

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)	
		2 <u>6</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> NICKNAME <u>Will</u>	FIRST <u>William</u> LAST <u>Veliz</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		MI <u>R</u> SUFFIX	
<input type="checkbox"/> Change of Address ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>9220 McCabe El Paso TX 79925</u>		<b>OFFICE USE ONLY</b> Date Received  <u>4/28/23</u> Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Input <u>4/28/23</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(915)</u>		PHONE NUMBER <u>861-8204</u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> NICKNAME		FIRST <u>Robert</u> LAST <u>Veliz</u>
7 CAMPAIGN TREASURER ADDRESS			MI <u></u> SUFFIX
SS (NO PO BOX PLEASE), APT / SUITE #, CITY <u>9220 McCabe El Paso TX</u>			
8 CAMPAIGN TREASURER PHONE	PHONE NUMBER <u>(915) 241-1135</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Allies C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year <u>3 / 28 / 2023</u> THROUGH <u>4 / 26 / 23</u>		
11 ELECTION	ELECTION DATE Month    Day    Year <u>5 / 6 / 23</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>District</u> <u>EPISD School Board Trustee 2</u>	
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.		
<input type="checkbox"/> Additional Pages <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME <u>Texas Realtors Political Action Committee</u> COMMITTEE ADDRESS <u>P.O. Box 2246 Austin Texas 78768-2246</u> COMMITTEE CAMPAIGN TREASURER NAME <u>Leslie Cantu</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>P.O. Box 2246 Austin Texas 78768-2246</u>	

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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Veliz, William</i>		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)	\$ <i>2000.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ <i>2000.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>2000.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2000.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

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

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by William Veliz this the 28 day of April

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

*[Signature]* Sylvia B. Mendoza  
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 <i>Veliz, William</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2000.00</i>
2	<input type="checkbox"/> SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
3	<input type="checkbox"/> SCHEDULE B PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4	<input checked="" type="checkbox"/> SCHEDULE E LOANS	\$ <i>0.00</i>
5	<input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2000.00</i>
6	<input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7	<input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
8	<input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
9	<input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0.00</i>
10	<input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0.00</i>
11	<input type="checkbox"/> SCHEDULE I NON POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
12	<input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0.00</i>

# 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 <b>1</b>
2 FILER NAME <b>Veliz, William</b>		3 Filer ID (Enter Commission Filer)
4 Date <b>4/19/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) _____ <b>Texas Quilts PAC</b>	7 Amount of contribution (\$) <b>\$200.00</b>
6 Contributor address City State Zip Code <b>P.O. Box 22466 Austin TX 78768-2246</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) _____	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) _____	Amount of contribution (\$)
	Contributor address City State Zip Code	
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) _____	Amount of contribution (\$)
	Contributor address City State Zip Code	
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.

**LOANS**

**SCHEDULE E**

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 E
2 FILER NAME <i>Veliz William</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>0.00</i>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	9 Loan Amount (\$)
6 Is lender a financial institution?  Y N	8 Lender address; City, State Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address, City, State, Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address, City, State, Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address, City, State, Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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   | Bricklators/Fundraising Expense           |
| Accounting/Banking                          | Fair                          | Office Overhead/Rental Expense | Transcription/Equipment & Related Expense |
| Consulting Expenses                         | Food/Beverage Expenses        | Printing Expense               | Travel In District                        |
| Contributions/Donations Made By             | Gift Awards/Memorials Expense | Printing Expense               | Travel Out Of District                    |
| Candidate/Officerholder/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>Veliz, William</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4.19.23</i>	5 Payee name <i>El Paso Mail &amp; Print</i>
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6 Amount (\$) <i>1450.00</i>	7 Payee address, City, State, Zip Code <i>1144 Vistade Oro El Paso, TX 79935</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>signs mailer</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date <i>4.22.23</i>	Payee name <i>AllPrint</i>
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Amount (\$) <i>550.00</i>	Payee address, City, State, Zip Code <i>7230 Gateway East El Paso TX 79915</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the schedule) <i>Advertising</i>	Description <i>signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officerholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address, City, State, Zip Code
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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, officerholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officerholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED