CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

00088029 21 Due Revenuel 3 CANDIDATE / OFFICEHOLER MS / MRS / MR FIRST MI NAME Alma R. 07/17/2024 4 DRUGNAL Teijo Due Revenuel 9 ORNONAL LAST SUFFIX 14 DRUGNAL Teijo Due Individued of Date Protocol 9 DRUGNAL Date Individued of Date Protocol Date Individued of Date Protocol 15 DRUGNAL Date Individued of Date Protocol Date Individued of Date Protocol 15 DRUGNAL Date Individued of Date Protocol Date Individued of Date Protocol 16 DRUGNAL PERIOD Month Day Year Date Individued of Date Protocol 11 Date Date Date Protocol Of Sign2024 THROUCH Of Sign20224 Date Indiged 6 EXPLANATION OF CORRECTION Individued of Date Protocol Of Sign20224 Date Indiged 1 Structure Of Sign20224 THROUCH Of Sign202024 Date Indiged 1 Individued of Date Protocol Of Sign202024 Date Indiged Protocol Date Indide Indide Indiged Protocol	Signature of offic	cer administering oath	Printed name of officer	administering oat	ĥ	Title of officer admini	stering oath
21 21						Title of officer - detici	storing ooth
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER MS / MRS / MR FIRST MI QFECEHOLDER MS / MRS / MR Alma R. 07/17/2024 VIEW UCKNAME LAST SUFFIX Date Received QFECEHOLDER MS / MRS / MR FIRST MI ELECTRONICALLY FILED QFECEHOLDER MS / MRS / MR FIRST MI ELECTRONICALLY FILED QFECEHOLDER MS / MRS / MR FIRST SUFFIX Date Received 4 ORIGINAL January 15 Runotf Other Received Date Received Bit May before election LISth day after campaign treasurer appointment (difficultation context) Date Received Date Received 5 ORIGINAL PERIOD Month Day Year Date Integed Date Received 6 EXPLANATION OF CORRECTION Inadvertently omitted an expense from personal funds, the funds expended for the watch party on May 28, 2024. I filed this correction as soo became aware of the omission. I am humbly asking for a waiver or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense omission and the report aware or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense o						ne	day
00088029 21 Date Received 3 CANDIDATE / OFFICE/HOLDER MS / MRS / MR FIRST MI 0FFICE/HOLDER MS / MRS / MR FIRST MI 0FICE/MAL Date March delivered or Date Postmarked 4 ORIGINAL Date March delivered or Date Postmarked 1256 day after campaign reasurer Date Processoid 1266 day after campaign reasurer Date Processoid 1266 day after campaign reasurer Date Processoid 1266 Brit day before election Final Report (Attach CO-HER) Date Processoid 5 OFIGINAL PERIOD Month Day Year Date Imaged 6 EXPLANTION OF CORRECTION Issued as day after campaign reasurer Date Imaged Date march as a compaign reasurer 1266 EXPLANTION OF CORRECTION Isamoutal reports: Iswear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT <th>AFFIX NOTARY S</th> <th>TAMP / SEAL ABOVE</th> <th></th> <th>2.9.144</th> <th></th> <th></th> <th></th>	AFFIX NOTARY S	TAMP / SEAL ABOVE		2.9.144			
00088029 21 Date Received 3 CANDDATE / OFFICEHOLDER MS / MRS / MR FIRST MI NAME LST SUFFIX ELECTRONICALLY FILED OFFICEHOLDER MS. Alma R. OfficeHolDER NAME LST SUFFIX Date Hand delivered or Date Polymorked 4 ORIGINAL REPORT TYPE Jauruary 15 Purnoff Other (specify) 30th day before election Tife yafe company networked for only) Receipt # Amount 30th day before election Diff yafe company networked for only) Date Processed Date Processed 5 ORIGINAL PERIOD Daty Vear Month Day Vear Date Imaged 6 EXPLANATION OF CORRECTION Inadvector of areductions. Ialso added the addresses for two contributions. Ialso added the addresses for two controbutions. 1 also added the addresses for two controbutions. Ialso added the addresses for two controbutions. Ialso added the addresses for two controbutions. 1 also added the addresses for two controbutions. Ialso added are addresses for two controbutions. Ialso added for a waiver or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense omission and the report was filed timely.				Signatu		-	
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI 4 MS / MRS / MR Alma R. OT/17/2024 4 ORIGINAL REPORT TYPE Date Name Date Name Date Name 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI ELECTRONICALLY FILED 4 ORIGINAL REPORT TYPE Date Name Date Name Date Name Date Name 5 ORIGINAL PERIOD COVERED Month Day Year Date Name Date Name 5 ORIGINAL PERIOD COVERED Month Day Year Date Name Date Name 6 EXPLANATION OF CORRECTION Isin day before election Final Report (Attach C/0+FR) Date Imaged Date Imaged 6 EXPLANATION OF CORRECTION Isin day aking for a waiver or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense omission and the report was filed timely. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the original report was made in good faith and without an intent to mi					Me Alma P	Treio	
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI MS Miss Alma R. O7/17/2024 4 ORIGINAL REPORT TYPE Image: Control of the conto						nission in the report a	as originally
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR MS /			rep tha	ort not later than t t the report as orig	the 14th busine ginally filed is in	ss day after the date accurate or incomple	l learned ete. l
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER MS / MRS / MR FIRST MI NAME MS. Alma R. OT/17/2024 NICKNAME LAST SUFFIX Date Hand-delivered or Date Postmarked 4 ORIGINAL			ш _{wa}	s made in good fa	ith and without	an intent to mislead	
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER MS / MRS / MR FIRST MI NAME MS. Alma R. Date Received NAME NICKNAME LAST SUFFIX Trejo Date Hand-delivered or Date Postmarked AGRIGINAL REPORT TYPE January 15 Exceeded modified reporting limit Recept # Amount 30th day before election 15th day after campaign treasurer appointment (officeholder only) Date Processed Date Processed 5 ORIGINAL PERIOD Month Day Year Month Day Year Date Imaged 1 05/19/2024 THROUGH 06/30/2024 Date Imaged Date Imaged 6 EXPLANATION OF CORRECTION I inadvertently omitted an expense from personal funds, the funds expended for the watch party on May 28, 2024. I filed this correction as soo became aware of the omission. I also added the addresses for two contributions. I an humbly asking for a waiver or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense omission and the report was filed timely. 7 AFEIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true			Check th	e box next to any	and all applical	ble statements:	
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER MS / MRS / MR FIRST MI NAME MS Alma R. O7/17/2024 NICKNAME LAST SUFFIX Date Received 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) 30th day before election 15th day after campaign treasurer appointment (officeholder only) Date Processed 5 ORIGINAL PERIOD COVERED Month Day Year Month Day 1 inadvertently omitted an expense from personal funds, the funds expended for the watch party on May 28, 2024. I filed this correction as soo became aware of the omission. I also added the addresses for two contributions. 1 and wat filed timely. report was filed timely. or a davier or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense omission and the report was filed timely.					enalty of perjury	v, that this corrected i	eport is true
00088029 21 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) 3 Oth day before election JSth day before election Isth day after campaign treasurer appointment (officeholder only) Date Processed 5 ORIGINAL PERIOD COVERED Month Day Year Month Day 6 EXPLANATION OF CORRECTION Inadvertently omitted an expense from personal funds, the funds expended for the watch party on May 28, 2024. I filed this correction as soo became aware of the omission. I also added the addresses for two contributions. I also added the addresses for two contributions. I also added the addresses for two contributions. I and mumbly asking for a waiver or a reduction of the late filing penalty, the correction was made as soon as I became aware of the expense							
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00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Ms. Alma R. 07/17/2024 NICKNAME LAST SUFFIX NICKNAME LAST SUFFIX Ms. Alma R. Date Hand-delivered or Date Postmarked 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) July 15 Exceeded modified reporting limit Receipt # Joth day before election 15th day after campaign treasurer appointment (officeholder only) Date Processed 5 ORIGINAL PERIOD Month Day Year Month Day Year	6 EXPLANATION OF			00/00/2021			
O0088029 21 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI ELECTRONICALLY FILED NICKNAME LAST SUFFIX 07/17/2024 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) 3 Oth day before election 15th day after campaign treasurer appointment (officeholder only) Receipt #		,		,	Year	Date Imaged	
O0088029 21 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Ms. Alma R. NICKNAME LAST SUFFIX Trejo Date Hand-delivered or Date Postmarked 4 ORIGINAL REPORT TYPE January 15 Runoff Other (specify) Xuly 15 Exceeded modified reporting limit Receipt #			appointment (officeholde	r only)		Date Processed	
00088029 21 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Image: Name MS / MRS / MR Alma R. Image: Name NICKNAME LAST SUFFIX Image: Trejo Date Hand-delivered or Date Postmarked			Exceeded modified repo	rting limit	pecify)	Receipt #	Amount
00088029 21 Date Received 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR MS. FIRST MI Alma R. ELECTRONICALLY FILED 07/17/2024			Trejo			Date Hand-delivered or D	ate Postmarked
00088029 21 Date Received 3 CANDIDATE / MS / MRS / MR FIRST MI ELECTRONICALLY FILED		-			SHEEIY	07/17/2024	
	3 CANDIDATE /	MS / MRS / MR			MI	-	LY FILED
1 Filer ID (Ethics Commission Filers) 2 Total pages filed: OFFICE USE ONLY	•	hics Commission Filers)					SEONLY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH	Instruction (Guide explains how to	complete this form.	1 Filer ID (Ethics Commi 00088029		2 Total pages	filed: 21
3 CANDI	DATE /	MS/MRS/MR	FIRST	•	MI	OFFICE	USE ONLY
	EHOLDER	Ms.	Alma R.				
NAME						Date Received	
						ELECTRONIC	CALLY FILED
		NICKNAME	LAST		SUFFIX	07/17/2024	
			Trejo				
					710 0005	Date Hand-delivered	ar Data Destmarked
4 CANDII OFFICE	DATE / EHOLDER	ADDRESS / PO BOX;		IIY;	ZIP CODE	Date Hand-delivered	of Date Postmarked
MAILIN		8900 Viscount Blvd.	#AN-274			Receipt #	Amount
ADDRE	SS					Receipt #	Anount
Chan	nge of Address	El Paso, TX 79925				Date Processed	
						Date Processed	
						Date Imaged	
						Date imaged	
5 CAMPA		MS / MRS / MR	FIRST		MI		
TREAS					IVII		
NAME		Mr.	Edward X.				
		NICKNAME	LAST		SUFFIX		
			Rios				
6 CAMPA	AIGN	STREET ADDRESS (1	NO PO BOX PLEASE)	; AP	T / SUITE #; CITY;	ST	ATE; ZIP CODE
TREAS		8900 Viscount Blvd.	#AN-274				
ADDRE	-55						
(Residenc	e or Business)						
		El Paso, TX 79925					
7 CAMPA	AIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREAS	URER	(915) 328-6026					
PHONE		(913) 320-0020					
8 REPOR	рт						
TYPE	()	January 15	30th day befo	re election	Runoff	15th day after c	ampaign treasurer
						appointment (of	
		X July 15	8th day before	e election	Exceeded modified	Final Report (At	tach C/OH-FR)
					reporting limit	_	
9 PERIO		Month Day	Year		Month Day	Year	
COVEF	RED	05/19/2024	٦	THROUGH	06/30/2024	4	
10 ELECT	ION	ELECTION DA	TE		ELECTION TYPE		
		Month Day	Year	Primary	X Runoff	Other	
		05/28/2024		Conorol			
				General	Special		
					i		
11 OFFICE	Ξ	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		None			District Attorney I	District 34th	
		1					
			60	TO PAGE 2			
Forms pro	vided by Te	xas Ethics Commission	on www.e	ethics.state.tx.u	S	Vers	ion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Trejo, Alma R. (Ms.)

