



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

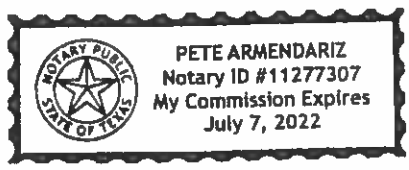
**12** COMMITTEE NAME Progress 915 **13** Filer ID (Ethics Commission Filers)

<b>14</b> 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	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <u>Proposition A</u> ELECTION DATE <small>Month      Day      Year</small> <u>5 / 4 / 2019</u> DESCRIPTION <u>Preserve "Tax Reinvestment Zone 12"</u>

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 275.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,313.30
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,832.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,411.77
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.



*[Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOE GARIBAY, this the 26<sup>th</sup> day of APRIL, 2019, to certify which, witness my hand and seal of office.

*[Signature]*      PETE ARMENDARIZ      NOTARY  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME <p style="text-align: center;">Progress 915</p>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6,905.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 188.30
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 220.00
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 17,332.43
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 3,500.00
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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: 8
2 FILER NAME <p style="text-align: center;">Progress 915</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p>3/26/19</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Lydia R. De Haro</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">4309 Memphis Ave. El Paso Texas 79903</p>	7 Amount of contribution (\$) <p style="text-align: center;">25</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p>3/27/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Carol Roberts-Spence</p> Contributor address; City; State; Zip Code <p style="text-align: center;">7600 Dianjou Dr. El Paso Texas 79912</p>	Amount of contribution (\$) <p style="text-align: center;">20</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>3/27/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Alex Gomez</p> Contributor address; City; State; Zip Code <p style="text-align: center;">7477 Plaza Redonda El Paso Texas 79912</p>	Amount of contribution (\$) <p style="text-align: center;">70</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p>3/27/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Carlos Gallinar</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1427 Hawthorne St El Paso Texas 79902</p>	Amount of contribution (\$) <p style="text-align: center;">100</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Sharon S. Miles-Bonart, PH.D.

6 Contributor address; City; State; Zip Code

3/28/19

6524 Loma De Cristo Dr. El Paso Texas 79912

1000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Sondra Holliday

Contributor address; City; State; Zip Code

3/28/19

135 Greeff Lane Memphis TN 38111

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Javier Saucedo

Contributor address; City; State; Zip Code

3/31/19

6617 Dawn Dr # D El Paso Texas 79912

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Gina C. Hacker

Contributor address; City; State; Zip Code

4/1/19

3133 High Point Dr. El Paso Texas 79904

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Deborah Kastrin

6 Contributor address; City; State; Zip Code

4/1/19

3940 Flamingo Dr El Paso Texas 79902

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Richard Provencio

Contributor address; City; State; Zip Code

4/5/19

6213 Cadiz El Paso Texas 79925

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Francisco Gonzalez

Contributor address; City; State; Zip Code

4/7/19

7379 Gulf Creek Dr. El Paso Texas 79911

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Rene Castanos

Contributor address; City; State; Zip Code

4/7/19

6574 Wind Ridge Drive El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Daniela Dominguez

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

4/8/19

5944 Anapaula Drive El Paso Texas 79932

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Medardo Montoya

Contributor address; City; State; Zip Code

4/9/19

921 Dakota River Ave El Paso Texas 79932

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Hector Murguia

Contributor address; City; State; Zip Code

4/10/19

814 West Sunset El Paso Texas 79922

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Luis Rios

Contributor address; City; State; Zip Code

4/10/19

732 Camino Norte Ct El Paso Texas 79932

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Christi DeBates

6 Contributor address; City; State; Zip Code

4/10/19

3005 Devils Tower Circle El Paso Texas 79904

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Jean-Claude Linossi

Contributor address; City; State; Zip Code

4/10/19

812 DULCE TIERRA DR El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Patricia Vazquez

Contributor address; City; State; Zip Code

4/11/19

1604 Plaza Chica El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Douglas Schwartz

Contributor address; City; State; Zip Code

4/11/19

P.O. Box 13611 El Paso Texas 79913

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

Georgena Askew

6 Contributor address; City; State; Zip Code

4/12/19

11821 Pueblo Carmel Way El Paso Texas 79936

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Scott Schwartz

Contributor address; City; State; Zip Code

4/12/19

PO Box 12010 El Paso Texas 79913

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

William C. and Patricia A. Sanders

Contributor address; City; State; Zip Code

4/13/19

4223 Boy Scout Ln El Paso Texas 79922

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Mark Wancho

Contributor address; City; State; Zip Code

4/13/19

6233 Caprock Ct. El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <p style="text-align: center;">Progress 915</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">4/14/19</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Clark Edwinson</p> ..... 6 Contributor address; City; State; Zip Code <p style="text-align: center;">7280 Luz de Pueblo Court El Paso Texas 79912</p>	7 Amount of contribution (\$) <p style="text-align: center;">25</p>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <p style="text-align: center;">4/18/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Jorge Herrera</p> ..... Contributor address; City; State; Zip Code <p style="text-align: center;">6321 La Posta Dr. El Paso Texas 79912</p>	Amount of contribution (\$) <p style="text-align: center;">200</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">4/19/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Connie Hayes</p> ..... Contributor address; City; State; Zip Code <p style="text-align: center;">7560 Violet Vista Ave #101 Las Vegas NV 89130</p>	Amount of contribution (\$) <p style="text-align: center;">25</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <p style="text-align: center;">4/19/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Hector Zavaleta</p> ..... Contributor address; City; State; Zip Code <p style="text-align: center;">109 S. FESTIVAL DR. El Paso Texas 79912</p>	Amount of contribution (\$) <p style="text-align: center;">25</p>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
8

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/19

5 Full name of contributor

Eric Kapenga

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

1200 Mesita Drive El Paso Texas 79902

City; State; Zip Code

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/23/19

Full name of contributor

Richard C. Bonart, D.V.M.

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

6524 Loma De Cristo Dr. El Paso Texas 79912

City; State; Zip Code

Amount of contribution (\$)

2,100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address;

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Contributor address;

out-of-state PAC (ID#: \_\_\_\_\_)

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME <p style="text-align: center;">Progress 915</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$0	
5 Date <p style="text-align: center;">3/29/19</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p>	8 Amount of Contribution \$ <p style="text-align: center;">60.62</p>	9 In-kind contribution description <p style="text-align: center;">Business cards</p>
7 Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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 <p style="text-align: center;">4/3/19</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p>	Amount of Contribution \$ <p style="text-align: center;">67.06</p>	In-kind contribution description <p style="text-align: center;">Business cards</p>
Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME <p style="text-align: center;">Progress 915</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$0	
5 Date <p style="text-align: center;">4/8/19</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p>	8 Amount of Contribution \$ <p style="text-align: center;">60.62</p>	9 In-kind contribution description <p style="text-align: center;">Business Cards</p>
7 Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C2: 1	
2 FILER NAME <p style="text-align: center;">Progress 915</p>		3 Filer ID (Ethics Commission Filers)	
4 Date  4/19/19	5 Corporation / Labor Organization name <p style="text-align: center;">Anabel Ramirez</p> ..... 6 Corporation / Labor Organization address; City; State; Zip Code <p style="text-align: center;">3921 Panama Way # A El Paso Texas 79922</p>	7 Amount of Contribution \$  \$220.00	8 In-kind contribution description  T-Shirts
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Date	Corporation / Labor Organization name  ..... Corporation / Labor Organization address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Progress 915</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/29/19</b>	<b>5</b> Payee name <b>Airport Printing Service</b>	
<b>6</b> Amount (\$) <b>\$ 945.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>7 Leigh Fisher Blvd</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Printing Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Production and mailing of post cards</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>Date</b> <b>3/29/19</b>	<b>Payee name</b> <b>Fastsigns</b>	
<b>Amount (\$)</b> <b>\$81.19</b>	<b>Payee address; City; State; Zip Code</b> <b>4224 Mesa # F El Paso Texas 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Purchased a banner</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held	
<b>Date</b> <b>3/31/19</b>	<b>Payee name</b> <b>ActBlue</b>	
<b>Amount (\$)</b> <b>\$8.69</b>	<b>Payee address; City; State; Zip Code</b> <b>P.O. Box 441146 Somerville MA 02145</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Fees</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Donation processing fee</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Progress 915</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/1/19</b>	<b>5</b> Payee name <b>Anthony Aguero</b>	
<b>6</b> Amount (\$) <b>\$ 2,500</b>	<b>7</b> Payee address; City; State; Zip Code <b>1331 E. Rio Grande Ave El Paso Texas 79902</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Salaries/Wages/Contract Labor</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Block walking contacting voters</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>4/1/19</b>	<b>Payee name</b> <b>Wells Fargo</b>	
<b>Amount (\$)</b> <b>\$10.00</b>	<b>Payee address; City; State; Zip Code</b> <b>221 N Kansas El Paso Texas 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Fees</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Check processing fee</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>4/3/19</b>	<b>Payee name</b> <b>Big Media</b>	
<b>Amount (\$)</b> <b>\$1,362.94</b>	<b>Payee address; City; State; Zip Code</b> <b>5710 Doniphan Dr El Paso Texas 79932</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Signs</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Progress 915</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/7/19</b>	<b>5</b> Payee name <b>ActBlue</b>	
<b>6</b> Amount (\$) <b>\$ 25.48</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O. Box 441146 Somerville MA 02145</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Fees</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Donation processing fee</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>4/9/19</b>	<b>Payee name</b> <b>DuLac International</b>	
<b>Amount (\$)</b> <b>\$70.00</b>	<b>Payee address; City; State; Zip Code</b> <b>711 N. Copia St. El Paso Texas 79903</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Artwork</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>Date</b> <b>4/11/19</b>	<b>Payee name</b> <b>Anthony Aguero</b>	
<b>Amount (\$)</b> <b>\$3,000</b>	<b>Payee address; City; State; Zip Code</b> <b>1331 E. Rio Grande Ave El Paso Texas 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)  <b>Salaries/Wages/Contract Labor</b>	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  <b>Block walking contacting voters</b>
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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: <b>5</b>	2 FILER NAME <b>Progress 915</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/12/19</b>	5 Payee name <b>Airport Printing Service</b>
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6 Amount (\$) <b>\$5,116.39</b>	7 Payee address; City; State; Zip Code <b>7 Leigh Fisher Blvd El Paso Texas 79906</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Production and mailing of post cards</b>
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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 <b>4/14/19</b>	Payee name <b>ActBlue</b>
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Amount (\$) <b>\$88.90</b>	Payee address; City; State; Zip Code <b>P.O. Box 441146 Somerville MA 02145</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Donation processing</b>
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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 <b>4/17/19</b>	Payee name <b>KVIA</b>
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Amount (\$) <b>\$1,746.75</b>	Payee address; City; State; Zip Code <b>4140 Rio Bravo El Paso Texas 79902</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>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 <b>TV Ads</b>
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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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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: <b>5</b>	2 FILER NAME <b>Progress 915</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/19/19</b>	5 Payee name <b>atex El Paso Times</b>
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6 Amount (\$) <b>\$2,366.58</b>	7 Payee address; City; State; Zip Code <b>300 N. Campbell St. El Paso Texas 79901</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Newspaper ads</b>
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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 <b>4/21/19</b>	Payee name <b>ActBlue</b>
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Amount (\$) <b>\$9.88</b>	Payee address; City; State; Zip Code <b>P.O. Box 441146 Somerville MA 02145</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Donation processing fees</b>
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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# UNPAID INCURRED OBLIGATIONS

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Prograss 915	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED INCURRED OBLIGATIONS	\$ 3,500
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<b>5</b> Date 4/1/19	<b>6</b> Payee name Stanton Street
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<b>7</b> Amount (\$) \$3,500	<b>8</b> Payee address; City; State; Zip Code 500 W. Overland Suite 200 El Paso Texas 79901
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Boosting facebook post
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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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