CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this fo	orm. 1 Filer ID (Ethics Commission Filers) 00088029		2 Total pages filed: 29
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms. Alma R	•		Date Received
				ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	01/16/2024
	Trejo		301111	
A CANDIDATE /	-	· CITY	ZIP CODE	Date Hand-delivered or Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE # 8900 Viscount Blvd. #AN-274	; CITY;	ZIP CODE	Date Hard-delivered of Date Fostinaried
MAILING ADDRESS	0900 VISCOUITE DIVU. #AIN-214			Receipt # Amount
Change of Address	El Paso, TX 79925			
Change of Address	E1 PdS0, 1 \ 19925			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Mr. Edward	Χ.		
NAME				
	NICKNAME LAST		SUFFIX	
	Rios			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE	#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	8900 Viscount Blvd. #AN-274			
(Residence or Business)				
(Nesidence of Eduliness)	El Paso, TX 79925			
7 CAMPAIGN	AREA CODE PHONE NUMBE	ER EXTENSION		
TREASURER	(915) 328-6026	EXTENSION		
PHONE	(010) 020 0020			
8 REPORT				
TYPE	X January 15 30th da	y before election Runoff		15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day	before election Exceeded	d modified	Final Report (Attach C/OH-FR)
		reporting	limit	. , , , , , , , , , , , , , , , , , , ,
9 PERIOD	Month Day Year	M	onth Day	Year
COVERED	10/02/2023	THROUGH	12/31/2023	3
10 ELECTION	ELECTION DATE		TION TYPE	_
	Month Day Year	X Primary Ru	inoff	Other
	03/05/2024	General Sp	ecial	
11 OFFICE	OFFICE HELD (if any)	I	FICE SOUGHT	
	None El Paso	Dis	trict Attorney I	District 34th Judici
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Trejo, Alma R. (Ms.)		14 Filer ID 00088029	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exp These expenditures may have been made w officeholders are required to report this infor	thout the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	9. 2910			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 20.00
		AL CONTRIBUTIONS L'EDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 18,594.75
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITION		\$ 28,415.96	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TRIOD	THE LAST DAY OF THE	\$ 3,384.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	\$ 10,000.00
17 AFFIDAVIT			penalty of perjury, that the ac ides all information required tode.	
			Ms. Alma R. Trejo	
		Signat	ture of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	rtify which, witness my hand and seal of offic	e.	
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 29

					3 01 29
18 FIL	ER NAM	ME	19 Filer ID	(Ethics C	ommission Filers)
Tre	ejo, Alm	na R. (Ms.)	00088029		
l		E SUBTOTALS		SLIB	TOTAL AMOUNT
NΑ	ME OF	SCHEDULE		302	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,594.75
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	10,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	25,105.71
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,310.25
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/29	
2	FILER NAME Trejo, Alma F	R. (Ms.)			3	Filer ID (Ethics Commission 00088029	n Filers)
4	Date 10/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	El Paso, TX 79903 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Date 10/26/2023			Self employed		Amount of Contribution (\$)	\$200.00
		Contributor address; City; State; Zip Code El Paso, TX 79902					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Self employed	<u>I</u> S)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#: Camarillo, Marco Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Court Report	oation / Job title (See Instructions) er		Employer (See Instructions County of El Paso-CCR			
	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#: Carter, Thomas Contributor address; City; State; Zip Code El Paso, TX 79912			•	Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/29	
2	FILER NAME Trejo, Alma F	R. (Ms.)			3	Filer ID (Ethics Commission 00088029	n Filers)
4	Date 10/21/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions) 		
Ŭ	Attorney	sation, our title (See Institutions)	ľ	Retired	',		
	Date 11/27/2023	Full name of contributor out-of-s Cuccaro, Michael Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$97.01
		El Paso, TX 79912					
	Principal occu Executive Di	pation / Job title (See Instructions)		Employer (See Instructions Council of Judges	s)		
	Date		state PAC (ID#:)	Π	Amount of Contribution (\$)	
	10/26/2023	Enriquez, Jose Contributor address; City; State; Zip Co					\$244.18
		El Paso, TX 79938					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions	5)		
	Date 10/26/2023	Garza, Severo	state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/26/2023	Gomez, Michael	state PAC (ID#:)		Amount of Contribution (\$)	\$19.45
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions County Attorney's Office			