13 C / OH NAME

Forms

FORM C/OH **COVER SHEET PG 2** 3 of 21

(Ethics Commission Filers)

14 Filer ID

		00088029		
15 NOTICE FROM POLITICAL	candidate / officeholder	political contributions accepted or political expenditures made by political co . These expenditures may have been made without the candidate's or office d officeholders are required to report this information only if they receive no	holder's kn	nowledge or
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
		C AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,754.78
EXPENDITURE TOTALS	3. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	18,156.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD	\$	11.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	\$	12,500.00
17 AFFIDAVIT	-			
		I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code.		
		Ms. Alma R. Trejo		
		Signature of Candidate or Officehold	der	
AFFIX NC	DTARY STAMP / SEAL AB	OVE		
Sworn to and sub-	scribed before me, by the	said, this the		day
		ertify which, witness my hand and seal of office.		uuy
Signature of off	ficer administering	Printed name of officer administering Title of officer	administer	ring oath
Forms provided by T	exas Ethics Commission	n www.ethics.state.tx.us	Version V	4.1.0.d378aba0

SUBTOTALS - C/OH	СС	FORM C/OH OVER SHEET PG 3
18 FILER NAME Trejo, Alma R. (Ms.)	19 Filer ID 00088029	4 of 21 (Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,754.78
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 7,807.46
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		\$ 10,348.97
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/21		
2	FILER NAME	NAME			Filer ID (Ethics Commissio	on Filers)
	Trejo, Alma I				00088029	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	05/19/2024	5/19/2024 Aguirre, Suzanne				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		El Paso, TX 79902				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
			Small Business Adminis	stra	tion	
	Date	Full name of contributor out-of-state PAC (ID#:	•)	Γ	Amount of Contribution (\$)	
	05/24/2024	Canales, Cynthia				\$970.10
		Contributor address; City; State; Zip Code				
		El Paso, TX 79915				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney at L	_aw	Self-employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	05/20/2024	Chavez, Enrique				\$900.00
		Contributor address; City; State; Zip Code		ł		
		El Paso, TX 79912				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney at L	_aw	Self employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/26/2024	Montoya, Roger	/			\$97.01
		Contributor address; City; State; Zip Code		•		
		El Paso, TX 79901				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Self employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	05/31/2024	Ramirez, Adrian				\$1,000.00
	Contributor address; City; State; Zip Code		ł		· •	
		El Paso, TX 79905				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Business Owner			
\vdash						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		·		
The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/21	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	.)
Trejo, Alma F	R. (Ms.)		00088029	Í
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/19/2024	Rios, Edward		\$100	J.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78739	-		
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Retired		County of El Paso		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/19/2024	Rios , Terry		\$50	0.00
	Contributor address; City; State; Zip Code	Ţ	1	
	Austin, TX 78739			
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Retired		Nurse		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/24/2024	Robledo, Daniel		\$100).00
	Contributor address; City; State; Zip Code	1	1	
	El Paso, TX 79903	- · · · · · · · · ·	-	
	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)	
Attorney at L		Self-employed		
Date)	Amount of Contribution (\$)	_
05/20/2024	Spalding, Emma		\$92	2.16
	Contributor address; City; State; Zip Code			
	ELD TV 70000			
Dringing Loogu	El Paso, TX 79902		<u> </u>	
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
D -#4		<u> </u>		
Date 05/24/2024	Full name of contributor out-of-state PAC (ID#: Texas Latina List)	Amount of Contribution (\$) \$200	0 00
0312412024			φ200	J.00
	Contributor address; City; State; Zip Code			
	Ft. Worth, TX 76164-4025			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
i inopai occa			"	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/21
2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 05/23/2024 Williams, John 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$145.51
El Paso, TX 79901 8 Principal occupation / Job title (See Instructions) Attorney 9 Employer (See Instructions) Self-employed	1

