CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086548 Date Received COMMITTEE El Paso Young Democrats **ELECTRONICALLY FILED** NAME 07/28/2024 TREASURER Salgado-Ramos, Jesus (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** Accidentally re-opened the application instead of downloading the PDF. No changes made. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Jesus Salgado-Ramos Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086548 3 COMMITTEE NAME **OFFICE USE ONLY** El Paso Young Democrats Date Received **ELECTRONICALLY FILED** 07/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6505 Kenmore Date Hand-delivered or Date Postmarked Change of Address El Paso, TX 79932 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jesus NAME NICKNAME LAST **SUFFIX** Salgado-Ramos STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6505 Kenmore STREET **ADDRESS** (Residence or Business) El Paso, TX 79932 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6505 Kenmore MAILING **ADDRESS** El Paso, TX 79932 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 207-5370 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 12/09/2023 General χ Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
El Paso Young Demo	crats		00086548	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Veronica Carbajal		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	165.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	146.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	765.19
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		ı	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jesus Sa	algado-Ramo	S
		Signature of Ca		
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, ti	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

4 of 15								
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)				
ELF	Paso Y	oung Democrats	00086548	,				
	19 SCHEDULE SUBTOTALS							
l		SCHEDULE		SUBTOTAL AMOUNT				
	VIL 01 .							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 165.00				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$				
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$				
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9. SCHEDULE E: LOANS			\$					
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 146.57				
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/15	
2	FILER NAME El Paso You	ng Democrats			3	Filer ID (Ethics Commission 00086548	r Filers)
4	Date 09/21/2023	5 Full name of contributor Butler, Jackie6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not employe		9	Employer (See Instructions Not employed) 5)		
	Date 11/29/2023	Full name of contributor Castillo, Alexis Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	El Paso, TX 79907 pation / Job title (See Instructions		Employer (See Instructions James Rey Attorney at I		v	
	Date 08/10/2023	Full name of contributor Degenhart, Joy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	•		
	Date 10/17/2023	Full name of contributor Gonzalez, Betsy Contributor address; City; St	out-of-state PAC (ID#:	James Rey Attorney at I	Lav	Amount of Contribution (\$)	\$5.00
	Principal occu Substitute	pation / Job title (See Instructions		Employer (See Instructions Harmony Public School	5)		
	Date 07/12/2023	Full name of contributor Hernandez, Cassandra (R Contributor address; City; St				Amount of Contribution (\$)	\$10.00
	Principal occu City Rep	pation / Job title (See Instructions		Employer (See Instructions City of El Paso	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 6/15	
2	FILER NAME El Paso You	ng Democrats		3	Filer ID (Ethics Commission 00086548	ı Filers)
4	Date 09/21/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		El Paso, TX 79936				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_ Laura, Torguson Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Deinainal assu	El Paso, TX 79936	Franksian (Cooksations	_		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_Laura, Torguson Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		El Paso, TX 79936				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/21/2023	Full name of contributor out-of-state PAC (ID#:_ Laura, Torguson Contributor address; City; State; Zip Code El Paso, TX 79936)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 07/06/2023	Full name of contributor out-of-state PAC (ID#:_Lerma, Raul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			,			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	etion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/15	
2	FILER NAME El Paso You	ng Democrats		3	Filer ID (Ethics Commission 00086548	Filers)
4	Date 08/06/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		El Paso, TX 79925				
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 09/06/2023	Full name of contributor out-of-state PAC (ID#: Lerma, Raul Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Delicalization	El Paso, TX 79925	Frankrije (Ozaka trativski sa	Ĺ		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		El Paso, TX 79925				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: Lerma, Raul Contributor address; City; State; Zip Code El Paso, TX 79925			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		1				

08/08/2023 Mena, Joshua \$10.00 6 Contributor address; City; State; Zip Code El Paso, TX 79905		MONETARY POLITICAL CONTRIBUTIONS		SCHEDUI	E A1
El Paso Young Democrats 4 Date		The Instruction Guide explains how to complete this form.	1		
Date 08/08/2023	2		3		on Filers)
Principal occupation / Job title (See Instructions) Combat medic Date 10/27/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Thomas, Kelly Contributor address; City; State; Zip Code EI Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10.00	4	Date 5 Full name of contributor out-of-state PAC (ID#:) 08/08/2023 Mena, Joshua			\$10.00
Combat medic Date Full name of contributor out-of-state PAC (ID#:					
10/27/2023 Thomas, Kelly Contributor address; City; State; Zip Code El Paso, TX 79912 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		10/27/2023 Thomas, Kelly		Amount of Contribution (\$)	\$10.00
			one)		
			5113)		

SCHEDULE F1

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

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

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: 1/7 Rpt: 9/15	El Paso Young Democrats 00086548
4 Date	5 Payee name
09/25/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.00	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	El Paso County Democratic Party (Office
	reopening/Primary launch)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
11/27/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution to El Paso County Democratic party (Thanksgiving fundraiser)
	(Thanksgiving fundraiser)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/12/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	ActBlue fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/7 Rpt: 10/15	El Paso Young Democrats 00086548	
4 Date	5 Payee name	
08/06/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	ActBlue fees	
	Actibide rees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OF		
·		
Date	Payee name	
08/08/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
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 ActBlue fees	
	Actibide lees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/10/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
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.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	ActBlue fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 11/15	El Paso Young Democrats 00086548
4 Date	5 Payee name
09/06/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
8 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
	ActBlue fees
	7.5.2.00
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Para series
Date	Payee name
09/21/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.80	366 Summer St
Expenditure from	
corporate funds	Somerville, CA 02144
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 ActBlue fees
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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
10/06/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
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Expenditure from corporate funds	Somerville, CA 02144
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	ActBlue fees
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experientare to benefit Great	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 12/15	El Paso Young Democrats 00086548
4 Date	5 Payee name
10/17/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
8 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 ActBlue fees
	Actibide 1663
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/21/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer St
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Expenditure from corporate funds	Somerville, CA 02144
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 ActBlue fees
	Actibide Idea
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/27/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from	
corporate funds	Somerville, CA 02144
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	ActBlue fees
Operation Children	Ora didata (Office hadden granne
Complete <u>ONLY</u> 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 Com 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	
1 Total pages Schedule F1:	
Sch: 5/7 Rpt: 13/15	El Paso Young Democrats 00086548
4 Date	5 Payee name
11/06/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	ActBlue fees
O Commisto CAU V Station	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
11/21/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	ActBlue fees
	, localitato 1888
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/29/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	366 Summer St
Expenditure from corporate funds	Somerville, CA 02144
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 ActBlue fees
	Actibide ices
Complete <u>ONLY</u> 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to comp	ollete this form.
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 14/15	El Paso Young Democrats	00086548
4 Date	5 Payee name	•
07/06/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
8 PURPOSE OF	, ,) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		Cinco nota
Date	Device	
12/06/2023	Payee name ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		ActBlue fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experientary to benefit ever		
Date	Payee name	
12/21/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.40	366 Summer St	
Expenditure from corporate funds	Somerville, CA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		ActBlue fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experience to belief 6/01	•	

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	y - Gift/Awards/Memorials Expense Printing	Expense Travel Out of District s/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 15/15	El Paso Young Democrats	00086548
4 Date	5 Payee name	
11/13/2023	Facebook	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$24.97	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
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.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		Advertising for Veronica Carbajal on Meta platforms
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held