	MONET	ARY POLITICAL C	CONTRIBUTIO	N:	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/29	
2	FILER NAME Trejo, Alma I	R. (Ms.)				3	Filer ID (Ethics Commission 00088029	on Filers)
4	Date 10/26/2023	5 Full name of contributor Grajeda, Paul6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8		El Paso, TX 79902 pation / Job title (See Instructions) 9		Employer (See Instructions Self employed)		
	Date 10/16/2023	Full name of contributor Gutierrez, Luis Contributor address; City; St			Sell employed		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	El Paso, TX 79902 pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 11/01/2023	Full name of contributor Gutierrez, Yahara Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$300.00
	•	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/27/2023	Full name of contributor Hanshew, Soraya Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		State of Texas		Amount of Contribution (\$)	\$150.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed)		
	Date 10/16/2023	Full name of contributor Hernandez, Ruben Contributor address; City; St El Paso , TX 79902	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/29	
2	FILER NAME Trejo, Alma F	₹. (Ms.)			3	Filer ID (Ethics Commission 00088029	on Filers)
4	Date 10/26/2023	5 Full name of contributor [Herrera, Mary6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing age	El Paso, TX 79935	10	- Employer (Coe Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/26/2023	Full name of contributor [Huerta, Arturo Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occur	El Paso, TX 79930 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Retired	pation / cos title (cos monactions)		Employer (eee meadeliere	,		
	Date 10/26/2023	Full name of contributor Hughes, Thomas Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
		El Paso, TX 79901					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/26/2023	Full name of contributor Ivey , Ben Contributor address; City; Sta El Paso, TX 79902	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	()		
	Date 10/26/2023	Full name of contributor Jordan, Ann Contributor address; City; Sta Austin , TX 78735	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$970.10
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	i)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/29
2	FILER NAME Trejo, Alma F	R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088029
4	Date 10/26/2023	 Full name of contributor		7 Amount of Contribution (\$) \$250.00
_		El Paso, TX 79901		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 11/30/2023	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$300.00
	Principal occu	Austin , TX 78760 pation / Job title (See Instructions)	Employer (See Instructions	ns)
		,		•
	Date 10/26/2023	Full name of contributor out-of-state PAC (I Marquez, Susana Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$150.00
		El Paso , TX 79936		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 10/26/2023	Full name of contributor out-of-state PAC (II Martinez, Graciela Contributor address; City; State; Zip Code El Paso, TX 79936	D#:)	Amount of Contribution (\$)
	Principal occu Coordinator	pation / Job title (See Instructions)	Employer (See Instructions Texas RioGrande Lega	
	Date 10/26/2023	Full name of contributor out-of-state PAC (II Montoya, Roger Contributor address; City; State; Zip Code El Paso, TX 79901	D#:)	Amount of Contribution (\$)
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed	ns)
			I	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/29	
2	FILER NAME Trejo, Alma I	R. (Ms.)				3	Filer ID (Ethics Commission 00088029	on Filers)
4	Date 10/26/2023	5 Full name of contributor Moody, Joseph6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$1,000.00
8	Drincinal occu	El Paso, TX 79902 pation / Job title (See Instructions	.) Io		Employer (See Instructions	·/		
0		sentative/Attorney	,	J	State of Texas	·)		
	Date 10/16/2023	Full name of contributor Ortiz, Mario Contributor address; City; Si)		Amount of Contribution (\$)	\$1,000.00
	Deinainal assu	El Paso, TX 79902			Franks on (Cooks to the state of			
	Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self employed	5)		
	Date 10/25/2023	Full name of contributor Porras, Richard Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00
		El Paso, TX 79912						
	Principal occu Attorney	pation / Job title (See Instructions	;) 		Employer (See Instructions Business Owner	5)		
	Date 10/16/2023	Full name of contributor Portillo, Sylvia Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 10/23/2023	Full name of contributor Quijano, Dolph Contributor address; City; Si El Paso, TX 79930	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/29	
2	FILER NAME Trejo, Alma F	R. (Ms.)			3	Filer ID (Ethics Commission 00088029	n Filers)
4	Date 10/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Deireitade	Socorro, TX 79927	_	Faralassa (Osas kastaustissa			
8	Clerk	pation / Job title (See Instructions)	9	Employer (See Instructions County Clerk's Office	5)		
	Date 12/21/2023	Full name of contributor)	-	Amount of Contribution (\$)	\$100.00
	Principal occur	El Paso, TX 79901 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Attorney	Jation / Job title (See matractions)		Self employed	>)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Reyes, Pete Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925					
	Principal occu Contractor	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_Rios, Erica Contributor address; City; State; Zip Code El Paso, TX 79901)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_ Robles, Ruth Contributor address; City; State; Zip Code El Paso, TX 79930			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete t	his forn	n.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/29	
2	FILER NAME Trejo, Alma F	R. (Ms.)			3	Filer ID (Ethics Commission 00088029	on Filers)
4	Date 11/05/2023	 Full name of contributor out-of-state PAC Rodriguez, Yvonne Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occur	El Paso, TX 79912 pation / Job title (See Instructions)	la la	Employer (See Instructions	;) 		
•	Attorney	valion / Job title (See matrictions)		None	P)		
	Date 10/26/2023	Full name of contributor out-of-state PAC Salas, Rafael Contributor address; City; State; Zip Code	-)	•	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902					
	Principal occu _l Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	s)		
	Date 10/26/2023	Full name of contributor out-of-state PAC Seanez, Rosalva Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Horizon, TX 79928					
	Principal occu _l Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 11/02/2023	Full name of contributor out-of-state PAC Solis, Araceli Contributor address; City; State; Zip Code El Paso, TX 79901	-)		Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	<u>l </u>		
	Date 10/26/2023	Full name of contributor out-of-state PAC Soto, Magda Contributor address; City; State; Zip Code El Paso, TX 79925)	•	Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Warach Soto & Associa			
	- 7						

