#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 18 00088029 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Alma R. NAME Date Received **ELECTRONICALLY FILED** 02/27/2024 NICKNAME LAST **SUFFIX** Trejo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 8900 Viscount Blvd. #AN-274 MAILING Receipt # Amount **ADDRESS** Change of Address El Paso, TX 79925 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Edward X. NAME NICKNAME LAST **SUFFIX** Rios STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 8900 Viscount Blvd. #AN-274 **ADDRESS** (Residence or Business) El Paso, TX 79925 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 328-6026 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

July 15

Day

Day

03/05/2024

OFFICE HELD (if any)

**ELECTION DATE** 

01/26/2024

Year

Year

Month

Month

8th day before election

**THROUGH** 

χ Primary

General

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

02/24/2024

12 OFFICE SOUGHT (if known)

Culberson, and Hudspeth

Final Report (Attach C/OH-FR)

Year

Other

District Attorney (Multi-county) District 34 El\_paso,

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 18

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 e These expenditures may have been made officeholders are required to report this inf	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDICESS		
	Gr Edwid			
		COMMITTEE CAMPAIGN TREASURER I	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHI ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	<b>\$</b> 4,836.54
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 69,120.21
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 3,700.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO. TING PERIOD	ANS AS OF THE LAST DAY	\$ 10,000.00
<b>17</b> AFFIDAVIT			er penalty of perjury, that the ac cludes all information required t Code.	
			Ms. Alma R. Trejo	
		Sigr	nature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
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 of	ffice.	
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

## SUBTOTALS - C/OH COVER SHEET PG 3 3 of 18 8 FILER NAME Train Alma P. (Ms.) 00088039

18 FILI	ER NAN	(Ethics C	Commission Filers)		
	jo, Alm	00088029			
		E SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,836.54
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	_
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	10,938.50
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	58,181.71
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 F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	CONTRIBUTION	IS 		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/18			
2	FILER NAME Trejo, Alma I	R. (Ms.)	3	Filer ID (Ethics Commission 00088029	on Filers)		
4	Date 01/30/2024	<ul><li>5 Full name of contributor Cuccaro, Michael</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$97.01
		El Paso, TX 79912		5 1 (0 1 1 1			
8	Principal occu Executive Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Council of Judges	5)		
	Date 02/22/2024					Amount of Contribution (\$)	\$1,000.00
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Student	,		None	-,		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$48.50	
		El Paso , TX 79936					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#: 01/30/2024 Moody, Joseph  Contributor address; City; State; Zip Code  El Paso, TX 79902		)		Amount of Contribution (\$)	\$1,000.00	
	•	pation / Job title (See Instructions) sentative/Attorney		Employer (See Instructions State of Texas	5)		
	Date O2/09/2024 Full name of contributor out-of-state PAC (ID#:  Moore, Dennis  Contributor address; City; State; Zip Code  El Paso, TX 79922					Amount of Contribution (\$)	\$194.02
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/18	
2	FILER NAME Trejo, Alma R. (Ms.)				3	Filer ID (Ethics Commission 00088029	on Filers)
4	Date 02/22/2024			)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Attorney	El Paso, TX 79922 pation / Job title (See Instructions)	9	Employer (See Instructions El Paso Public Defende		Office	
	Date 02/08/2024	Ramirez, Andrea  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
				Employer (See Instructions Project Amistad	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:_02/08/2024 Trejo, Elpidia  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Fabens, TX 79838 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Police Office	pation / Job title (See Instructions)		Employer (See Instructions El Paso Police Departm			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00	
	Principal occu Server	pation / Job title (See Instructions)		Employer (See Instructions Texas Roadhouse	s)		

N	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
Т	he Instru	ction Guide explains how to complete this f	Total pages Schedule A1: Sch: 3/3 Rpt: 6/18		
	ILER NAME rejo, Alma		3	Filer ID (Ethics Commission Filers) 00088029	
					Amount of Contribution (\$) \$100.00
<b>8</b> P	Principal occu	El Paso, TX 79938  upation / Job title (See Instructions)	9 Employer (See Instructions	 	
S	Server		Texas Roadhouse		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_ Valenzuela, Felix Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$97.01
	Principal occu	El Paso, TX 79902  upation / Job title (See Instructions)	Employer (See Instructions Self Employed	<u> </u> s)	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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 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: 1/5 Rpt: 7/18	Trejo, Alma R. (Ms.)	00088029
4	Date	5 Payee name	·
	02/06/2024	Black El Paso Democrats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	PO Box 371425	
		El Paso, TX 79937	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Ad in program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
H	D-1-		
	Date	Payee name	
	02/01/2024	Display Services Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,901.10	821 N Raynor St	
		El Paso, TX 79903	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/31/2024	Fair Data	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,835.00	565 Riverdale	
		El Paso, TX 79907	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Texts
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
H			

#### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Bit
Contributions/ Donations Made By Graduitons/ Contributions/ Contrib

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

st Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not 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: 2/5 Rpt: 8/18	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	01/31/2024	Hernandez, Chris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	565 Riverdale
		El Paso, TX 79907
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting expense
		Consulting expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2024	Hernandez, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,130.00	565 Riverdale
	<del>+</del> =,=00.00	
		El Paso, TX 79907
	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.  Check if Austin, TX, officeholder living expense
		Canvassing expense
		Gaintageing expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/29/2024	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.77	11360 Rojas Dr
	·	
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Rebar Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Rebar for signs
		Repai tot signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 9/18	Trejo, Alma R. (Ms.)	00088029
4	Date	5 Payee name	•
	01/29/2024	Lowe's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$190.97	12100 Montana Ave	
		El Paso, TX 79938	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Stakes Check if tra	vel outside of Texas. Complete Schedule T.
	EXPENDITURE		stin, TX, officeholder living expense
		Stakes for	signs
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		000
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	01/30/2024	Pay Pal	
	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// analaising Expense	vel outside of Texas. Complete Schedule T.
		Fee	stin, TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
_	Date	Payee name	
	01/26/2024	Pay Pal	
	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		vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		Fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	S. portalitate to bottonic 0/01	•	

#### SCHEDULE F1

**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 Travel in District

	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: 4/5 Rpt: 10/18	Trejo, Alma R. (Ms.)  00088029	
4	Date	5 Payee name	
	02/09/2024	Pay Pal	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.99	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	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/09/2024	Pay Pal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.98	2211 N. 1st St	
		San Jose, CA 95131	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	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/OI		
	Date	Payee name	_
	02/06/2024	RC Graphics Designs	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$189.44	12230 Coral Gate Dr	
	Ф109.44	12230 Cordi Gale Di	
		51 D TV 70000	
		El Paso, TX 79936	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Pushcards	
		. 33.133.33	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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)
L	Sch: 5/5 Rpt: 11/18	Trejo, Alma R. (Ms.) 00088029
4	Date	5 Payee name
	02/01/2024	Townsquare Media El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	4180 N. Mesa
		El Paso, TX 79902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email campaign
		Email campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/O	
	Date	Payee name
	01/29/2024	Wholesale Lumber
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.76	206 Fabens Rd
		Fabens, TX 79838
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Plastic Ties Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ties for signs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
1		

#### 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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)		
			The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAM	ΙE			3 F	iler ID (	(Ethics Commission Filers)	
	Sch: 1/7 Rpt: 12/18	Trejo, Alm	a R. (Ms.)			0	0088029	)	
4	Date	5 Payee name	e						
	02/15/2024		nting Service						
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode				
	\$29,794.62	7 Leigh Fis	•						
	Reimbursement from	Ste A							
	X political contributions		V 70006						
	intended	El Paso, T	X 79900		<del>-</del>				
8	PURPOSE OF	(a) Category (	See Categories listed at the top of this sch	nedule)	(b) Description	<b>≓</b>		tside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising	g Expense		L	_		X, officeholder living expense	
					Printing and post	tage f	or maile	r	
9	Complete ONLY if direct	Candidate/Office	eholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee nam	e						
	02/12/2024	Chuco Rel	ic						
	Amount (\$)	Payee addr	Payee address; City; State; Zip Code						
	\$420.52	3750 Gate	way Blvd E						
	Reimbursement from	Ste B							
	x political contributions intended	El Paso, TX 79905							
	PURPOSE	Category (	See Categories listed at the top of this sch	nedule)	Description	Chec	ck if travel ou	tside of Texas. Complete Schedule T.	
	OF	Polling Ex		icuuic)				X, officeholder living expense	
	EXPENDITURE		Jense		T-shirts	_			
_	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought			Office held	
	expenditure to benefit	Carraractor Cinio	Shorder Harrie		omoo sought			Omoc noid	
	C/OH								
	Date	Payee nam	 e						
	02/19/2024	Chuco Rel							
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	nde				
	\$420.53	1 1	way Blvd E	,p =.					
		Ste B	way biva L						
	Reimbursement from political contributions		V 7000F						
	intended	El Paso, T	X 79905						
	PURPOSE OF	Category (	See Categories listed at the top of this sch	nedule)	Description	=		tside of Texas. Complete Schedule T.	
	EXPENDITURE	Polling Ex	oense		L	Chec	ck if Austin, T	X, officeholder living expense	
					tshirts				
		Candidate/Office	eholder name		Office sought		_	Office held	
	expenditure to benefit C/OH								
$\vdash$									

#### 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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Pollir nse Printi Salai	ng Expense ing Expense ries/Wages/Contract Labo	or	Travel in District Travel Out of District OTHER (enter a category not listed above)		
				The Instruction Guide explains how to complete this form.		n.			
1		2 FILE	R NAME			3	Filer ID	(Ethics Commission Fil	lers)
	Sch: 2/7 Rpt: 13/18	Trej	o, Alma R. (Ms.)				000880	29	
4	Date	5 Paye	e name						
	02/06/2024	Cos	СО						
6	Amount (\$)	<b>7</b> Paye	e address; City;	State; Zip	Code				
	\$90.93	610	Gateway Blvd W						
	Reimbursement from	Ste							
	X political contributions intended		El Paso, TX 79925						
_					(h) Deceriation	По	book if troval	autoido of Toyon Complete Cob	adula T
8	PURPOSE OF	l` ′	GOTY (See Categories listed at the top	of this schedule)	(b) Description	=		outside of Texas. Complete Sch n, TX, officeholder living expense	
	EXPENDITURE	F000	d/Beverage Expense		Snacks for s	ш			
					Shacks for s	CIIIOI CI	uzen visi	its	
_	Complete ONLY if direct	Condidat	o/Officeholder name		Office cour	ah+		Office hold	
9	Complete ONLY if direct expenditure to benefit	Candidai	e/Onicenoider name		Office souç	gnı		Office held	
	C/OH								
	Date	Pave	e name						
	02/07/2024	Cos							
	Amount (\$)	Pave	e address; City;	State; Zip	Code				
	\$129.90	1 1	. Gateway Blvd W	Otato, Lip	Couc				
		Ste							
	Reimbursement from political contributions								
	intended	EIP	aso, TX 79925						
	PURPOSE OF	1	GOTY (See Categories listed at the top	of this schedule)	Descriptio			outside of Texas. Complete Sch	
	EXPENDITURE	Food	ood/Beverage Expense			Check if Austin, TX, officeholder living expense  acks for senior citizen centers			
					Shacks for s	enior ci	uzen cer	ilers	
_	Operation ONLY if allower	0 11 - 1 4	- /O#: l l-l		0#:			O#: I I-I	
	Complete ONLY if direct expenditure to benefit	Candidai	e/Onicenoider name		Office souç	gnı		Office held	
	C/OH								
	Date	Pave	e name						
	02/17/2024	1 .	ernali, Maria						
_	Amount (\$)	-	e address; City;	State; Zip	Code				
	\$4,401.33	""	Oity,	- Lip	- 540				
	Reimbursement from								
	political contributions intended	San	Elizario, TX 79849						
	PURPOSE	Cate	GORY (See Categories listed at the top	of this schedule)	Descriptio	_		outside of Texas. Complete Sch	
OF EXPENDITURE		Polli	ng Expense			ш	heck if Austir	n, TX, officeholder living expense	
					Poll workers				
	Complete ONLY if direct expenditure to benefit	Candidat	e/Officeholder name		Office sou	ght		Office held	
	C/OH								
$\vdash$									

#### 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

Travel in District

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense 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: 3/7 Rpt: 14/18 Trejo, Alma R. (Ms.) 00088029 Date Payee name 02/06/2024 Eastside Democrats of El Paso Amount (\$) Payee address; City; State; Zip Code \$50.00 8904 WH Burges Reimbursement from political contributions intended El Paso, TX 79925 **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** Donation for food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/15/2024 Facebook Amount (\$) Payee address; City; State; Zip Code \$10.00 1 Hacker Way Reimbursement from political contributions Menlo Park, CA 94025 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** Facebook ads Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/18/2024 Facebook Payee address; State; Zip Code Amount (\$) City; \$4.96 1 Hacker Way Reimbursement from political contributions intended Menlo Park, CA 94025 **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 Advertising Expense **EXPENDITURE** Facebook ads 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 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

	Constitutions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment		G ee Le	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel II District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule G: 2		2 FILE	2 FILER NAME					3	Filer ID (Ethics Co	mmission Filers)
	Sch: 4/7 Rpt: 15/18 Trejo, Alma			a R. (Ms.) 00088029						
4	Date	<b>5</b> Pay	/ee name							
	02/17/2024	Fac	cebook							
6	Amount (\$)	<b>7</b> Pay	ee address	; City;	State;	Zip Co	de			
	\$10.00	1 H	lacker Wa	y						
	Reimbursement from political contributions intended	Mei	nlo Park, (	CA 94025						
8	PURPOSE OF	(a) Cate	egory (See	Categories listed at the	top of this sche	dule)	(b) Description	_	eck if travel outside of Texas	·
	EXPENDITURE	Adv	vertising E	xpense			L	Ch	eck if Austin, TX, officeholde	er living expense
							Facebook ads			
L	2									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Officeho	lder name			Office sought		Office hel	d
	Date	Pay	/ee name							
	01/27/2024	Lov	we's							
Amount (\$) Pay			Payee address; City; State; Zip Code							
\$49.71 12100 Montana Ave										
	Reimbursement from									
	X political contributions intended	ELF	Paso, TX 7	9938						
	PURPOSE	Cate	egory (See	Categories listed at the	top of this sche	dule)	Description	Ch	eck if travel outside of Texas	s. Complete Schedule T.
	OF EXPENDITURE	Sta	ıkes					Ch	eck if Austin, TX, officeholde	er living expense
							Stakes for signs			
Complete <u>ONLY</u> if direct expenditure to benefit		Candidate/Officeholder name			Office sought Office held					
	C/OH									
F	Date	Day	/ee name							
	02/17/2024	1 1	Graphics	Designs						
	Amount (\$)		/ee address		State:	Zip Co				
	\$1,510.09	1 1	230 Coral	•	State,	Zip Co	uc			
	Reimbursement from		200 00141	outo D.						
	x political contributions intended	ELF	Paso, TX 7	'9936						
	PURPOSE	Cate	egory (See	Categories listed at the	top of this sche	dule)	Description	_	eck if travel outside of Texas	·
OF Print			Printing Expense Check if Austin, TX, officeholder living expense							
							Flyers for canvas	ssınç	g	
L	Complete ONLY if direct	Candida	ato/Officaba	ldor nama			Office sought		Office had	d
	Complete ONLY if direct expenditure to benefit C/OH	Candida	ate/Officeho	ider name			Office sought		Office hel	u
l										

