	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission	n Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MS. Christing	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFF	Date Received
	Sancher		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP C	10 S S019
Change of Address	EIPASO TX 7990	02	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 204-0195	EXTENSION	Date Hand-delivered or Date Postmarked Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFI	
	Villa		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1420 CAMINO AITO	UITE #; CITY; STATI	E; ZIP CODE
(Residence or Business)	EI PASO TX 7990	2	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 533-8538	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Bth day before ele	Exceeded \$50	00 limit Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 25 / 2019		Month Day Year 6 /30 /2019
11 ELECTION	ELECTION DATE	ELECTIO	DN TYPE
	Month Day Year Primary 5 / 4 /2019 General	Runoff Othe Desi	ar cription
12 OFFICE	OFFICE HELD (It any) EI PASO Community Colleg TRUSTER District 4	C El PASO	Community College District 4
	TRUSTER District 4	Treystee	District 4
	GO TO	PAGE 2	
Forms provided by Texas E	thics Commission www.ethic	s.state.tx.us	Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	A Sanche	2	15 File	r ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITI DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE I DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED T URES.	BEEN MADE WITHOUT	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		NITY COLLEGE
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	J	UL 15 2019
		COMMITTEE CAMPAIGN TREASURER ADDRESS		ECEIVED
			PRESIL	DENT'S OFFICE
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (ES, LOANS, OR GUARANTEES OF LOANS), UNL		\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)	\$ 100.00
EXPENDITURE		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES		\$ 8, 162.78
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF PORTING PERIOD	THE LAST DAY	\$ 233.40
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA AY OF THE REPORTING PERIOD	NS AS OF THE	\$ 600.00
18 AFFIDAVIT				
	Veronica M Wa ID# 1126014-2 NOTARY PUBLIC and for the State of 1 My commission expir 02-06-2023	true and correct and inc under Title 15, Election	ludes all informatio	that the accompanying report is in required to be reported by me
AFFIX NOTARY STAM	P/SEAL ABOVE	orginal.		
		1		th
- 1		by the said Christing P.So		_, this the
day of July	, 20,	to certify which, witness my hand and sea	al of office.	•
tal	with	Veronicall. Wett	Nota	sy fublic
Signature of officer a	administering oath	Printed name of officer administering o	ath Ti	tle of officer administering oath

Forms provided by Texas Ethics Commission

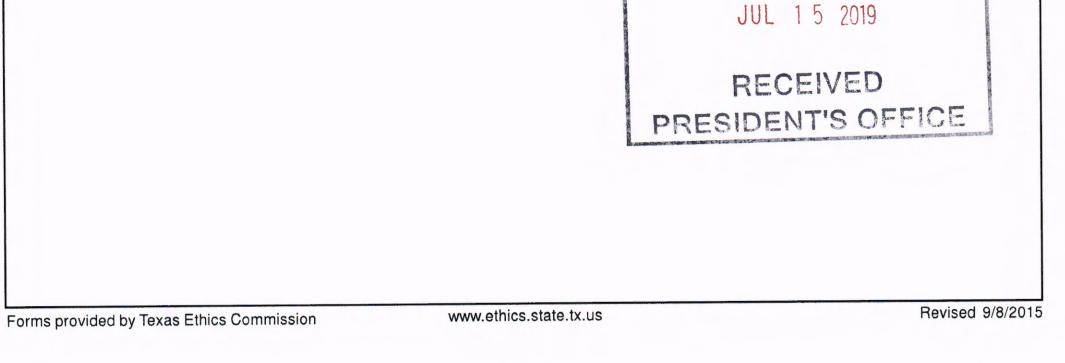
Revised 9/8/2015

Veronica M V iDa 1128014-NOTARY PUBL

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Christian Sanchez	20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 800.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 600.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 8,162.78
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTER	ITIONS	\$
СО	EL PASO MMUNITY CO	



MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Christing Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor [] out-of-state PAC (ID#:) E/SA BOREPGO 6 Contributor address; City; State; Zip Code 172 Vin Zamora Lance EIPASO, TX 79912	7 Amount of contribution (\$) S_{100}^{00}
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor 🗍 out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
	EL PASO
c	OMMUNITY COLLEGE
	JUL 1 5 2019
	RECEIVED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	· · · · · · · · · · · · · · · · · · ·
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
² FILER NAME / REISTINA SHITCHEZ	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ 800.00
5 Date 5 Date 6 Full name of contributor out-of-state PAC (ID#: 5/2/19 7 Contributor address; City; State; Zip Coo 870/CASINER EINASO, TX 79	
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 out-of-state PAC (ID#: Contributor address; City; State; Zip Co	Amount of In-kind contribution Contribution \$ description de 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)	
	EL PASO COMMUNITY COLLEGE
	JUL 1 5 2019
	RECEIVED
	PRESIDENT'S OFFICE
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instructio	

LOANS			SCHEDULE E
The I	nstruction Guide explains how to com	nplete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Christing	Sam hos		
	ITEMIZED LOANS		\$
TOTAL OF ON			¥
Date of Ioan	7 Name of lender _ out-of-star (1/kishing Sunchez	te PAC (ID#:)	9 Loan Amount (\$) \$1600.00
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	1420 CHMino Alto E	EI PASO, TX 79902	11 Maturity date
2 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	teral	15 Check if personal funds wer account (See Instructions)	e deposited into political
6 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
not applicable Principal Occupati		State; Zip Code 21 Employer (See Instructions)	
	on (See Instructions)		Loan Amount (\$)
0 Principal Occupati Date of Ioan Is lender a financial	on (See Instructions)	21 Employer (See Instructions)	Loan Amount (\$) Interest rate
0 Principal Occupati Date of Ioan Is lender a financial Institution?	on (See Instructions) Name of lender	21 Employer (See Instructions)	
0 Principal Occupati Date of Ioan Is lender a financial Institution? Y N	on (See Instructions) Name of lender	21 Employer (See Instructions)	Interest rate
0 Principal Occupati Date of Ioan Is lender a financial Institution? Y N	on (See Instructions) Name of lender	21 Employer (See Instructions) ate PAC (ID#:) State; Zip Code	. Interest rate Maturity date
 Principal Occupati Date of loan Is lender a financial Institution? Y N Principal occupatio 	on (See Instructions) Name of lender	21 Employer (See Instructions) ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds were	Interest rate Maturity date
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 Principal Occupati Date of Ioan Is lender a financial Institution? Y N Principal occupatio Description of Colla none GUARANTOR 	on (See Instructions) Name of lender	21 Employer (See Instructions) ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	e deposited into political Amount Guaranteed (\$) EL PASO COMMUNITY COLLE
O Principal Occupati Date of Ioan Is lender a financial Institution? Y N Principal occupatio Description of Colla none GUARANTOR INFORMATION Informat	on (See Instructions) Name of lender out-of-state Lender address; City; n / Job title (See Instructions) iteral Name of guarantor	21 Employer (See Instructions) ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds werraccount (See Instructions)	e deposited into political Amount Guaranteed (\$)
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	EXPENDITURES MAIL		СОММИ	NITY COLLE SCHEDU	
	EXPENDITURE CATE	GORIES FOR	BOX 8(a)	JE 1 5 2019	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/ ins how to comple	Rental Expense R	Solicitation/Fundraising Ex Transportation Editorent & Travel In District Travel Out Of District Output (enter a category not	& Related Expense
1 Total pages Schedule F1	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)
4 Date 4/25-/2019	5 Payee name	lacketing			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
\$72, 148.82	8400 Boeing Deive El PASO, TX 799.	25			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Reinfring Expense			iside of Texas. Complete Schedul TX, officeholder living expen	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	(Office sought	Offic	e held
Date 4/30/2019	Payee name Alex GALARZA				
Amount (\$)	Payee address; City; State; 8459 Wuter FAII EIPASO, TX 799	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Cantenact Labor			side of Texas. Complete Schedule TX, officeholder living expens	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sought	Offic	e held
Date 41/30/19	Payee name Luis Chauira				
Amount (\$) #319.00	Payee address; City; State; 6080 Belladonna EIPHSO, TX 7992	5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	-		side of Texas. Complete Schedule TX, officeholder living expens	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Offic	ce held
	ATTACH ADDITIONAL COPIES	S OF THIS SCH	EDULE AS NEE	DED	

