

**POLITICAL PARTY REPORT REGARDING FUNDS
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP
COVER SHEET PG 1**

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00024199	2 Total pages filed 5				
3 POLITICAL PARTY NAME	El Paso County Democratic Party (P)		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2024 Date Hand-delivered or Date Postmarked				
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>El Paso</u>						
5 POLITICAL PARTY TYPE	<input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
6 POLITICAL PARTY MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1401 Montana Ave Suite E El Paso, TX 79902		Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____				
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Michael			Apodaca		
8 CHAIR MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3323 Sacramento El Paso, TX 79930						
10 CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(915)	252-4520					
11 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 8th day before primary election				
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 50th day before general election				
12 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2024				06/30/2024		

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**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP
COVER SHEET PG 2**

13 POLITICAL PARTY NAME El Paso County Democratic Party (P)		14 Filer ID (Ethics Commission Filers) 00024199
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 7,666.25
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 4,167.83
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,000.16

A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Michael Apodaca

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - PTYCORP**FORM PTY-CORP
COVER SHEET PG 3**
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17 POLITICAL PARTY NAME El Paso County Democratic Party (P)		18 Filer ID (Ethics Commission Filers) 00024199
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 7,666.25
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 4,167.83
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/5
2 FILER NAME El Paso County Democratic Party (P)		3 Filer ID (Ethics Commission Filers) 00024199
4 Date 06/06/2024	5 Corporation / Labor Organization name Enrique Cisneros Insurance LLC	7 Amount of contribution (\$) \$500.00
	6 Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79927	
Date 05/25/2024	Corporation / Labor Organization name Forma Group	Amount of contribution (\$) \$541.25
	Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79901	
Date 05/30/2024	Corporation / Labor Organization name John Cordova	Amount of contribution (\$) \$125.00
	Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79936	
Date 06/04/2024	Corporation / Labor Organization name Texas Gas Service	Amount of contribution (\$) \$500.00
	Corporation / Labor Organization address; City; State; Zip Code Austin, TX 78746	
Date 06/14/2024	Corporation / Labor Organization name Texas Majority Pac	Amount of contribution (\$) \$6,000.00
	Corporation / Labor Organization address; City; State; Zip Code Houston , TX 77006	

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME El Paso County Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00024199
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4 Date 06/10/2024	5 Payee name Block, Inc
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6 Amount (\$) \$47.83	7 Payee address; City; State; Zip Code 1455 Market Street, Suite 600 San Francisco, CA 94103
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Square Credit Card Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/14/2024	Payee name First American Bank
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 401 Main El Paso, TX 79901
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/28/2024	Payee name MBA Consulting Group
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Amount (\$) \$4,100.00	Payee address; City; State; Zip Code 530 8th St SE Washington, DC 20003
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Compliance Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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