CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Comm 00026389		2 Total pages filed: 10	
3 CANDIDATE /	MS / MRS / MR	FIRST	L	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	The Honorable	Joseph C.			Date Received	
TW WIL					ELECTRONICALLY FILED	
	AUGUALANE				07/02/2024	
	NICKNAME Joe	LAST Pickett		SUFFIX	01/02/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
MAILING ADDRESS	3606 Wooster Lane				Receipt # Amount	
Change of Address	El Paso, TX 79936					
	Li 1 430, 17, 73330				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME		Joseph C.				
	NICKNAME	LAST		SUFFIX		
		Pickett				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP C	CODE
TREASURER ADDRESS	3606 Wooster Ln.					
(Residence or Business)	El Dago TV 70026					
	El Paso, TX 79936					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(915) 637-5707					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer	r
					appointment (officeholder only)	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	ELECTION DATE Month Day Year	P	rimary	ELECTION TYPE Runoff	X Other	
	06/30/2024		-		<u>—</u>	
			eneral	Special	Not on any ballot at this	time
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 79		State Represent	ative District 79	
		CO T	O DAGE 2			
		GU I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Pickett, Joseph C. (T	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER N	NAME						
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAI		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 1,544.43					
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 1,264.25							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 7,888.06					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	F THE LAST DAY OF THE	\$ 248,597.39					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOATING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT			r penalty of perjury, that the acc cludes all information required to Code.						
		The	e Honorable Joseph C. Picke	ett					
		Sign	ature of Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
		aid		day					
	cer administering	ertify which, witness my hand and seal of off		administering oath					
Signature of offi	oo. dammistering	. Timed hame of officer duffillistering	The of officer	administering out					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVER OHEET	3 of 10
	ER NAM kett, Jo	ME oseph C. (The Honorable)	19 Filer ID 00026389	(Ethics Commission	Filers)
	HEDUL ME OF	SUBTOTAL AN	MOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,544.43
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	\$	7,111.18	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	776.88	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$		
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	

ONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
e Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	
R NAME			3 Filer ID (Ethics Commission Filers) 00026389
e 11/2024		7 Amount of Contribution (\$) \$1,544.4	
	El Paso, TX 79936		
cipal occu	pation / Job title (See Instructions)	9 Employer (See Instruction:	is)
	R NAME ett, Jose 1/2024	R NAME ett, Joseph C. (The Honorable) 5 Full name of contributor out-of-state PAC (ID El Pasoans for Truth and Transparency 6 Contributor address; City; State; Zip Code	ett, Joseph C. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) El Pasoans for Truth and Transparency 6 Contributor address; City; State; Zip Code El Paso, TX 79936