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		F	EL DASO	
			EL PASO	
POLITICAL	EXPENDITURES MADE		COMMUNITY COLLEGE	
FROM POL	LITICAL CONTRIBUTIONS		SCHEDULE F	1
			JUL 1 5 2019	
	EXPENDITURE CATEGORIES F	FOR B	BOX 8(a)	
Advertising Expense Accounting/Banking			Rembursement SettorationFundraising Expense Rental Expense Viensportation Equipment & Related Expe	200
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Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to c		Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	1	Ompion	3 Filer ID (Ethics Commission Filer	re)
loui pagos scileate	Cheisting anchez			10,
4 Date	5 Payee name		L	
4/130/2019	Nicok DRURY			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$484.00	816 N. ESHRAMA			
8	EIPASO, TX 79903 (a) Category (See Categories listed at the top of this schedule)	(b) C	Description	
PURPOSE			Check if travel outside of Texas. Complete Schedule T.	
OF	Content LAbor	L	Check if Austin, TX, officeholder living expense	
LAFLINDIULL	COMMENT	10	CANVasser	
9 Complete ONLY if direct	Candidate / Officeholder name	0	Difice sought Office held	
expenditure to benefit C/OI				
Date	Payee name			
11.1.1	JUAN COARCIA			
713012019				
Amount (\$)	Payee address; City; State; Zip Code			
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	Category (See Categories listed at the top of this schedule)	P		
PURPOSE OF			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	Content LAbor		CANVASSER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Of	Office sought Office held	
Date	Payee name			
5/2/2019	Sun Ciea k Steategic Corou	P		
Amount (\$)	Payee address; City; State; Zip Code			
\$1,230.22	1401 MONHANA EI AND. TX 79902			
<i>r</i>	Category (See Categories listed at the top of this schedule)		Description	
PURPOSE			Description Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense	
		VA	AN, Photo, Signs	
Complete ONLY if direct	Candidate / Officeholder name		Office sought Office held	
expenditure to benefit C/Oł	4			
	ATTACH ADDITIONAL COPIES OF THIS	SCHE	EDULE AS NEEDED	

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		EL PASO
		COMMUNITY COLLEGE
	EXPENDITURES MADE	JUL SCHEDULE F1
	EXPENDITURE CATEGORIES F	OR BOX 8(a)
dvertising Expense ccounting/Banking ionsulting Expense iontributions/Donations Made E	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp	ment/Reimpursement head/Rental Expense pense pense pense PRESTavel Expense Travel out of District
Candidate/Officeholder/Politic redit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above)
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers
6	Christian Anuhez	
5 16 12019	5 Payee name TARGEF	
Amount (\$)	7 Payee address; City; State: Zip Code	EI PASO TX 79912
\$35.79	801 Sanland PARK Deive	ETMO
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	DU DI	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead	Check if Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
5/6/2019	Network Solutions	
Amount (\$)	Payee address; City; State; Zip Code 12808 GRAN BAY PARKUAY	
\$1.99	JACKSONUILA, Florida	32258
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	1	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Ourschend Expense	Check if Austin, TX, officeholder living expense
0	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Date	Payee name	
5/7/2019	Alex Galaria	
Amount (\$)	Payee address; City; State; Zip Code	
Here DO	8459 WAter Hall	
\$408.	FIRAU X MAN	
\$408.	EIPASU TX 74902 Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Print 1	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Print 1	

POLITICAL	EXPENDITURES MADE	COMMUNITY COLLEGE
	LITICAL CONTRIBUTIONS	SCHEDULE F1
	EXPENDITURE CATEGORIES	OR BOX 8(a)
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1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date /7/2019	5 Payee name TIAN (APNIA	
6 Amount (\$) # 450_60	7 Payee address; City; State; Zip Code 608 FRANCI'S EI PAID, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 5/7/2019 Amount (\$)	Payee name Nicole Deury Payee address; City; State; Zip Code 816 N. EStRelMA	2
324.50 PURPOSE OF EXPENDITURE	EIPASO 7X 74905 Category (See Categories listed at the top of this schedule) CathRACH LABR Candidate / Officeholder name	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANUASSER Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
Date 5/7/2019 Amount (\$) \$/26.50	Payee name <u>Agis</u> <u>Chavie</u> A Payee address; City; State; Zip Code 6080 Belladonna EI Paso TX 799	24
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CHANVASSER
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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DOLITION		COMMUNITY COLLEGE
	EXPENDITURES MADE	S SCHEDULE F1
FROM POI	LITICAL CONTRIBUTION	
Advertising Expense	EXPENDITURE CATEGORIE	
Accounting/Banking Consulting Expense	Event Expense Loan R Fees Office d Food/Beverage Expense Pollina	payment/Reimburten here Salicitation Fundraising Expense Verhead/Rental Expense Transportation Equipment & Related Expense Expense
Contributions/Donations Made E Candidate/Officeholder/Politic	By Glif/Awards/Memorials Expense Printing al Committee Legal Services Salarie	Expenses ESIDENTratel District E Exdense ESIDENTratel OU or District E Wages Contract Labor Other (net a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1	2 FILER NAME Christing Sanchez	3 Filer ID (Ethics Commission Filers)
4 Date / /	5 Payee name	
5/7/2019	Mike Apodaca	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1,000.	3323 SACRAMENTO	
	EIPOSO TX 7993(
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Consulting Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Consulting ~ Aperis	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Data	Payee name	
Date	A A	
5-19 12019	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code 1601 TRAPE & ROACL	
400 00	1601 TRAPETO ROAC	
77.97	WALTHAM MIT 0245	7
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Howeeksing Expense	
	There is my - 1940 -	Email Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
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10 /2 /2019	ALL ISING	
Amount (\$)	NETWORK So INTIONS	
Amount (\$)	Payee address; City; State: Zip Code 12808 GRAN Bay Apertua	V
#199	Trakon ila Theida 200	LIS
Percei	Category (See Categories listed at the top of this schedule)	Description
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OF	Overhead Expense	Check if Austin, TX, officeholder living expense
	Uncertand 1-14	Toley 10 to Maria
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
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DOLITICAL		COMMUNITY C	OLLEGE
	EXPENDITURES MADE		SCHEDULE F1
		JUL 15 2	
vertising Expense	EXPENDITURE CATEGORIES		-D
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Total pages Sche dule F1			er ID (Ethics Commission Filers
Date /	5 Payee pame		
6/4/19	Mike Apodaca		
Amount (\$)	7 Payee address; City; State; Zip Code 3323 SACRAMENTO		
500.00		130	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	NIT	Check if travel outside of Te	
EXPENDITURE	Consulting Expense		centricer living expense
	Candidate / Officeholder name OH	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C Date		Office sought	Office held
expenditure to benefit C/C	н	Office sought	Office held
expenditure to benefit C/C	н	Office sought	Office held
expenditure to benefit C/C	DH Payee name	Office sought	Office held
expenditure to benefit C/C	DH Payee name	Office sought	Office held
expenditure to benefit C/C Date Amount (\$) PURPOSE	Payee name Payee address; City; State; Zip Code	Description	tas. Complete Schedule T.
expenditure to benefit C/C Date Amount (\$)	Payee name Payee address; City; State; Zip Code	Description	tas. Complete Schedule T.
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