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/29	
2	FILER NAME Trejo, Alma F	R. (Ms.)			3	Filer ID (Ethics Commission 00088029	n Filers)
4	Date 11/21/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$48.50
8	Principal occur	El Paso , TX 79924 pation / Job title (See Instructions)	Ιa	Employer (See Instructions	:) 		
_	Attorney	pation / Job title (See Instructions)		County Attorney's Office			
	Date 10/26/2023	Full name of contributor out-of-state PAC (ID#:_Valdez, Adan Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Dringing Lagary	El Paso, TX 79912	_	Franks on (Cas Instructions			
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions District Attorney's Office			
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_Veith, Joseph Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$145.51
		El Paso, TX 79912	_				
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Velarde, Ray Contributor address; City; State; Zip Code El Paso, TX 79902)		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_ Weiser, Gary Contributor address; City; State; Zip Code El Paso, TX 79912				Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	s)		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/29 2 FILER NAME Trejo, Alma R. (Ms.) 4 Date 10/16/2023 Wyatt & Underwood 6 Contributor address; City; State; Zip Code El Paso, TX 79901 8 Principal occupation / Job title (See Instructions) Attorneys 9 Employer (See Instructions) Wyatt & Underwood		MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
2 FILER NAME Trejo, Alma R. (Ms.) 4 Date 10/16/2023 Wyatt &, Underwood \$2,500. 6 Contributor address; City; State; Zip Code EI Paso, TX 79901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		The Instruction Guide explains how to complete this form.				1		
10/16/2023 Wyatt &, Underwood \$2,500. 6 Contributor address; City; State; Zip Code El Paso, TX 79901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	2					3		n Filers)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	4		Wyatt &, Underwood 6 Contributor address; City; State; Zip Code	:		7		\$2,500.00
Attorneys Wyatt & Underwood	8		I .	9		S)		

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete th	is form.	1	ages Schedule E: /1 Rpt: 14/29
2	FILER NAME Trejo, Alma R. (Ms.)			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 12/18/2023	7 Name of lender out-of-stat Trejo, Alma	e PAC (ID#:		9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution?	8 Lender address; City; Stat	e; Zip Code		10 Interest Rate
	No	El Paso, TX 79925			11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction None	ons)	
14	Description of Col	lateral	15 Check if personal funds	were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; Stat	e; Zip Code		
20	Principal occupation	on	21 Employer (See Instruction	ons)	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┡	T-4-1 O-1 F1.	· · · · · · · · · · · · · · · · · · ·	_
	Total pages Schedule F1: Sch: 1/10 Rpt: 15/29	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Trejo, Alma R. (Ms.) 00088029	
4	Date	5 Payee name	_
ľ	10/20/2023	Adrianne Riley Photography	
L			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$225.00	501 Texas Ave #14	
		El Paso, TX 79901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Photo Session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	┨	
F	Date	Payee name	=
	12/05/2023	Adrianne Riley Photography	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$375.00	501 Texas Ave #14	
	φ373.00	501 Texas Ave #14	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Photos	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	10/18/2023	Airport Printing Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$925.67	7A Leigh Fisher Blvd	
		El Paso, TX 79906	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraiser invitations	
1			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			_

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		
1	Total pages Schedule F1:		ers)
Ļ	Sch: 2/10 Rpt: 16/29	Trejo, Alma R. (Ms.) 00088029	
4	Date	5 Payee name	
	11/06/2023	Airport Printing Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$499.51	7A Leigh Fisher Blvd	
		El Doco TV 70006	
8	PURPOSE	El Paso, TX 79906	
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Door Hangers	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/15/2023	Airport Printing Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$888.89	7A Leigh Fisher Blvd	
		El Paso, TX 79906	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Door Hanger	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	12/13/2023	Airport Printing Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$486.04	7A Leigh Fisher Blvd	
		El Paso, TX 79906	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Door hangers	
		Door narigers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

	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: 3/10 Rpt: 17/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	11/20/2023	Chuco Relic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$192.79	3750 Gateway Blvd E
		Ste B
		El Paso, TX 79905
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense T-shirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2023	Chuco Relic
	Amount (\$)	Payee address; City; State; Zip Code
	\$192.79	3750 Gateway Blvd E
		Ste B
		El Paso, TX 79905
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense T-shirts
		1-311116
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/20/2023	Display Services Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.26	821 N Raynor St
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Signs
		Signs
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Loan Repaym
Fees Office Overhe
Food/Beverage Expense Polling Expen
Gitt/Awards/Memorials Expense Printing Expen
Legal Services Salaries/Wago

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: 4/10 Rpt: 18/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	11/17/2023	Display Services Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,669.22	821 N Raynor St
		El Paso, TX 79903
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political signs
		T official digital
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	12/26/2023	Display Services Inc
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$3,756.27	821 N Raynor St
	ψ3,130.21	521 W Raynor St
		El Paso, TX 79903
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	10/19/2023	HB Pro Sound
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.25	6000 Gateway Blvd E
		El Paso , TX 79905
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rental Fee for Lectern
		Refilal Fee IUI LecteIII
\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)
se Event Expense Loan Repayment/Reimbu

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

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	ll 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: 5/10 Rpt: 19/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	11/02/2023	Hernandez, Chris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	565 Riverdale
		El Paso, TX 79907
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Voter Database
		Voici Buttibuse
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	
		Payee name
	11/22/2023	Hernandez, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,096.00	565 Riverdale
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing
		Curivassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davies wares
	Date 12/05/2023	Payee name Hernandez, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,180.00	565 Riverdale
		El Paso, TX 79907
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing
		Carryassing
	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

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 20/29	Trejo, Alma R. (Ms.)	00088029
4	Date	5 Payee name	•
	12/23/2023	Hernandez, Chris	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,930.00	565 Riverdale	
		El Paso, TX 79907	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Canvassing
_	2		25.111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	12/23/2023	Hernandez, Chris	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	565 Riverdale	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Consultant Fee
			Consultant 1 co
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	
-	Date	Payee name	
	12/05/2023	Hernandez, Chris	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	565 Riverdale	
	φο,σσσ.σσ	ooo riverdale	
		El Paso, TX 79907	
	D. 100.00		
	PURPOSE OF	, -	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
			Consultant fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

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

	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: 7/10 Rpt: 21/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	10/29/2023	Ordonez, Lilia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1736 Valley View Dr
		Cedar Hill, TX 75104
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Logo
		Logo
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/26/2023	Pay Pal
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.90	2211 N. 1st St
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
L	10/26/2023	Pay Pal
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.55	2211 N. 1st St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense
		Fee
_	Operation Objects "	On didn't 10 ff a halden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

	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: 8/10 Rpt: 22/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	10/26/2023	Pay Pal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.82	2211 N. 1st St
		San Jose, CA 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/21/2023	Pay Pal
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1.50	2211 N. 1st St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/27/2023	Pay Pal
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	2211 N. 1st St
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 9/10 Rpt: 23/29	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	12/22/2023	Pay Pal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.49	2211 N. 1st St
		San Jose, CA 95131
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	11/20/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	PO Box 15707
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Filing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	10/26/2023	The Garrison
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,372.00	420 E San Antonio Ave
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fundraiser food/drinks
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

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	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission	on Filers)
	Sch: 10/10 Rpt: 24/29	Trejo, Alma R. (Ms.)	00088029	
4	Date	5 Payee name	-	
	11/20/2023	The UPS Store		
6	Amount (\$) \$17.13	7 Payee address; City; State; Zip Code 8900 Viscount		
		El Paso, TX 79925		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Filing documents	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held	
	Date	Payee name		
l	11/20/2023	Walmart Online		
	Amount (\$) \$35.64	Payee address; City; State; Zip Code 702 SW 8th St		
		Bentonville, AR 72716		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Checks	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Order Checks	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 1/5 Rpt: 25/29 Trejo, Alma R. (Ms.) 00088029 Date Payee name 11/10/2023 ACT Blue-El Paso Democratic Party Amount (\$) Payee address; City; State; Zip Code \$200.00 1401 Montana Ste E Reimbursement from political contributions Х intended El Paso, TX 79902 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Sponsor at Thanksgiving Parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2023 Act Blue Westside Democrats of El Paso Amount (\$) Payee address; City; State; Zip Code \$22.00 405 Valplano Dr Reimbursement from political contributions El Paso, TX 79912 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Membership dues **EXPENDITURE** Yearly membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/01/2023 Act Blue Westside Democrats of El Paso Payee address; City; State; Zip Code Amount (\$) \$100.00 405 Valplano Dr Reimbursement from political contributions intended El Paso, TX 79912 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Sponsorship of candidate's forum Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 26/29 Trejo, Alma R. (Ms.) 00088029 Date Payee name 10/25/2023 Adrianne Riley Photography Amount (\$) Payee address; City; State; Zip Code \$150.00 501 Texas Ave #14 Reimbursement from political contributions Х intended El Paso, TX 79901 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Extra images Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Black El Paso Democrats Amount (\$) Payee address; City; State; Zip Code \$25.00 PO Box 371425 Reimbursement from political contributions El Paso, TX 79937 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Dues **EXPENDITURE** Yearly membership dues Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 12/08/2023 Eastside Democrats of El Paso State; Zip Code Amount (\$) Payee address; City; \$75.00 8904 WH Burges Reimbursement from political contributions intended El Paso, TX 79925 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Xmas party sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/5 Rpt: 27/29 Trejo, Alma R. (Ms.) 00088029 Date Payee name 10/25/2023 Hernandez, Chris Payee address; Amount (\$) City; State; Zip Code \$2,000.00 565 Riverdale Reimbursement from political contributions Х intended El Paso, TX 79907 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consultant Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/22/2023 Home Depot Amount (\$) Payee address; City; State; Zip Code \$134.23 11360 Rojas Dr Reimbursement from political contributions Χ El Paso, TX 79936 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Rebar for political signs Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/14/2023 Leo Marketing LLC Payee address; State; Zip Code Amount (\$) City; \$243.56 1127 Rio Grande Reimbursement from Χ political contributions intended El Paso, TX 79902 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Invitation Design-Fundraiser

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 explain	s how to complete this form.	
1	Total pages Schedule G:	2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 28/29	Trejo, Alma	a R. (Ms.)		00088029
4	Date	5 Payee name	9		•
	12/12/2023	NAACP of			
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Code	
	\$100.00	PO Box 44	•		
	Reimbursement from				
	political contributions intended	El Paso, T	V 7001 <i>1</i>		
_				10.2	
8	PURPOSE OF		See Categories listed at the top of this s	chedule) (b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Event Expe	ense		
				tickets-Jazz Br	unch
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name	Office sought	Office held
	Date	Payee name	2		
	10/02/2023	The UPS S			
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Code	
	\$76.00	8900 Visco		-, -,p	
	X Reimbursement from political contributions intended	El Paso, T	X 79925		
	x political contributions intended purpose		X 79925 See Categories listed at the top of this s	chedule) Description	Check if travel outside of Texas. Complete Schedule T.
	y political contributions intended PURPOSE OF			chedule) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	x political contributions intended purpose	Category (s		chedule) Description PO Box Rental	
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	PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (s	See Categories listed at the top of this s		Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit	Category (s Rental	See Categories listed at the top of this s	PO Box Rental	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (s Rental	See Categories listed at the top of this s	PO Box Rental	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (s Rental Candidate/Office	See Categories listed at the top of this seholder name	PO Box Rental	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (s Rental Candidate/Office	See Categories listed at the top of this seholder name	PO Box Rental	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Category (s Rental Candidate/Office	See Categories listed at the top of this seholder name	PO Box Rental	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 12/28/2023	Category (s Rental Candidate/Office Payee name The UPS S	See Categories listed at the top of this seholder name Store ess; City; Stat	PO Box Rental Office sought	Check if Austin, TX, officeholder living expense
	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 12/28/2023 Amount (\$) Reimbursement from	Category (s Rental Candidate/Office Payee name The UPS S Payee addre	See Categories listed at the top of this seholder name Store ess; City; Stat	PO Box Rental Office sought	Check if Austin, TX, officeholder living expense
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	PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 12/28/2023 Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE	Category (s Rental Candidate/Office Payee name The UPS S Payee addre 8900 Visco El Paso, TX Category (s	See Categories listed at the top of this seholder name Store Store State Categories listed at the top of this separate the season of the sea	PO Box Rental Office sought e; Zip Code Chedule) Description	Check if Austin, TX, officeholder living expense Office held Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 5/5 Rpt: 29/29 Trejo, Alma R. (Ms.) 00088029 Date Payee name 11/17/2023 **Tovar Printing** 6 Amount (\$) Payee address; City; State; Zip Code \$58.46 1230 Texas Ave Reimbursement from political contributions intended Х El Paso, TX 79901 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Name tags Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH