

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089048	2 Total pages filed: 15
3 COMMITTEE NAME Citizens United for UMC PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/28/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 12730 El Paso, TX 79913		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Will NICKNAME LAST SUFFIX Harvey		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4798 Doniphan El Paso, TX 79922		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4798 Doniphan El Paso, TX 79922		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 929-9154		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/27/2024 10/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Citizens United for UMC PAC		13 Filer ID (Ethics Commission Filers) 00089048	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME _____ OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) _____	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # EPHospDist	ELECTION DATE Month Day Year 11/05/2024
		DESCRIPTION Issuance of \$396.6mm hospital district bonds-providing funds for the District's hospital system	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 185,315.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 200,042.61	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 29,932.39	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	

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.

 Mr. Will Harvey
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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 - SPAC

17 COMMITTEE NAME Citizens United for UMC PAC	18 Filer ID (Ethics Commission Filers) 00089048
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 90,065.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 20,250.00
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 75,000.00
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 200,042.61
9. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/15
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarado, Ricardo <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79938	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caro, Fe Isela <hr/> Contributor address; City; State; Zip Code El Paso, TX 79928	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeGroat, J. Steve <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fernandez, Miguel <hr/> Contributor address; City; State; Zip Code El Paso, TX 79935	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Flo Networks
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Paige <hr/> Contributor address; City; State; Zip Code El Paso, TX 79935	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Fox Auto Team

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/15
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin Mountain Investments Limited Partnership	7 Amount of Contribution (\$) \$50,000.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79901	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Gabriel	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code El Paso, TX 79913	
Principal occupation / Job title (See Instructions) Senior Project Manager		Employer (See Instructions) Turner & Townsend Heery
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Christine	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Office Coordinator		Employer (See Instructions) Riverbend Development
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Jon Glen	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Health Care Administrator/Chief Strategy Officer		Employer (See Instructions) University Medical Center of El Paso
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, John	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Real Estate Development		Employer (See Instructions) Riverbend Development

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/15
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton Rose Fulbright US LLP Texas Committee <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez, Michael <hr/> Contributor address; City; State; Zip Code Las Cruces, NM 88011	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) District Chief Financial Officer		Employer (See Instructions) University Medical Center of El Paso
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinet, Sharon <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Pyrocom Systems
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santamaria, Isha Rogers <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Thad <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) T&T Staffing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/15
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wollschlager, Emma	7 Amount of Contribution (\$) \$10,000.00
	6 Contributor address; City; State; Zip Code Anthony, NM 88021	
8 Principal occupation / Job title (See Instructions) Founder/CEO		9 Employer (See Instructions) Salto de Fe Dona Ana, LLC

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/15	
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RioBend Development Company LLC	8 Amount of contribution (\$) \$2,750.00	9 In-kind contribution description Administrative Services
	7 Contributor address; City; State; Zip Code El Paso, TX 79922		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southwest University	Amount of contribution (\$) \$5,000.00	In-kind contribution description Video Testimonial Production
	Contributor address; City; State; Zip Code El Paso, TX 79925		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Forma Group LLC	Amount of contribution (\$) \$12,500.00	In-kind contribution description October 2024 Consulting
	Contributor address; City; State; Zip Code El Paso, TX 79901		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 9/15
2 FILER NAME Citizens United for UMC PAC		3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/03/2024	5 Corporation / Labor Organization name Hunt ELP, Ltd	7 Amount of contribution (\$) \$50,000.00
	6 Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79913	
Date 10/24/2024	Corporation / Labor Organization name Hunt ELP, Ltd	Amount of contribution (\$) \$25,000.00
	Corporation / Labor Organization address; City; State; Zip Code El Paso, TX 79913	

POLITICAL EXPENDITURES FROM POLITICAL 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: 1/6 Rpt: 10/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048
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4 Date 10/04/2024	5 Payee name GhostLight Creative LLC
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6 Amount (\$) \$2,984.80	7 Payee address; City; State; Zip Code 13721 Paseo Rico El Paso, TX 79928
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Development
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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 10/25/2024	Payee name PayPal
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Amount (\$) \$330.31	Payee address; City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee
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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 09/30/2024	Payee name Smith, Mark
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code P.O. Box 203832 Austin, TX 78720
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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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
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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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POLITICAL EXPENDITURES FROM POLITICAL 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: 2/6 Rpt: 11/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/11/2024	5 Payee name Smith, Mark	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code P.O. Box 203832 Austin, TX 78720	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2024	Payee name Smith, Mark	
Amount (\$) \$12,000.00	Payee address; City; State; Zip Code P.O. Box 203832 Austin, TX 78720	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name The Forma Group LLC	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 3/6 Rpt: 12/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/14/2024	5 Payee name The Forma Group LLC	
6 Amount (\$) \$13,180.00	7 Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name The Forma Group LLC	
Amount (\$) \$15,594.50	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name The Forma Group LLC	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner Digital Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 4/6 Rpt: 13/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048
4 Date 10/14/2024	5 Payee name The Forma Group LLC	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name The Forma Group LLC	
Amount (\$) \$1,485.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name The Forma Group LLC	
Amount (\$) \$7,500.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner Digital Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 5/6 Rpt: 14/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048
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4 Date 10/25/2024	5 Payee name The Forma Group LLC
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6 Amount (\$) \$51,820.00	7 Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name The Forma Group LLC
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Amount (\$) \$31,118.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messages
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name The Forma Group LLC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 310 N. Mesa Ste. 400 El Paso, TX 79901
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL 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: 6/6 Rpt: 15/15	2 FILER NAME Citizens United for UMC PAC	3 Filer ID (Ethics Commission Filers) 00089048	
4 Date 10/11/2024	5 Payee name WestStar Bank		
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 601 N. Mesa Suite 1000 El Paso, TX 79901		
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held