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Sch: 1/5 Rpt: 8/21	Trejo, Alma R. (Ms.)	00088029
4	Date	5 Payee name	
	06/24/2024	Alvarado, Jocelyn	
6	Amount (\$) \$480.00	 7 Payee address; City; State; Zip Code 2201 Pacheco Dr El Paso, TX 79935 	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense IONE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/29/2024	Bustamante, George	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	5015 Columbine St El Paso, TX 79922	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/24/2024	Castillo, Gabriella	
	Amount (\$) \$480.00	Payee address;City;State;ZipCode10625 Riverwood Dr	
		El Paso, TX 79935	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/5 Rpt: 9/21	Trejo, Alma R. (Ms.)	00088029				
4	Date 05/27/2024	5 Payee name Hernandez, Chris					
6	Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 565 Riverdale El Paso, TX 79907					
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense Ə				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/30/2024	Hernandez, Chris					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,502.10	565 Riverdale El Paso, TX 79907					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense ext messages				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/19/2024	Hinojos, Angelica					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 313 Vista Del Rey					
		El Paso , TX 79912					
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1						
		EXPENDI	URE CATEGORIES F	OR BOX 8	(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage E: / - Gift/Awards/Memo I Committee Legal Services	Loan R Office (xpense Polling prials Expense Printing	Repayment/Re Overhead/Rer Expense g Expense s/Wages/Con	tal Expense Solicitation/Fur Transportation Travel in Distric Travel Out of D Tract Labor OTHER (enter		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)	
	Sch: 3/5 Rpt: 10/21	Trejo, Alma R. (Ms.)			00088029		
4	Date	5 Payee name			•		
	06/13/2024	Mier, Marie					
6	Amount (\$) \$145.00	 Payee address; City; 6412 Edgemere Apt R El Paso, TX 79925 	State; Zip	Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories lister Polling Expense	d at the top of this schedule)		scription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livir II sitting/phone canvassir	ng expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam H	e Office s	ought	Office h	eld	
	Date	Payee name					
	05/20/2024	Pay Pal					
	Amount (\$) \$2.48	Payee address; City; 2211 N. 1st St San Jose, CA 95131	State; Zip	Code			
	PURPOSE			(h) Do	scription		
	OF	(a) Category (See Categories lister Solicitation/Fundraising			Check if travel outside of Texas. Con Check if Austin, TX, officeholder livir	•	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	e Office s	ought	Office h	neld	
	Date	Payee name					
	05/23/2024	Pay Pal					
	Amount (\$) \$4.49	Payee address; City; 2211 N. 1st St San Jose, CA 95131	State; Zip	Code			
	PURPOSE			(b) D-	scription		
	OF EXPENDITURE	(a) Category _(See Categories listers) Solicitation/Fundraising		(b) De	SCription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livir e		
	Complete ONLY if direct	Candidate/Officeholder name	e Office s	ought	Office h	neld	

Complete <u>ONLY</u> if direct C expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXP	ENDITURE CATEGOR	RIES FOR BO	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award Committee Legal Ser	erage Expense Is/Memorials Expense	Office Overhead Polling Expense Printing Expense Salaries/Wages	e /Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 4/5 Rpt: 11/21	Trejo, Alma R. (Ms	.)			00088029	
4	Date 05/24/2024	 Payee name Pay Pal 					
6	Amount (\$) \$29.90	Payee address; 2211 N. 1st St San Jose, CA 9513		Zip Code			
8	PURPOSE OF EXPENDITURE	a) Category _{(See Categor} Solicitation/Fundra		edule) (b)		outside of Texas. Comp , TX, officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholde	r name O	ffice sought		Office he	ld
	Date	Payee name					
	05/26/2024	Pay Pal					
	Amount (\$) \$2.99	Payee address; 2211 N. 1st St San Jose, CA 9513		Zip Code			
	PURPOSE OF EXPENDITURE	a) Category _{(See Categor} Solicitation/Fundra	ies listed at the top of this sche	edule) (b)		outside of Texas. Comj , TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholde	r name O	ffice sought		Office he	eld
	Date	Payee name					
	05/24/2024	Silva, Rosie					
	Amount (\$) \$360.00	Payee address;	City; State;	Zip Code			
		El Paso, TX 79907					
	PURPOSE OF EXPENDITURE	a) Category _{(See Categor} Salaries/Wages/Co		edule) (b)	Check if Austin,	outside of Texas. Com, , TX, officeholder living /phone canvas!	expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholde	r name O	office sought		Office he	ld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)		
	Sch: 5/5 Rpt: 12/21	Trejo, Alma R. (Ms.)	00088029		
4	Date 06/13/2024	5 Payee name Villanueva, Teodora			
6	Amount (\$) \$145.00	7 Payee address; City; State; Zip Code 4707 Comanche El Paso, TX 79905			
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense ne canvassing		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/31/2024	WestStar Bank			
	Amount (\$) \$0.50	Payee address; City; State; Zip Code 601 N. Mesa St Suite 1100 El Paso, TX 79901			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/28/2024	WestStar Bank			
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 601 N. Mesa St Suite 1100 El Paso, TX 79901			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense e fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G
	EXPENDITURE CATEGORIES FO	DR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Crandidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 1/9 Rpt: 13/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029
4 Date 05/30/2024	5 Payee name Amaya, Jose	
6 Amount (\$) \$600.00 Reimbursement from political contributions intended	 7 Payee address; City; State; Zip C 741 Alamo St Fabens, TX 79838 	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll Sitting/phone canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
05/22/2024	Bustamante, George	
Amount (\$) \$640.00	Payee address; City; State; Zip C 5015 Columbine St	code
Reimbursement from political contributions intended	El Paso, TX 79922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/19/2024	Payee name Facebook	
Amount (\$) \$26.12	Payee address; City; State; Zip C 1 Hacker Way	rode
Reimbursement from political contributions intended	Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FB ads
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held

POL	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Accountin Consultin Contributi Candic	ng Expense ng/Banking g Expense ions/ Donations Made B date/Officeholder/Politica rd Payment	Fees Office Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Repayment/Reinbursement c Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	ges Schedule G: 9 Rpt: 14/21	2 FILER NAME Trejo, Alma R. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088029
4 Date 05/23/2	024	5 Payee name Facebook		
	\$35.00 bursement from cal contributions	 Payee address; City; State; Zip 1 Hacker Way Menlo Park, CA 94025 	Code	
C C	POSE DF IDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	e <u>ONLY</u> if direct ure to benefit	Candidate/Officeholder name	Office sought	Office held
Date 06/19/2	024	Payee name Facebook		
	\$40.00 bursement from cal contributions	Payee address; City; State; Zip 1 Hacker Way Menlo Park, CA 94025	Code	
	POSE DF IDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	e <u>ONLY</u> if direct ure to benefit	Candidate/Officeholder name	Office sought	Office held
Date 05/31/2	024	Payee name Frontera Mexican American Democrats		
Amount	(\$) \$150.00	Payee address; City; State; Zip	Code	
	bursement from cal contributions ded	El Paso, TX		
c	POSE DF DITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	e <u>ONLY</u> if direct ure to benefit	Candidate/Officeholder name	Office sought	Office held

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing E Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense berhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 3/9 Rpt: 15/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029
4	Date 05/30/2024	5 Payee name Garcia, Lupe	
6	Amount (\$) \$414.00	7 Payee address; City; State; Zip Co 220 Florella	de
L	political contributions intended	Tornillo, TX 79853	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
F	Date	Payee name	
	05/24/2024	Geogeske G2	
	Amount (\$) \$150.00 Reimbursement from	Payee address; City; State; Zip Co 2701 N. Stanton St	de
	political contributions intended	El Paso, TX 79902	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
F	Date	Payee name	
	05/28/2024	Geogeske G2	
	Amount (\$) \$912.85	Payee address; City; State; Zip Co 2701 N. Stanton St	de
	Reimbursement from political contributions intended	El Paso, TX 79902	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EX	(PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G
	EXPENDITURE CATEGORIES FO	PR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E By - Gift/Awards/Memorials Expense Printing I	payment/Reinbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 4/9 Rpt: 16/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029
4 Date 06/13/2024	5 Payee name Guzman, Richard	
6 Amount (\$) \$145.00 Reimbursement from political contributions intended	 7 Payee address; City; State; Zip C 4707 Comanche El Paso, TX 79905 	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
05/27/2024	Hernandez, Chris	
Amount (\$) \$2,330.00	Payee address; City; State; Zip C 565 Riverdale	ode
Reimbursement from political contributions intended	El Paso, TX 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
05/30/2024	Holguin, Azhari	
Amount (\$) \$145.00	Payee address; City; State; Zip C 8736 Winchester	ode
Reimbursement from political contributions intended	El Paso, TX 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			I
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 5/9 Rpt: 17/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029	
4	Date 05/24/2024	5 Payee name Holguin, Azhari		
6	Amount (\$) \$540.00 Reimbursement from political contributions intended	 7 Payee address; City; State; Zip City; 8736 Winchester El Paso, TX 79907 	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll sitting	Т.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
	05/25/2024	Martinez, Rosa		
	Amount (\$) \$300.00	Payee address; City; State; Zip C	ode	
	Reimbursement from political contributions intended	El Paso, TX 79938		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
	05/30/2024	Mendiola, Maria		
	Amount (\$) \$444.00	Payee address; City; State; Zip C 1231 Aspen Hills	ode	
	Reimbursement from political contributions intended	Fabens, TX 79838		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing	Т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS	SCHEDULE G
	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 6/9 Rpt: 18/21	2 FILER NAME Trejo, Alma R. (Ms.)		 Filer ID (Ethics Commission Filers) 00088029
4 Date 05/24/2024	5 Payee name Norte, Araceli		
6 Amount (\$) \$540.00 Beimbursement from political contributions intended	 7 Payee address; City; State; Zip C 12142 St. Crispin El Paso, TX 79936 	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
05/30/2024	Norte, Araceli		
Amount (\$) \$145.00	Payee address; City; State; Zip C 12142 St. Crispin	ode	
Reimbursement from political contributions intended	El Paso, TX 79936		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 05/30/2024	Payee name Nunez, Jessica		
Amount (\$) \$252.00	Payee address; City; State; Zip C 204 Monte Ave	ode	
Reimbursement from political contributions intended	Fabens, TX 79838		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held

POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling F Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Solicitation/Fundraising Expense tverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel Out of District I/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule G: Sch: 7/9 Rpt: 19/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029
4 Date 05/30/2024	5 Payee name Nunez, Rosina	1
6 Amount (\$) \$414.00 Reimbursement from political contributions intended	 Payee address; City; State; Zip C 204 Monte Ave Fabens, TX 79838 	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
05/24/2024	Regalado, Veronica	
Amount (\$) \$480.00	Payee address; City; State; Zip C 373 Brown Rd	Code
Reimbursement from political contributions intended	Socorro, TX 79927	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Regalado, Veronica	
Amount (\$) \$145.00	Payee address; City; State; Zip C 373 Brown Rd	Code
Reimbursement from political contributions intended	Socorro, TX 79927	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Poll sitting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	payment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense xpense Travel in District	
1	Credit Card Payment Total pages Schedule G:	The Instruction Guide explains how to co 2 FILER NAME	omplete this form. 3 Filer ID (Ethics Commission Filer	s)
4	Sch: 8/9 Rpt: 20/21 Date	Trejo, Alma R. (Ms.) 5 Payee name	00088029	
Ĺ	05/24/2024	Regalado, Veronica		
6	Amount (\$) \$60.00 Reimbursement from	7 Payee address; City; State; Zip Co 373 Brown Rd	ode	
	political contributions intended	Socorro, TX 79927		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedu	ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
F	Date	Payee name		
L	05/24/2024	Rodriguez, Aurora		
	Amount (\$) \$480.00	Payee address; City; State; Zip Co 373 Brown Rd.	ode	
	Reimbursement from political contributions intended	Socorro, TX 79927		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schede Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	
Γ	Date	Payee name		
	05/30/2024	Rodriguez, Aurora		
	Amount (\$) \$145.00	Payee address; City; State; Zip Co 373 Brown Rd.	ode	
	Reimbursement from political contributions intended	Socorro, TX 79927		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedu Check if Austin, TX, officeholder living expense Poll Sitting/phone canvassing	ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense ixpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule G: Sch: 9/9 Rpt: 21/21	2 FILER NAME Trejo, Alma R. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088029	
4 Date 05/24/2024	5 Payee name Rodriguez, Aurora		
6 Amount (\$) \$60.00	 7 Payee address; City; State; Zip Code 373 Brown Rd. Socorro, TX 79927 		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll sitting	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held			
Date 05/30/2024	Payee name Valles, Maria		
Amount (\$) \$216.00	Payee address; City; State; Zip Code 201 J Northwest Fabens, TX 79838		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held			
Date 05/27/2024	Payee name Villanueva, Teodora		
Amount (\$) \$540.00	Payee address; City; State; Zip Code 4707 Comanche		
Reimbursement from political contributions intended	El Paso, TX 79905		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll sitting/phone canvassing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	