#### SCHEDULE G

#### **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	I Committee Le	ood/Beverage Expense ift/Awards/Memorials Expense egal Services 'he Instruction Guide explains h		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 5/7 Rpt: 16/18	<b>2</b> FILER NAME Trejo, Alma R	R. (Ms.)			ı	Filer ID (Ethics Commission Filers) 00088029			
4	Date	5 Payee name				<u> </u>				
	02/21/2024	RC Graphics	Designs							
6	Amount (\$)	<b>7</b> Payee address		Zip Co	de					
	\$433.54	12230 Coral (								
	Reimbursement from political contributions intended	El Paso, TX 7	79936							
8	PURPOSE	(a) Category (See	Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Printing Expe	nse			Ch	eck if Austin, TX, officeholder living expense			
					Pushcards					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeho	lder name		Office sought		Office held			
	Date	Payee name								
	02/21/2024	Results Video	LLC							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,000.00	4225 Emory Road								
	Reimbursement from									
	X political contributions intended	El Paso, TX 7	79922							
	PURPOSE	Category (See	Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense					
					Commercial prod	ducti	ion			
	Complete ONLY if direct	Candidate/Officeho	ldor namo		Office sought		Office held			
	expenditure to benefit	Candidate/Oniceno	idei name		Office Sought		Office field			
	C/OH									
	Date	Payee name								
	01/30/2024	Rivera Desigr	n & Creative							
	Amount (\$)	Payee address	; City; State;	Zip Co	de					
	\$81.18	1515 Vista De	e Oro							
	Reimbursement from political contributions intended	El Paso, TX 7	79935							
	PURPOSE	Category (See	Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Polling Exper	ise			Ch	eck if Austin, TX, officeholder living expense			
					Design-Pushcard	d				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeho	lder name		Office sought		Office held			

#### SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries							
_		-		ompiete tins form.	_					
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)				
	Sch: 6/7 Rpt: 17/18		Trejo, Alma R. (Ms.)		L	00088029				
4	Date	5	Payee name							
	02/13/2024		Rivera Design & Creative							
6	Amount (\$)	7	Payee address; City; State; Zip C	ode						
	\$364.40		1515 Vista De Oro							
	Reimbursement from									
	X political contributions		El Dana TV 70025							
	intended		El Paso, TX 79935	· =						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	≓	heck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Advertising Expense	L L		heck if Austin, TX, officeholder living expense				
				Mailer design						
9		Car	ndidate/Officeholder name	Office sought		Office held				
	expenditure to benefit C/OH									
	Date		Payee name							
	02/06/2024		Stonewall Democrats of El Paso							
Amount (\$)			Payee address; City; State; Zip Code							
	\$100.00									
	Reimbursement from									
	political contributions intended		El Paso, TX							
_		┡		I Bereitation F	<del>-</del> -					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description [	=	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense				
EXPENDITURE			Event Expense	L Most and Crost	_					
Mee				INICEL AND GIECE	Meet and Greet contribution					
_	0 1: 0 1: 0	<u>_</u>	111.10%	0"	_	0" 1 11				
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held				
	C/OH									
H	Date		Davies mana		=					
	02/21/2024		Payee name The Lee Agency							
		_	The Lee Agency							
	Amount (\$)		Payee address; City; State; Zip C	ode						
	\$17,310.00		313 Skyway							
	Reimbursement from political contributions									
	political contributions intended		El Paso, TX 79912							
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	heck if travel outside of Texas. Complete Schedule T.				
OF Advertising			Advertising Expense	sing Expense						
EXPENDITURE Advertising Expense TV commercial on KVIA						(VIA				
	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name	Office sought	_	Office held				
	expenditure to benefit									
	C/OH				_					

#### 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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/7 Rpt: 18/18 Trejo, Alma R. (Ms.) 00088029 Date Payee name 02/09/2024 Townsquare Media El Paso 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 4180 N. Mesa Reimbursement from political contributions intended Х El Paso, TX 79902 **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** Social media ads Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH