

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: JOSHUA MI: _____ NICKNAME: _____ LAST: CARTER SUFFIX: _____	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>EL PASO COMMUNITY COLLEGE</p> <p style="color: red; font-weight: bold;">JAN 13 2017</p> <p>RECEIVED PRESIDENT'S OFFICE</p> <p><small>Date Hand Delivered or Date Postmarked</small></p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11251 Socorro Road #74 Socorro, Texas 79927		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 801-4396 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: JOSHUA MI: _____ NICKNAME: _____ LAST: CARTER SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11251 Socorro Road #74 Socorro, Texas 79927		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 801-4396 EXTENSION: _____		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 16 / 16 THROUGH 01 / 15 / 17		
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 17	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) N/A	13 OFFICE SOUGHT (if known) EPCC BOARD OF TRUSTEES Dist. 7	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Rec'd 1/13/17

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

14 C/OH NAME

JOSHUA CARTER

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ — 0 —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,620.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 1,155.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 465.00

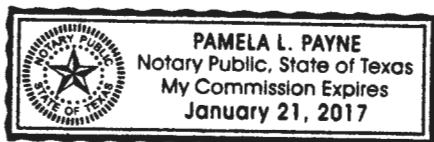
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ — 0 —

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Joshua Carter
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joshua Carter, this the 13th day of January, 20 17, to certify which, witness my hand and seal of office.

Pamela L. Payne

Signature of officer administering oath

Pamela L. Payne

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

Rec'd 1/13/17

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

JOSHUA CARTER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,370.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$
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

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOSHUA CARTER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIRIA ROCHA	7 Amount of contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 425 Majestic Mountain, El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Bus. Owner.		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manny Lopez	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 9521 Solomero Rd. El Paso, TX 79927	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA ERIVES	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code P.O Box 425 CLINT TX 79836	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar Torres	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 136 Pebble Creek Buda TX 78610	
Principal occupation / Job title (See Instructions) Vice Principal		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

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOSHUA CARTER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Razo	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 701 Magnolia El Paso, TX 79903	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristy Martinez	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1860 Leroy Donse, El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anjelica Lewis	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 514 Sir Walter Raleigh Mantel, NC 27954	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertha Baca	Amount of contribution (\$) \$10.00
	Contributor address; City; State; Zip Code 12044 Fred Carter, El Paso, TX 79936	
Principal occupation / Job title (See Instructions) Daycare Worker		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOSHUA CARTER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY JOHN PORRAS	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 7305 Kiowa Creek, El Paso, TX 79911		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDY SAUCEDO	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10827 Pattido, Solorro, TX 79927		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DORA TELLEZ	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13491 Coffin Rd Clint, TX 79836		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigitte Ballou / Border Blue	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11200 Santos Sanchez - Solorro TX 79927		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOSHUA CARTER

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

MARY GONZALEZ

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

P.O Box 450 Clint, TX 79836

8 Principal occupation / Job title (See Instructions)

State Rep.

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

PAUL GARCIA

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

3200 Roaniza
Las Cruces, NM 88012

Principal occupation / Job title (See Instructions)

Border Patrol

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Ricky Ervillo

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

11151 Tomas Granillo, Socorro TX 79927

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

MAY DONGMEI LI

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

6910 Hart Lane, Austin, TX 78731

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOSHUA CARTER		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDGAR TORRES	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 136 Pebble Creek Buda, TX 78610		
8 Principal occupation / Job title (See Instructions) Vice Principal		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSA Peter	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 832 Carbine Dr. Horizon City, TX 79928		
Principal occupation / Job title (See Instructions) API Field Representative		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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Rec'd 1/13/17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME JOSHUA CARTER		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$250.00	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ysleta del Sur Pueblo	8 Amount of Contribution \$ \$250.00	9 In-kind contribution description Location for event
7 Contributor address; City; State; Zip Code 11200 Santos Sanchez, Socorro, TX 79927		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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

Rec'd 1/13/17

SCHEDULE F1

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
Gift/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 Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JOSHUA CARTER	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name GOOGLE
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6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway MOUNTAIN VIEW, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Domain Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name GO DADDY
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Amount (\$) 12.79	Payee address; City; State; Zip Code 14455 N. Hayden Rd Ste. 219 SCOTTSDALE, ARIZONA 85260
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website Hosting Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name Envato Market
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Amount (\$) 46.00	Payee address; City; State; Zip Code P.O Box 16122 Collins St. West Victoria 8007 Australia
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wordpress Theme Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

1/13/17

SCHEDULE F1

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
Gift/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 Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JOSHUA CARTER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name HUEY REY FISCHER	
6 Amount (\$) 129.21	7 Payee address; City; State; Zip Code 810 EAST DE AN KEETON AUSTIN, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Design Salaries/Wages/Contract Labor	(b) Description <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	Payee name JUAN CARLOS GARCIA	
Amount (\$) 125.00	Payee address; City; State; Zip Code 3008 Fillmore, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES / WAGES CONTRACT LABOR	Description <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	Payee name JUAN CARLOS GARCIA	
Amount (\$) 175.00	Payee address; City; State; Zip Code 3008 Fillmore, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES / WAGES CONTRACT LABOR	Description <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

1/13/17

SCHEDULE F1

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 JOSHUA CARTER	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name JUAN CARLOS GARCIA	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 3008 Fillmore, El Paso, TX 79930	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES / LABOR CONTRACT LABOR	(b) Description <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	
Date	Candidate / Officeholder name DAMARIS MATEO	
Amount (\$) 100.00	Payee address; City; State; Zip Code 2436 Robert Wynn El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES / WAGES CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name DAMARIS MATEO	
Date	Payee name M O C H A D E S I G N S	
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O BOX 1440 CLIN, TX 79836	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES (WAGES) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name M O C H A D E S I G N S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

1/13/17

SCHEDULE F1

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
Gift/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 Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JOSHUA CARTER	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name SAMS CLUB
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6 Amount (\$) 115.00	7 Payee address; City; State; Zip Code 11360 Pellicano, El Paso, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE FOOD / BEVERAGE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name DOLLAR GENERAL
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Amount (\$) 40.00	Payee address; City; State; Zip Code 11420 Socorro Rd, Socorro, TX 79927
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name JUAN CARLOS GARCIA
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Amount (\$) 150.00	Payee address; City; State; Zip Code 3008 Fillmore El Paso, TX 79930
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries / wages Contract	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED