office Pepol		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$527.71	IIII Garnino	El Poso, Ti	79905
8	(a) Category (See Categories listed at the top of this schedule	dule) (b) Description	
PURPOSE OF EXPENDITURE	advertising Expense	Stamps	and Envelopes
	(c) Check if travel outside of Texas. Complete Schedu	de T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/3/23	Reservey Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
8888.74	2313 N. Pudras	E Poso, TX	79930
	Category (See Categories listed at the top of this sched		1 .
PURPOSE	0. 11 0	4	. L.d.
OF EXPENDITURE	Printing Expanse	Campaig	100.
	Check if travel outside of Texas, Complete Schede		in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
# 415/23	Harland Clarke - Une	otstar BONK	-
Amount (\$)	Payee address;	City;	State; Zip Code
\$29.05	Weststar Red	d kd	
	Category (See Categories listed at the top of this sched	(Jule) Description	٠
PURPOSE OF EXPENDITURE	Barling Expense	CWks	for Company
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 4/17/23 Zip Code 6 Amount (\$) 51 Poro, Ty 79912 20 Surland 37,29 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Advertismy Expense Stamps OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Canvarser Wherto Halpera Payee address; City: State; Zip Co 4114 Ox Fored Due. Ellipso TX 7998003 PC Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** Voter (on tact

	Check if travel outside of Texas, Complete Schedule T.	Check if Austhr	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
412/23	Convarier alixis D.	Francia		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 165.00	570 Kreffer	EL P00, TX	79912	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Conjusting Experie	Votex	contact	

Consulting Expense

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The instruction Guida explains now to c	complete time tolini.	
1 Total pages Schedule F1:	2 FILER NAME Castro Garcia	3	Filer ID (Ethics Commission Filers)
4 Date 4/21/23	S Payee name Canvassur Vahir Mi	jare)	
6 Amount (\$) \$ 270	7 Payee address; 238 Trice	city; El Posu	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense	Voke Con	tact
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	500	
4/21/23	Alexander Cole Go	arcle	
Amount (\$)	Payee address,	City;	State; Zip Code
b 525	6108 Causo alega	El Rou 7	7 79012
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Experse	Voden	(on to A
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
M124/23	Lower		
Amount (\$)	Payee address;	City;	State; Zip Code
5203.44	430 led d ld	& Poso, TX	79912
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Sypensi	Sign	-5
	Check if trevel outside of Texas. Complete Schedule T.	Check If Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking		Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense y Gift/Awards/Memorials Expense	Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	d Committee Legal Services The Instruction Guide explains	
4 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	1 /1	e the to (allos continuos)
4 Date	5 Pavee name	
4/24/03	Ardovinos Z	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 53.95	865 Rosles	El Poso TX 79912
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description
PURPOSE OF EXPENDITURE	Food/Bev	Campaign Related Meal
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
111212	NOC	
712412-3 Amount (\$)	Payee address,	City; State; Zip Code
741,0011t (\$)	1 4940 40010331	
\$75.34		2 Pass TX 79912
	Category (See Categories listed at the top of this sci	hedule) Description
PURPOSE OF	Advertising	Sin
EXPENDITURE	Haver 1130-	390
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
4-24-23	Regences	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 289.25	23/3 N. Pudras	SE NOOTX 7988
	Category (See Categories listed at the top of this so	hedule) Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)	
Accounting/Banking Fees Office Overhead/Re Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donalions Made By Gift/Awards/Memorials Expense Printing Expense		Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME POSTO GALCIC		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4/25/23			
11/31/2	Walgreons		State: 7's Cada
6 Amount (\$)	7 Payee address;	City	State; Zip Code
\$ 264.28	890 Rosler	El Paso,	TY 79912
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF EXPENDITURE	advertising	Board F	Prints
	(C) Check if travel outside of Texas Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/27/23	Classic Media Syn	5	
Amount (\$)	Payee address;	City	State; Zip Code
\$ 441.66	6844 1st St.	Canutillo, T	x 79535
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	advertisiona	Board	Prints
	Check if travel outside of Texas. Complete Sch	nedule T Check if Aur	itin, TX, officeholder living expense
Complete ONLY if disease	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O		Onice sought	Office field
Date	Payee name		
4/25/23	11 0.1		
1	Marie NopoT		
Amount (\$)	Payee address;	City;	State: Zip Code
821.63	7545 Moa	El Poa	TX 79912
	Category (See Categories listed at the top of this sc	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Sign Na	terials
	Check if travel outside of Texas: Complete Sci	nedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY is discort	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office field
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED