

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **11**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Josefina Idali
NICKNAME LAST SUFFIX
Josie Castro Garcia

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
6108 Camino Alegre El Paso, TX 79912

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 227-1025

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Carlos
NICKNAME LAST SUFFIX
Leon

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1372 Gate Place El Paso, TX 79936

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 526-8040

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
3/28/23 / / 04/26/23

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05/06/2023 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
EPISD Trustee, District 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
APR 28 '23 5:00PM
4/28/2023

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Image
4/28/2023

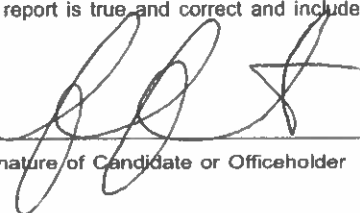
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|--------------------------------|---|---|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. 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 LAST DAY OF REPORTING PERIOD | \$ 9,112.66 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

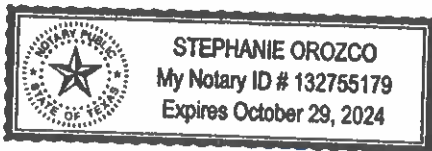
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Josefina Idali Castro Gomez this the 27th day of April,

2023, to certify which, witness my hand and seal of office.

Stephanie Orozco Stephanie Orozco Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,025 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,912.34 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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 <p style="text-align: center; font-size: 1.2em;">Castro Garcia, Jessie</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="font-size: 1.2em;">3-28-23</p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Carlos Leon</p> | 7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 800⁰⁰</p> |
| 6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1372 Gate Place El Paso TX 79936</p> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <p style="font-size: 1.2em;">3-29-23</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Noel Rosenbaum</p> | Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 250⁰⁰</p> |
| Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">405 Valplano Dr. El Paso, TX 79912</p> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <p style="font-size: 1.2em;">03-31-23</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Erica Rosales Nigagliani</p> | Amount of contribution (\$) <p style="font-size: 1.2em;">\$ 100⁰⁰</p> |
| Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1763 Oxen Draw St El Paso, TX 79911</p> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <p style="font-size: 1.2em;">04-01-23</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Nicholette Ruiz</p> | Amount of contribution (\$) <p style="font-size: 1.2em;">\$100⁰⁰</p> |
| Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">5120 Powder Liver Ln El Paso, TX 79938</p> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

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 04-04-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgina Williams | 7 Amount of contribution (\$) \$ 400 ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 409 Lechugilla Ct El Paso, TX 79912 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04-13-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Association of Contractors | Amount of contribution (\$) \$ 500 ⁰⁰ |
| Contributor address; City; State; Zip Code 810 Vandell Dr. Suite B El Paso, TX 79902 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04-15-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Shackelford | Amount of contribution (\$) \$ 25 ⁰⁰ |
| Contributor address; City; State; Zip Code 1380 Desider to Rico El Paso, TX 79912 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04-16-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edna Castro | Amount of contribution (\$) \$ 100 ⁰⁰ |
| Contributor address; City; State; Zip Code 1095 Esplanada El Paso, TX 79932 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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 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 04-17-23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hector Bernal | 7 Amount of contribution (\$) \$ 150⁰⁰ |
| 6 Contributor address; City; State; Zip Code 7316 Cielo Vista Dr. El Paso, TX 79925 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03-30-23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Federation of Teachers COPE | Amount of contribution (\$) \$ 1500⁰⁰ |
| Contributor address; City; State; Zip Code 4024 Troubridge El Paso, TX 79903 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/20/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Federation of Teachers COPE | Amount of contribution (\$) \$ 2500⁰⁰ |
| Contributor address; City; State; Zip Code 4024 Troubridge El Paso, TX 79903 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/24/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Federation of Teachers COPE | Amount of contribution (\$) \$ 6000⁰⁰ |
| Contributor address; City; State; Zip Code 4024 Troubridge El Paso, TX 79903 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Castro Garcia, Josie</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>04/03/23</i> | 5 Payee name <i>Office Depot</i> | |
| 6 Amount (\$) <i>\$527.71</i> | 7 Payee address; City; State; Zip Code <i>1111 Geronimo El Paso, TX 79905</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Stamps and Envelopes</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/3/23</i> | Payee name <i>Regency Printing</i> | |
| Amount (\$) <i>\$888.74</i> | Payee address; City; State; Zip Code <i>2313 N. Piedras El Paso, TX 79930</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>Campaign kit.</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/15/23</i> | Payee name <i>Harland Clarke - WestStar BANK</i> | |
| Amount (\$) <i>\$29.05</i> | Payee address; City; State; Zip Code <i>WestStar Redd Rd.</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking Expense</i> | Description <i>CHKS for Campaign ACCT</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|---|--|---------------------|
| 1 Total pages Schedule F1: | | 2 FILER NAME Casiro Garcia, Josu | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4/17/23 | | 5 Payee name Office Report | | | |
| 6 Amount (\$) \$ 37.29 | | 7 Payee address: 800 Sunland | | City: El Paso, TX | State: TX |
| | | | | Zip Code: 79912 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Stamps | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | Office sought | | Office held | |
| Date 4/21/23 | | Payee name Canvasser Alberto Valera | | | |
| Amount (\$) \$ 120.00 | | Payee address: 4114 Oxford Ave. | | City: El Paso TX | State: TX |
| | | | | Zip Code: 79903 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description Voter Contact | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | Office sought | | Office held | |
| Date 4/21/23 | | Payee name Canvasser Alexis D. Francia | | | |
| Amount (\$) \$ 165.00 | | Payee address: 570 Kietfer | | City: El Paso, TX | State: TX |
| | | | | Zip Code: 79912 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Consulting Expense | | Description Voter Contact | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Candidate / Officeholder name | | Office sought | | Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|---|---------------------------------------|------------------------|
| 1 Total pages Schedule F1: 2 | | 2 FILER NAME <i>Castro Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/21/23</i> | | 5 Payee name <i>Canvasser Yahir Mejares</i> | | | |
| 6 Amount (\$) <i>\$ 270</i> | | 7 Payee address; <i>238 Trice</i> | | City; <i>El Paso</i> | State; <i>TX</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | | (b) Description <i>Voter Contact</i> | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/21/23</i> | | Payee name <i>Alexander Cole Garcia</i> | | | |
| Amount (\$) <i>\$ 525</i> | | Payee address; <i>6108 Camino Alegre</i> | | City; <i>El Paso TX</i> | State; <i>79912</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i> | | Description <i>Voter Contact</i> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/24/23</i> | | Payee name <i>Lowes</i> | | | |
| Amount (\$) <i>\$203.44</i> | | Payee address; <i>430 Redd Rd</i> | | City; <i>El Paso, TX</i> | State; <i>79912</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | | Description <i>Signs</i> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|---|---|---------------------------------------|---------------------------------|
| 1 Total pages Schedule F1: | | 2 FILER NAME <i>Costo Garcia</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>4/24/23</i> | | 5 Payee name <i>Ardivinos Z</i> | | | |
| 6 Amount (\$) <i>\$ 53.95</i> | | 7 Payee address; <i>865 Lester</i> | | City; <i>El Paso TX</i> | State; Zip Code <i>79912</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Food/Bev</i> | | (b) Description <i>Campaign Related Meal</i> | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4/24/23</i> | | Payee name <i>MUS</i> | | | |
| Amount (\$) <i>\$75.34</i> | | Payee address; <i>680 E Redd</i> | | City; <i>El Paso TX</i> | State; Zip Code <i>79912</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | | Description <i>Sign</i> | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date <i>4-24-23</i> | | Payee name <i>Regency</i> | | | |
| Amount (\$) <i>\$ 289.25</i> | | Payee address; <i>2313 N. Pedras</i> | | City; <i>El Paso TX</i> | State; Zip Code <i>79908</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Carro Galic</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>4/25/23</i> | 5 Payee name <i>Walgreens</i> | |
| 6 Amount (\$) <i>\$264.28</i> | 7 Payee address: <i>890 Resler</i> | City, State, Zip Code <i>El Paso, TX 79912</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <i>Board Prints</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/27/23</i> | Payee name <i>Classic Media Signs</i> | |
| Amount (\$) <i>\$441.66</i> | Payee address: <i>6844 1st St.</i> | City, State, Zip Code <i>Canutillo, TX 79935</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <i>Board Prints</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date <i>4/25/23</i> | Payee name <i>Home Depot</i> | |
| Amount (\$) <i>\$21.63</i> | Payee address: <i>7545 Mosa</i> | City, State, Zip Code <i>El Paso TX 79912</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <i>Sign Materials</i> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED