

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

2017 MAY 4 PM 4:46
 CITY CLERK DEPT.

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Elisa	MI A	OFFICE USE ONLY	
	NICKNAME LAST Morales	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6 Joe Turner El Paso, TX 79915		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST Rosa	MI A	
	NICKNAME LAST Dominguez Morales	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6 Joe Turner Ct El Paso, TX 79915			
7 CAMPAIGN TREASURER PHONE	AREA CODE 915	PHONE NUMBER 258 778-7951	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03/28/2017 04/26/2017			
10 ELECTION	ELECTION DATE Month Day Year 05/06/2017		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) El Paso Mayor		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 14

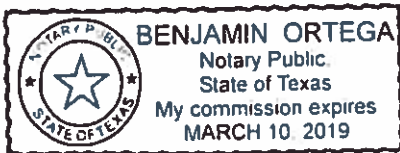
13 C / OH NAME Morales, Elisa	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,290.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2,092.54
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 614.99
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



Elisa Morales

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisa A. Morales, this the 4th day of May, 20 17, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering Benjamin Ortega Printed name of officer administering Notary Public Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Morales, Elisa	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,290.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,570.09
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 522.45
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CITY CLERK DEPT.
 2017 MAY -4 PM 4:46

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/14
2 FILER NAME Morales, Elisa		3 Filer ID
4 Date 04/11/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Judith (Mrs.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3344 Eileen Dr El Paso, TX 79904		
8 Principal occupation / Job title (See Instructions) Retired Soldier		9 Employer (See Instructions) NA
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Carol (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3005 Mountain El Paso, TX 79930		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Irma (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9009 WH Burges El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Educator/Retired		Employer (See Instructions)
Date 04/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Albert (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9320 Turrentine Dr El Paso , TX 79925		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SISD
Date 04/22/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Elisa (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 350 N Festival Dr El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)

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 CITY CLERK DEPT.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/14
2 FILER NAME Morales, Elisa		3 Filer ID
4 Date 04/03/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chokr, Mariam (Ms.)	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 423 Blue Star #1312 San Antonio, TX 78204		
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) HCA
Date 04/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duarte, Pete (Mr.)	Amount of Contribution (\$) \$90.00
Contributor address; City; State; Zip Code 9009 WH Burges El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 04/18/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks , Greta (Ms.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10108 Buckwood El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 04/26/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geller, Jennifer (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4127 8th st NW Washington, DC 20011		
Principal occupation / Job title (See Instructions) Jewish Advocacy		Employer (See Instructions) American Jewish Center
Date 04/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guida, Marilyn (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3714 Moonlight Ave El Paso, TX 79904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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 CITY CLERK DEPT.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/14
2 FILER NAME Morales, Elisa		3 Filer ID
4 Date 04/23/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyman, Merlyn (Mrs.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 1200 Galloway Dr El Paso, TX 79902		
8 Principal occupation / Job title (See Instructions) Education		9 Employer (See Instructions)
Date 04/11/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrigal, Elva (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2836 Beachcomber Dr El Paso, TX 79936		
Principal occupation / Job title (See Instructions) Management Analyst		Employer (See Instructions)
Date 03/29/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melendez, Chelsie (Mrs.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3448 Chickasaw El Paso, TX 79936		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Chuco Relic
Date 04/10/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Kathleen (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 7289 Cactus Spine Ln El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UTEP
Date 04/02/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Juan & Lucy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9700 Fuchsia Ct El Paso, TX 79925		
Principal occupation / Job title (See Instructions) Retired/Retired		Employer (See Instructions) NA

2017 MAR -4 PM 4:46
 T / CLERK DEPT.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/14
2 FILER NAME Morales, Elisa		3 Filer ID
4 Date 04/11/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Patricia (Mrs.) 6 Contributor address; City; State; Zip Code 10525 Texwood El Paso, TX 79925	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA

2017 MAY -4 PM 4:46
CITY CLERK DEPT.

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: 1/5 Rpt: 8/14		2 FILER NAME Morales, Elisa		3 Filer ID	
4 Date 04/10/2017		5 Payee name 501 Bistro			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 501 Texas Ave El Paso , TX 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Deposit for Fundraising Event	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/28/2017		Payee name Albertsons			
Amount (\$) \$11.92		Payee address; City; State; Zip Code 2200 N Yarbrough Dr El Paso, TX 79925			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Cutties (fruit) for visit to Friendly Senior Citizen Center	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/10/2017		Payee name Cheap Signs Austin Tx			
Amount (\$) \$395.11		Payee address; City; State; Zip Code 9200 Waterford Centre Blvd Austin , TX 78758			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing for yard signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

2017 MAR -1 PM 4:46
 CITY CLERK DEPT

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: 2/5 Rpt: 9/14		2 FILER NAME Morales, Elisa		3 Filer ID
4 Date 04/17/2017	5 Payee name Dollar General #8			
6 Amount (\$) \$28.15	7 Payee address; City; State; Zip Code 500 N Carolina Dr El Paso, TX 79915			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased materials and supplies to decorate for the TMO NorthEaster Parade.	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 04/24/2017	Payee name El Diario			
Amount (\$) \$192.00	Payee address; City; State; Zip Code 1801 Texas Ave 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 Advertising for the ad banner to be published in the Early Voting and Election Day Voter Guide.	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held
Date 04/17/2017	Payee name El Paso County Elections Department			
Amount (\$) \$5.00	Payee address; City; State; Zip Code 500 E San Antonio Ave El Paso, TX 79901			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Information CD Fee	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name		Office sought		Office held

2017 MAY -4 PM 4:16
 TX CLERK DEPT.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/14	2 FILER NAME Morales, Elisa	3 Filer ID
4 Date 03/28/2017	5 Payee name Monarrez, Monica (MoCha)	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 700 Baynard El Paso, TX 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing for postcards and business cards.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2017	Payee name Monarrez, Monica (MoCha)	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 700 Baynard El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing for Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2017	Payee name Monarrez, Monica (MoCha)	
Amount (\$) \$375.00	Payee address; City; State; Zip Code 700 Baynard El Paso, TX 79928	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing of 5k postcards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

2017 MAY 4 PM 4:45
 IT'S OFFICE DEPT

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: 4/5 Rpt: 11/14		2 FILER NAME Morales, Elisa		3 Filer ID	
4 Date 04/26/2017		5 Payee name PayPal			
6 Amount (\$) \$10.33		7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees incurred from online donations.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/14/2017		Payee name Sam's Club			
Amount (\$) \$31.83		Payee address; City; State; Zip Code 7001 Gateway Blvd W El Paso, TX 79925			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Snacks and water and juice for volunteers during the NorthEaster Parade and block walking.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/15/2017		Payee name TMO Foundation, NE Parade (Mimbela)			
Amount (\$) \$65.00		Payee address; City; State; Zip Code 4421 Apollo Avenue El Paso, TX 79904			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 Fee to participate in the Mimbela TMO NorthEaster Parade.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

2017 MAY -4 PM 46
 CITY CLERK DEPT

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: 5/5 Rpt: 12/14	2 FILER NAME Morales, Elisa	3 Filer ID
4 Date 04/11/2017	5 Payee name Walmart	
6 Amount (\$) \$5.75	7 Payee address; City; State; Zip Code 7101 Gateway Blvd El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rubber bands and 2.sided tape for block walking.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		

CITY CLERK DEPT.
 2017 MAY -4 PM 4:46

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 13/14		2 FILER NAME Morales, Elisa		3 Filer ID	
4 Date 04/11/2017		5 Payee name 501 Bar and Bistro			
6 Amount (\$) \$404.75		7 Payee address; City; State; Zip Code 501 Texas Ave #16 El Paso, TX 79901			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Expense for food at fundraising event.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/10/2017		Payee name L&J Cafe			
Amount (\$) \$19.08		Payee address; City; State; Zip Code 3622 E. Missouri Ave El Paso, TX 79903			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Marty Linsky, guest speaker at fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/10/2017		Payee name Los Bandidos De Carlos & Mickeys			
Amount (\$) \$72.44		Payee address; City; State; Zip Code 1310 Magruder El Paso, TX 79925			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for dinner for Marty and volunteers at event.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

2017 MAY - APRIL REPORT CITY CLERK DEPT.

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 14/14	2 FILER NAME Morales, Elisa	3 Filer ID	
4 Date 04/02/2017	5 Payee name Office Depot Office Max		
6 Amount (\$) \$26.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1313 George Dieter Dr #B El Paso, TX 79936		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing and supplies for event.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

CITY CLERK DEPT.
 2017 MAR -6 PM 4:47

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder