CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commissio 00026389	n Filers)	2 Total pages file 19	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Joseph C.			Date Received ELECTRONICA	LLVEUED
						LLT FILED
	NICKNAME	LAST		SUFFIX	01/08/2024	
	Joe	Pickett				
4 CANDIDATE /	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	3606 Wooster Lane				Receipt #	Amount
Change of Address	El Dogo TV 70026					
Change of Address	El Paso, TX 79936				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME		Joseph C.				
	NICKNAME	LAST		CLIEFIX		
	NICKNAME	Pickett		SUFFIX		
		FICKELL				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	APT /	SUITE#; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3606 Wooster Ln.					
(Residence or Business)	El Paso, TX 79936					
	LIF 430, 17 79930					
7 CAMPAIGN	AREA CODE PH	IONE NUMBER E	EXTENSION			
TREASURER	(915) 637-5707	.0.12.1022.1				
PHONE	(010) 001 0101					
8 REPORT TYPE	X January 15	30th day before	election	unoff	15th day after cam	naign treasurer
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	court day seriore	LI TA		appointment (office	eholder only)
	July 15	8th day before		cceeded modified porting limit	Final Report (Attac	ch C/OH-FR)
a penion	Month Day Va				Vaar	
9 PERIOD COVERED	Month Day Yea 07/01/2023		IROUGH	Month Day 12/31/2023	Year	
	07/01/2023	11	IKOOGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar P	rimary	Runoff	Other	
			eneral	Special		
		"				
11 OFFICE	OFFICE HELD (if any)	•	1	2 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 79		State Representa	ative District 79	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Pickett, Joseph C. (T	ne Honorable)	14 Filer ID (I 00026389	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of place candidate / officeholder. consent. Candidates and	the candidate's or office		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 387.53
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 8,764.90
CONTRIBUTION BALANCE	REPORTING PE			\$ 253,676.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hone	rable Joseph C. Picke	S##
			Candidate or Officehold	
		Ç		
AFFIX NO	TARY STAMP / SEAL AB	JVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 19
18 FILER Picke		(Ethics	Commission Filers)		
		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	7,809.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	955.34
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 4/19	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	10/06/2023	Alpha Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$274.00	10780 Pebble Hills
		El Paso, TX 79935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Non-profit insurance donation
		Their profit mediance doritation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	07/03/2023	C&M Tire
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$143.00	10009 Montana
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense service non-profit truck
		Service non pront truck
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/18/2023	Casa Guadalupe Retirement Home
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	14548 Simpson RD
		El Paso, TX 79938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/2/10/12	Candidate/Officeholder/Political Committee
		Donation for home
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 5/19	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	11/26/2023	Christ Child
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 10829 Sombra Verde
		El Paso, TX 79935
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation to non-profit
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2023	Circle K
	Amount (\$) \$27.00	Payee address; City; State; Zip Code 11302 Montana Ave
		El Paso, TX 79936
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fuel (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gasoline for cleaning equipment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2023	Circle K
	Amount (\$) \$21.00	Payee address; City; State; Zip Code 11302 Montana Ave
		El Paso, TX 79936
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fuel (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gasoline for cleaning equipment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1: Sch: 3/11 Rpt: 6/19	FILER NAME Pickett, Joseph C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026389
4	Date 09/19/2023	5 Payee name Circle K	
6	Amount (\$) \$28.00	7 Payee address; City; State; Zip Code 11302 Montana Ave El Paso, TX 79936	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fuel	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gasoline for cleaning equipment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 10/10/2023	Payee name Circle K	
	Amount (\$) \$17.00	Payee address; City; State; Zip Code 11302 Montana Ave El Paso, TX 79936	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fuel (b)	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gasoline for cleaning equipment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date 08/12/2023 Amount (\$)	Payee name El Pasoans Fighting Hunger Payee address; City; State; Zip Code	3
	\$100.00	9541 Plaza Circle	
	PURPOSE OF EXPENDITURE	El Paso, TX 79927 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation for food bank
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

	Candidate/Officeholder/Politica		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/11 Rpt: 7/19		Pickett, Jose	eph C. (The Ho	norable)					00026389		
4	Date	5	Payee name									Т
	12/28/2023			Fighting Hunge	r							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					٦
	\$100.00		9541 Plaza									
			El Paso, TX	79927								
8	PURPOSE	(a)					(h)	Description				-
ľ	OF	(")		ee Categories listed at t		dule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Pol		ttee		Check if Austin,	, TX,	officeholder living	g expense	
								Donation to n	on.	-profit		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Of	fice sou	ght			Office he	eld	
	experioritire to beriefit C/Or											
	Date		Payee name									
	10/30/2023		Harbor Frei	ght								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$42.71		3333 Yarbro	ough								
			El Paso, TX	79935								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sched	dule)	(b)	Description				Τ
	OF EXPENDITURE			head/Rental Exp		,		=			plete Schedule T.	