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services	us Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict category not listed abov	e)
	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	n Filers)
	Sch: 1/6 Rpt: 5/10		Pickett, Jose	eph C. (The H	onorable)					00026389		
4	Date	5	Payee name					•				
	04/08/2024	ı	Alpha Insura	ance								
6	Amount (\$)	7	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$273.00		10780 Pebb	le Hills								
			El Paso, TX	79935								
8	PURPOSE	(a)	Category (so	e Categories listed a	t the top of this s	chodulo)	(b)	Description				
	OF	l`		s/Donations N		criedule)	` ´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Po		mittee		—		officeholder living		
								Insurance co	ntril	butionfor No	on-profit	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	05/14/2024		Chavez, No	rma								
	Amount (\$)	ı	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$1,000.00		824 Bolivia									
			El Paso, TX	79903								
	PURPOSE OF	(a)	Category (Se	e Categories listed a	t the top of this s	chedule)	(b)	Description				
	EXPENDITURE			s/Donations N Officeholder/Po	,	mittoo		_		de of Texas. Com officeholder living	plete Schedule T.	
			Carididate/C	micenoluenec	nilicai Com	millee		Campaign Co			у схренае	
								1 3				
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/25/2024		Eastside De	mocrats								
	Amount (\$)		Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$100.00		8904 WH Bu	-		•						
			El Paso, TX	79925								
	PURPOSE	-		e Categories listed a	t the ten of this s	obodulo)	(b)	Description				
	OF	``		s/Donations N		criedule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Officeholder/Po		mittee				officeholder living		
								Donation for I	me	mbership ne	eeds	
							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	- parametric to action 0/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 2/6 Rpt: 6/10	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	02/17/2024	Farone, Pete
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O.Box 962395
		El Paso, TX 79996
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee
		Campaign Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2024	Gonzalez, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1400 Desierto Rico
		El Paso, TX 79912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaigh Contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	01/26/2024	Munoz, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.00	3648 Wooster
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Community cleanup in general and for non-profit
		organization
	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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	=	
1	Total pages Schedule F1: Sch: 3/6 Rpt: 7/10	2 FILER NAME Pickett, Joseph C. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00026389
4	Date	5 Payee name
	02/23/2024	Munoz, Ruben
6	Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 3648 Wooster El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Community cleanup in general and for non-profit organization
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2024	Munoz, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	3648 Wooster
	DUDDOG-	El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Community cleanup in general and for non-profit organization
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2024	Munoz, Ruben
	Amount (\$)	Payee address; City; State; Zip Code
	\$680.00	3648 Wooster
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Community cleanup in general and for non-profit organization
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/6 Rpt: 8/10	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	05/31/2024	Munoz, Ruben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	3648 Wooster
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Community cleanup in general and for non-profit
		organization
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/28/2024	Munoz, Ruben
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	3648 Wooster
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Community cleanup in general and for non-profit
		organization
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	03/01/2024	Payee name VISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.86	P.O. Box 15298
		Wilmington, DE 19850-5298
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		pay expenses that do not exceed \$220
		pay expenses that do not exceed \$220
	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 -

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/Officenoider/Politica 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: 5/6 Rpt: 9/10	Pickett, Joseph C. (The Honorable) 00026389
4	Date	5 Payee name
	04/02/2024	VISA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$183.03	P.O. Box 15298
	!	
		Wilmington, DE 19850-5298
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	pay expenses that do not exceed \$220
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/29/2024	VISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.75	P.O. Box 15298
	!	
		Wilmington, DE 19850-5298
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	pay expenses that do not exceed \$220
	!	psy 5.,ps.,ssc s 22 1 1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/04/2024	VISA
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.20	P.O. Box 15298
	410 20	1.0. Box 19230
	!	Wilmington, DE 19850-5298
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
	!	pay expenses that do not exceed \$220
	Camplete ONLY if direct	On did state / Office holder name Office acusts
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
	·	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	t/Awards/Memorials I gal Services ne Instruction Gu			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1: Sch: 6/6 Rpt: 10/10	ı	FILER NAME Pickett, Josep	h C. (The Hon	orable)				3	Filer ID 00026389	(Ethics Commission Filers)	
4	Date 06/26/2024		Payee name VISA									
6	Amount (\$) \$154.04		Payee address; P.O. Box 1529 Wilmington, D	98		Zip Co	de					
8	PURPOSE	—				Ī	(b)	December				
•	OF EXPENDITURE	(<i>a</i>)	Category (See C Credit Card Pa		e top of this sch	edule)		—	TX,	de of Texas. Composticeholder living at do not ex	expense	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officel	nolder name	C	Office sou	ght			Office he	eld	
	Date		Payee name			_						
L	06/12/2024	L	Wal-Mart									
	Amount (\$) \$138.93		Payee address; 12236 Montar	a Ave	State;	Zip Co	de					
		_	El Paso, TX 7									
	PURPOSE OF EXPENDITURE		Category (See C Office Overhe	ad/Rental Exp		edule)		—	TX,		expense	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officel	nolder name		Office sou	ght			Office he	eld	