

# 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: <b>11</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Jacqueline</b>	MI <b>A</b>
	NICKNAME	LAST <b>Martinez</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>7005 Alamosa Way El Paso, TX 79912</b>		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(915) 249-9918</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>Jacqueline</b>	MI <b>A</b>
	NICKNAME	LAST <b>Martinez</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>7005 Alamosa Way El Paso, Texas 79912</b>		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <b>(915) 249-9918</b>		
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 (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year    THROUGH    Month Day Year <b>4 / 30 / 2023</b> THROUGH <b>6 / 2 / 2023</b>			
11 ELECTION			
ELECTION DATE		ELECTION TYPE	
Month Day Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<b>6 / 10 / 23</b>	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any)		<b>El Paso ISD School Board District 6</b>	
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	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received  
**JUN 2 '23 3:28PM**

6/2/2023

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

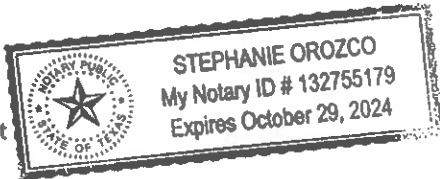
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Jacqueline A. Martinez</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ <i>4,528.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,490.82</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Jacqueline A. Martinez*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Jacqueline A. Martinez* this the *2nd* day of *June* 20*23*, 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 <i>Jacqueline Martinez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,528
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	\$ 2,490.82
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 <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Louis Lopez</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>7116 Brisa Del Mar El Paso TX 79912</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/29/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greg Pardo</i>	Amount of contribution (\$) <i>\$23.00</i>
Contributor address; City; State; Zip Code <i>1201 N. Garfield St. 110 Arlington VA 22201</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lauren A. Jewett</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>604 Sadie Avenue Metairie, LA 70003</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Valeree A. Villanueva</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>677 Creekside Way 1128 New Braunfels, TX 78130</i>		
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

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2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/16/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Amy O'Rourke</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>1100 Los Angeles El Paso, TX 79902</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Georgina M. Williams</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>409 Lechuguilla Court El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William R. Consuegra</i>	Amount of contribution (\$) <i>\$25.00</i>
Contributor address; City; State; Zip Code <i>1002 1/2 Canyon Road A Santa Fe, NM 87501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Greg Pardo</i>	Amount of contribution (\$) <i>\$23.00</i>
Contributor address; City; State; Zip Code <i>1201 N. Garfield St 110 Arlington, VA 22201</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date  <i>5/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Armando Victoria Jr.</i>	7 Amount of contribution (\$)  <i>\$20.00</i>
	6 Contributor address; City; State; Zip Code <i>2152 Navajo Pass League City, TX 77573</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  <i>5/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brianna Coston</i>	Amount of contribution (\$)  <i>\$50.00</i>
	Contributor address; City; State; Zip Code <i>4135 South Tropico Dr. La Mesa, CA 91941</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	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 (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Nancy Reyes</i>	7 Amount of contribution (\$) <i>\$20.00</i>
	6 Contributor address; City: State: Zip Code <i>9705 Algiers Ct El Paso, TX 79925</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mandi Jung</i>	Amount of contribution (\$) <i>\$200.00</i>
	Contributor address; City: State: Zip Code <i>155 Western Ave N #3 Saint Paul, MN 55102</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Emily Maretsky</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City: State: Zip Code <i>3203 Steinway St. 48 Astoria NY 11103</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lorena T. Valenzuela</i>	Amount of contribution (\$) <i>\$22.00</i>
	Contributor address; City: State: Zip Code <i>4229 Santa Ana Street Huntington Park, CA 90255</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/7/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Patricia Perdomo</i>	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address; City; State; Zip Code <i>2116 California Ave SW Seattle WA 98116</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Noel R. Rosenbaum</i>	Amount of contribution (\$) <i>\$ 200.00</i>
Contributor address; City; State; Zip Code <i>405 Valplano Dr. El Paso, TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lynn Boswell</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; City; State; Zip Code <i>1518 Mohle Dr. Austin, TX 78703</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/7/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ernesto Soto</i>	Amount of contribution (\$) <i>\$ 5.00</i>
Contributor address; City; State; Zip Code <i>435 E. Lisa Dr. Chapparal, NM 88081</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/6/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andrew Gonzales</i>	7 Amount of contribution (\$)  <i>\$ 25.00</i>
6 Contributor address; City; State; Zip Code <i>331 Bella Vista Circle Kyle, TX 78640</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jennifer Kallus</i>	Amount of contribution (\$)  <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>125 Eastern Pkwy Brooklyn NY 11238</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ross Moore</i>	Amount of contribution (\$)  <i>\$250.00</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>El Paso American Federation of Teachers</i>	Amount of contribution (\$)  <i>\$2500.00</i>
Contributor address; City; State; Zip Code <i>4024 Trowbridge Dr. El Paso, TX 79903</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Jacqueline Martinez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>6/1/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>El Paso Teachers Association</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>Mailer</i>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>6/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>El Paso American Federation of Teachers</i>	Amount of Contribution \$ <i>\$2,800.00</i>	In-kind contribution description <i>Mailer</i>
Contributor address; City; State; Zip Code <i>4024 Trowbridge Dr. El Paso TX 79903</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Jacqueline Martinez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>6/1/23</i>	<b>5</b> Payee name <i>Airport Printing Service</i>	
<b>6</b> Amount (\$) <i>\$2,063.23</i>	<b>7</b> Payee address; City; State; Zip Code <i>7 Leigh Fisher Blvd, Ste A El Paso, TX 79906</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <i>Mailer</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>5/22/23</i>	Payee name <i>Airport Printing Service</i>	
Amount (\$) <i>\$427.59</i>	Payee address; City; State; Zip Code <i>7 Leigh Fisher Blvd, Ste A El Paso, TX 79906</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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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