								—		officeholder living	g expense	
								Supplies for r	1011	-pront		
	Complete ONLY if direct	<u> </u>	^andidate/Offi	ceholder name	Of	fice sou	aht			Office he	2ld	_
	expenditure to benefit C/O		Janaidate/Onit	centider name	Oi.	nec sout	giit			Office In	Ciu	
-	Data	_										=
	Date 08/28/2023		Payee name Home Depo	at .								
					Ctata	7:n Co.	al a					_
	Amount (\$)		Payee address 12221 Mont	-	State;	Zip Co	ae					
	\$194.84		TZZZI MONI	wood								
			El Daga TV	70020								
			El Paso, TX									_
	PURPOSE OF	(a) 		ee Categories listed at t		dule)	(b)	Description Check if travel (nutei	de of Tevas Com	plete Schedule T.	
	EXPENDITURE		Office Overr	head/Rental Ex	pense			ш		officeholder living		
								_			afety equipment for non-	
								profit clean u	p			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	٦
	expenditure to benefit C/OI	Н										
1												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 5/11 Rpt: 8/19	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	12/06/2023	Iliana Holquin Campaign
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 17346
	7200.00	
		El Paso, TX 79917
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	07/07/2023	Lowes
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.93	11950 Rojas Dr.
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cleaning tools and supplies for community cleaning
		efforts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/07/2023	Mexican American Cultural Institute
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	Azalea Pl.
		El Paso, TX 79922
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Center Contact of Line Contact
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		iges/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
L		The Instruction Guide explains	s how to com	iplete this form.	
1	Total pages Schedule F1:			3	
_	Sch: 6/11 Rpt: 9/19	Pickett, Joseph C. (The Honorable)			00026389
4	Date	Payee name			
L	09/27/2023	Miracle League of El Paso			
6	Amount (\$)	Payee address; City; State	e; Zip Cod	е	
	\$300.00	432 White Cloud			
		El Paso, TX 79928			
8	PURPOSE	Category (See Categories listed at the top of this so	chedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	,	:	tside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Comm	mittee	ш	X, officeholder living expense
				Donation for av	vard celebration
L					
9	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/OI				
	Date	Payee name			
L	07/28/2023	Munoz, Ruben			
	Amount (\$)	Payee address; City; State	e; Zip Cod	e	
	\$400.00	3648 Wooster			
		El Paso, TX 79936			
	PURPOSE OF	Category (See Categories listed at the top of this so	chedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor		<u> </u>	tside of Texas. Complete Schedule T.
				ш	x, officeholder living expense anup in general and for non-profit
				organization	and in general and for non-profit
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/OI	- Landard Constitution	55 5549	- · -	5555.6
⊨	Date	Payoo namo			
	08/25/2023	Payee name Munoz Puhen			
		Munoz, Ruben			
	Amount (\$)		e; Zip Cod	e	
	\$400.00	3648 Wooster			
		El Paso, TX 79936			
	PURPOSE OF	Category (See Categories listed at the top of this so	chedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor		ш	tside of Texas. Complete Schedule T.
					X, officeholder living expense anup in public areas and for non-profit
				organization	anup in public aleas and 101 Hon-pholic
	Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
	expenditure to benefit C/OI	Ca. States Chiesticides Flatific	Jinoc Soug	•••	Cinos noid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Legal Service	lemorials Expe			Expens Wages			Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission File	ers)
	Sch: 7/11 Rpt: 10/19		Pickett, Jose	eph C. (T	he Honora	able)					00026389		
4	Date	5	Payee name										
	09/29/2023		Munoz, Rub	en									
6	Amount (\$)	7	Payee addres	ss; City	y;	State;	Zip C	ode					
	\$500.00		3648 Woost	er									
			El Paso, TX	79936									
8	PURPOSE	(a)	Category (Se	e Categories	listed at the top	o of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa				,					plete Schedule T.	
	EXI ENDITORE								—		officeholder living		profit
									organization	eai	iup in public	areas and for non-	pront
9	Complete ONLY if direct	<u> </u>	andidata/Offi	oholder n	2mo		office so	liaht.			Office he	old	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	Jenoider n	aille		mice so	ugnt			Office no	=iu	
	Date		Payee name										
	10/27/2023		Munoz, Rub	en									
	Amount (\$)		Payee addres	ss; City	y;	State;	Zip C	ode					
	\$400.00		3648 Woost	er									
			El Paso, TX	79936									
	PURPOSE	(a)	Category (Se	e Categories	listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	.ges/Cont	ract Labo	r			—			plete Schedule T.	
									_		officeholder living	ral and for non-profit	
									organization	Cai	iup iii geriei	ai and for non-prom	
\vdash	Complete ONLY if direct		andidate/Offic	ceholder n	ame	0	office so	<u> </u> uaht			Office he	eld	
	expenditure to benefit C/O					J		9'''			200 110		
-	Date		Payee name										
	11/24/2023	ı	Munoz, Rub	en									
_	Amount (\$)	┡	Payee addres		v.	State:	Zip C	nde					
	\$400.00	ı	3648 Woost		, ,	Juic,	_ip	540					
	Ψ-100.00		23 13 110031										
			El Paso, TX	79936									
	PURPOSE OF		Category (Se				edule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	.ges/Cont	ract Labo	r			ш		de of Texas. Com officeholder living	plete Schedule T.	
									_			ral and for non-profit	i
									organization		. 5		
	Complete ONLY if direct		andidate/Offic	ceholder n	ame	0	office so	ught			Office he	eld	
	expenditure to benefit C/O	Н						-					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 8/11 Rpt: 11/19	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	12/22/2023	Munoz, Ruben
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	\$500.00	3648 Wooster
	Ψ000.00	
		FID TV 7000
L		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		community cleanup in general and for non-profit organization
		υι γαιτιλατίστ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/30/2023	Norma Chavez Campaign
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	824 Bolivia
	Ψ±,000.00	OLT DOMING
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/06/2023	Reidland Automotive
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.99	3610 Wooster
	Ψ03.33	0010 11000101
L		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	Expense Check if Austin, TX, officeholder living expense
		service non-profit vehjicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 12/19	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	12/28/2023	Rescue Mission Of El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	209 N. Lee Street
		El Paso, TX 79901
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation to non-pront
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	08/01/2023	VISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.50	P.O. Box 15298
		Wilmington, DE 19850-5298
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Credit Card Payment Credit Card Payment
		Check if Austin, TX, officeholder living expense payment for target supplies/ host non-profit meeting
		payment for target supplies/ host non-profit meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	09/15/2023	Payee name VISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.47	P.O. Box 15298
		Wilmington, DE 19850-5298
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense pay for Bella Sera host non-profit
		pay for Bella Sera Host Horr-profit
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 13/19	Pickett, Joseph C. (The Honorable)		00026389
4	Date	5 Payee name	_	•
	11/16/2023	VISA		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$148.76	P.O. Box 15298		
		Wilmington, DE 19850-5298		
8	PURPOSE OF	, ,	b)	Description
	EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				payment for auto zone walmart non profit expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	09/30/2023	VISA		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$84.04	P.O. Box 15298		
		Wilmington, DE 19850-5298		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				payment for 1800 flowers expense
Complete ONLY if direct		Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name	_	
	11/27/2023	VISA		
	Amount (\$)	Payee address; City; State; Zip Code	е	
\$291.00 P.O. Box 15298				
		Wilmington, DE 19850-5298		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Village inn, Capitol gift sop, great american, itemized
				expenses
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
Γ				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees

Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee 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)			
	•				
		3 Filer ID (Ethics Commission Filers)			
Pickett, Joseph C. (The Honorable)		00026389			
5 Payee name					
Wal-Mart					
7 Pavee address: City: State	e: Zip Code				
12236 Montana Ave El Paso, TX 79936					
(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
Check if Adstin, 17A, difficentiate reviews					
supplies for non-profit					
Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/OH					
	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain 2 FILER NAME Pickett, Joseph C. (The Honorable) 5 Payee name Wal-Mart 7 Payee address; City; Statt 12236 Montana Ave El Paso, TX 79936 (a) Category (see Categories listed at the top of this s Office Overhead/Rental Expense	Committee Fees Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 15/19 Pickett, Joseph C. (The Honorable) 00026389 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/28/2023 1800flowers Amount (\$) Payee address; City; State; Zip Code \$84.04 2 Jericho Plaza Jericho, NY 11753 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense former member church flowers 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/07/2023 Auto Zone Payee address: Amount (\$) City; State; Zip Code \$70.27 10290 Montana el Paso, TX 79925 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense parts for non-profit vehcile Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 16/19 Pickett, Joseph C. (The Honorable) 00026389 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/29/2023 Bella Sera Amount (\$) Payee address; City; State; Zip Code \$91.47 3512 N. Yarbrough El Paso, TX 79925 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Host non-profit meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/19/2023 Great American Restaurant Amount (\$) Payee address; City; State; Zip Code \$139.13 2220 Yarbrough El Paso, TX 79925 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense host non-profit meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 17/19 Pickett, Joseph C. (The Honorable) 00026389 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 08/31/2023 Maui Food Bank Amount (\$) Payee address; State; Zip Code City; \$102.65 760 Kolu Street Wailuku, HI 96793 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution to food bank Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/20/2023 Pueblo Nuevo Amount (\$) Payee address; City; State; Zip Code \$135.61 5630 Gateway West El Paso, TX 79905

10 11 Complete ONLY if direct TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Host Non-Profit meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/5 Rpt: 18/19 Pickett, Joseph C. (The Honorable) 00026389 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/06/2023 **Target** Amount (\$) Payee address; State; Zip Code City; \$101.81 1901 George Dieter El Paso, TX 79936 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense toner paper and supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/10/2023 Village Inn Amount (\$) Payee address; City; State; Zip Code \$55.53 2275 Trawood El Paso, TX 79935 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 19/19 Pickett, Joseph C. (The Honorable) 00026389 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/08/2023 Wal-Mart Amount (\$) Payee address; State; Zip Code City; 12236 Montana Ave \$78.49 El Paso, TX 79936 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies for community cleanup 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/18/2023 capitol gift shop Amount (\$) Payee address; City; State; Zip Code \$96.34 P.O. Box 2910 Austin, TX 78768 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense former staff gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH