



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24422

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 45034.10

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 3283.97

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 1685.74

18 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.

David Saucedo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Saucedo, this the 1 day of May, 2017, 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 - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>David E Saucedo</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20120.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4302
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1685.74
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 45034.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/31/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis Loweree</b> 6 Contributor address; City; State; Zip Code <b>2710 Lebanon Ave, El Paso, TX 79930</b>	7 Amount of contribution (\$) <b>50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/01/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marisa Gerardo</b> Contributor address; City; State; Zip Code <b>4794 Sol De Alma Way, El Paso, TX 79922</b>	Amount of contribution (\$) <b>1000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/03/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Escudero</b> Contributor address; City; State; Zip Code <b>34 Goodwin Drive, El Paso, TX 79902</b>	Amount of contribution (\$) <b>200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will Harvey</b> Contributor address; City; State; Zip Code <b>P.O. Box 12730, El Paso, TX 79913</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/09/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Flores</b> 6 Contributor address; City; State; Zip Code <b>296 Amelia Drive, El Paso, TX 79912</b>	7 Amount of contribution (\$) <b>100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/11/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aaron Chiu</b> Contributor address; City; State; Zip Code <b>801 Rosinante, El Paso, TX 79922</b>	Amount of contribution (\$) <b>2000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcos Ronquillo</b> Contributor address; City; State; Zip Code <b>13155 Noel Rd. Suite 700, Dallas, TX 75240</b>	Amount of contribution (\$) <b>2000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Jackson</b> Contributor address; City; State; Zip Code <b>13155 Noel Rd. Suite 700, Dallas, TX 75240</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/13/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jose Toscano</b> 6 Contributor address; City; State; Zip Code <b>580 Pat Cruz, El Paso, TX 79932</b>	7 Amount of contribution (\$) <b>50</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/05/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Hector &amp; Leticia Lopez</b> Contributor address; City; State; Zip Code <b>2080 Paseo Del Prado, El Paso, TX 79936</b>	Amount of contribution (\$) <b>1000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Gerardo Fuentes</b> Contributor address; City; State; Zip Code <b>5608 Cambria Dr., Rockwall, TX, 75032</b>	Amount of contribution (\$) <b>125</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/12/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>William Weaver</b> Contributor address; City; State; Zip Code <b>6032 Caprock Ct., Apt. 1701, El Paso, TX 79912</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/12/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Guilbert Guillen</b> 6 Contributor address; City; State; Zip Code <b>404 S. Durango St., El Paso, TX 79901</b>	7 Amount of contribution (\$) <b>100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/13/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elvia Espino</b> Contributor address; City; State; Zip Code <b>101 S. Main St., Ste. B, Irving, TX 75060</b>	Amount of contribution (\$) <b>20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/04/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Meza</b> Contributor address; City; State; Zip Code <b>1325 Montana, El Paso, TX 79902</b>	Amount of contribution (\$) <b>2000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/13/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margie Copeland Ruth</b> Contributor address; City; State; Zip Code <b>5749 Beaumont Pl, El Paso, TX 79912</b>	Amount of contribution (\$) <b>50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/17/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luis &amp; Manuela Hernandez</b> 6 Contributor address; City; State; Zip Code <b>321 Alicia Dr., El Paso, TX 79905</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/17/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Salom</b> Contributor address; City; State; Zip Code <b>807 S. El Paso St., El Paso, TX 79901</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Loweree</b> Contributor address; City; State; Zip Code <b>9117 McFall, El Paso, TX 79925</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/18/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brian Grass</b> Contributor address; City; State; Zip Code <b>5659 Star View Dr., El Paso, TX 79932</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/19/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Smith</b> 6 Contributor address; City; State; Zip Code <b>26264 North 46th Place, Phoenix, AZ 85050</b>	7 Amount of contribution (\$) <b>100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/20/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Fierro</b> Contributor address; City; State; Zip Code <b>1920 E. San Miguel Road, Phoenix, AZ 85016</b>	Amount of contribution (\$) <b>50</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/21/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>El Paso Municipal Police Officer's Association PAC</b> Contributor address; City; State; Zip Code <b>747 E. San Antonio, Ste. 103, El Paso, TX 79901</b>	Amount of contribution (\$) <b>5000</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/20/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angel Flores</b> Contributor address; City; State; Zip Code <b>11429 Jack Cupit lane, El Paso, 79936</b>	Amount of contribution (\$) <b>150</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/20/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marcos Carrillo</b> 6 Contributor address; City; State; Zip Code <b>917 La Gotera Place, El Paso, TX 79912</b>	7 Amount of contribution (\$) <b>200</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/19/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Talina Fields</b> Contributor address; City; State; Zip Code <b>6385 Franklin Trail Dr., El Paso, TX, 79912</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/20/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aaron Viramontes</b> Contributor address; City; State; Zip Code <b>9317 Darlina, El Paso, TX 79925</b>	Amount of contribution (\$) <b>500</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hotel PAC of Texas THLA</b> Contributor address; City; State; Zip Code <b>1701 West Ave., Austin, TX 78701</b>	Amount of contribution (\$) <b>475</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/23/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gunther Gabbert</b> 6 Contributor address; City; State; Zip Code <b>6484 Calle Placido Drive, El Paso, TX 79912</b>	7 Amount of contribution (\$) <b>1000</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/21/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Aurelio Leos</b> Contributor address; City; State; Zip Code <b>3750 Greenwich Dr., El Paso, TX 79902</b>	Amount of contribution (\$) <b>200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/26/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Waltzer</b> Contributor address; City; State; Zip Code <b>501 E. Redd Rd., Apt. 6, El Paso, TX 79912</b>	Amount of contribution (\$) <b>200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/25/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Herman Guardado</b> Contributor address; City; State; Zip Code <b>4819 Olmos Street, El Paso, TX 79922</b>	Amount of contribution (\$) <b>100</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/26/2017</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Othon Medina Jr.</b> 6 Contributor address; City; State; Zip Code <b>2705 Doug Ford Drive, El Paso, TX 79934</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/25/2017</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hector Enriquez</b> Contributor address; City; State; Zip Code <b>5925 Silver Springs Dr. Suite B, El Paso, TX 79912</b>	Amount of contribution (\$) <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 David E Saucedo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 04/15/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Ivan Pena 7 Contributor address; City; State; Zip Code 20 W 83rd St., Apt 2B, NY, NY 10024	8 Amount of Contribution \$ 1800 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9 In-kind contribution description Social Media Consulting
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 04/19/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Meza Contributor address; City; State; Zip Code 1325 Montana Ave., El Paso, TX 79902	Amount of Contribution \$ 500 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. In-kind contribution description Food
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)		

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# 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 David E Saucedo		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 04/13/2017	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcos Ronquillo 7 Contributor address; City; State; Zip Code 13155 Noel Rd., Suite 700, Dallas, TX 75240	8 Amount of Contribution \$ 1202 9 In-kind contribution description Food <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 04/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Ruiz Contributor address; City; State; Zip Code 10321 Pickfair, Austin, TX 78750	Amount of Contribution \$ 800 In-kind contribution description Rent <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)		

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>0</b>	
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
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.

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>09/06/2016</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>David Saucedo</b>	9 Loan Amount (\$) <b>1685.74</b>
6 Is lender a financial institution? <input type="checkbox"/>	8 Lender address; City; State; Zip Code	10 Interest rate <b>0</b>
		11 Maturity date <b>01/01/2018</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <b>None</b>	19 Amount Guaranteed (\$) <b>0</b>
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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



# 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>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/31/2017</b>	<b>5</b> Payee name <b>Edgewise Enterprises, LLC</b>	
<b>6</b> Amount (\$) <b>1781</b>	<b>7</b> Payee address; City; State; Zip Code <b>2900 Nations, El Paso, TX 79930</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting fee</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>03/29/2017</b>	Payee name <b>Jeremy Jordan</b>	
Amount (\$) <b>600</b>	Payee address; City; State; Zip Code <b>8432 Greggerson Dr., El Paso, TX 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>03/31/2017</b>	Payee name <b>David Parra</b>	
Amount (\$) <b>350</b>	Payee address; City; State; Zip Code <b>7860 Porsche, El Paso, TX 79915</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Labor</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>Labor</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE 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: <b>13</b>	2 FILER NAME <b>David E Saucedo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>03/31/2017</b>	5 Payee name <b>Mills Plaza Parking</b>
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6 Amount (\$) <b>5</b>	7 Payee address; City; State; Zip Code <b>123 W. Mills Ave., El Paso, TX 79901</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Parking</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>Parking</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>03/31/2017</b>	Payee name <b>Vista Go Print, LLC</b>
---------------------------	--

Amount (\$) <b>387.66</b>	Payee address; City; State; Zip Code <b>7301 Bar K Ranch Rd., Lago Vista, TX 78645</b>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Services</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>Printing Services</b>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/03/2017</b>	Payee name <b>mailchimp.com</b>
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Amount (\$) <b>55</b>	Payee address; City; State; Zip Code <b>675 Ponce de Leon Ave NE, Suite 5000, Atlanta, GA 30308</b>
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>E-Mail Marketing</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>E-Mail Marketing</b>
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/03/2017</b>	<b>5</b> Payee name <b>Carmen de Leon</b>	
<b>6</b> Amount (\$) <b>1600</b>	<b>7</b> Payee address; City; State; Zip Code <b>6115 Escondido Dr., Apt 23C, El Paso, TX 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>04/03/2017</b>	Payee name <b>El Paso Mailing &amp; Printing Services</b>	
Amount (\$) <b>7000</b>	Payee address; City; State; Zip Code <b>1144 Vista De Oro El Paso, Tx. 79935</b>	
<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 <b>Printing Services</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>04/03/2017</b>	Payee name <b>Southwest Airlines</b>	
Amount (\$) <b>580.87</b>	Payee address; City; State; Zip Code <b>6701 Convair Rd. El Paso, Tx. 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel</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>Travel</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/04/2017</b>	<b>5</b> Payee name <b>Edgewise Enterprises, LLC</b>	
<b>6</b> Amount (\$) <b>1512.47</b>	<b>7</b> Payee address; City; State; Zip Code <b>2900 Nations Ave. El Paso, Tx. 79930-3819</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>Consulting fee</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Office sought	Office held	
Date <b>04/04/2017</b>	Payee name <b>Coffee Roaster</b>	
Amount (\$) <b>2.49</b>	Payee address; City; State; Zip Code <b>643 N. Resler Dr., El Paso, TX 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food</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>Food</b>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date	Candidate / Officeholder name	
Office sought	Office held	
Date <b>04/05/2017</b>	Payee name <b>El Paso Bridges Meters</b>	
Amount (\$) <b>1</b>	Payee address; City; State; Zip Code <b>300 N. Campbell, El Paso, TX 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Parking</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>Parking</b>
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Date	Candidate / Officeholder name	
Office sought	Office held	

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/06/2017</b>	<b>5</b> Payee name <b>El Paso Mailing &amp; Printing</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>103.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>1144 Vista de Oro Dr., El Paso, TX 79935</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Printing Services</b>	<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>Printing Services</b>
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/06/2017</b>	Payee name <b>El Paso Mailing &amp; Printing</b>
---------------------------	---

Amount (\$) <b>3454.36</b>	Payee address; City; State; Zip Code <b>1144 Vista de Oro Dr., El Paso, TX 79935</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Services</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>Printing Services</b>
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/07/2017</b>	Payee name <b>Jeremy Jordan</b>
---------------------------	------------------------------------

Amount (\$) <b>600</b>	Payee address; City; State; Zip Code <b>8432 Greggerson Dr., El Paso, TX 79907</b>
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</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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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/10/2017</b>	<b>5</b> Payee name <b>Leo Marketing</b>	
<b>6</b> Amount (\$) <b>1800</b>	<b>7</b> Payee address; City; State; Zip Code <b>1127 E. Rio Grande Ave. El Paso, Tx. 79902</b>	
<b>B</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising</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>Advertising</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>04/12/2017</b>	Payee name <b>Edgewise Enterprises, LLC</b>	
Amount (\$) <b>2054.96</b>	Payee address; City; State; Zip Code <b>2900 Nations Ave. El Paso, Tx. 79930-3819</b>	
<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 <b>Consulting Fee</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>04/14/2017</b>	Payee name <b>Jeremy Jordan</b>	
Amount (\$) <b>600</b>	Payee address; City; State; Zip Code <b>8432 Greggerson Dr., El Paso, TX 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/14/2017</b>	<b>5</b> Payee name <b>squarespace inc.</b>	
<b>6</b> Amount (\$) <b>17.32</b>	<b>7</b> Payee address; City; State; Zip Code <b>225 Varick St., 12th Floor, New York, NY 10014</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Web Hosting</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>Web Hosting</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>04/17/2017</b>	Payee name <b>BBVA Compass Bank</b>		
Amount (\$) <b>15</b>	Payee address; City; State; Zip Code <b>416 Stanton St. El Paso, Tx. 79901</b>		
<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 <b>Bank fee</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date <b>04/17/2017</b>	Payee name <b>BBVA Compass Bank</b>		
Amount (\$) <b>50</b>	Payee address; City; State; Zip Code <b>416 Stanton St. El Paso, Tx. 79901</b>		
<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 <b>Bank Fee</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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# 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>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/18/2017</b>	<b>5</b> Payee name <b>Edgewise Enterprises, LLC</b>	
<b>6</b> Amount (\$) <b>1629</b>	<b>7</b> Payee address; City; State; Zip Code <b>2900 Nations Ave. El Paso, Tx. 79930-3819</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>Consulting fee</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/21/2017</b>	Payee name <b>Carmen de Leon</b>	
Amount (\$) <b>1600</b>	Payee address; City; State; Zip Code <b>6115 Escondido Dr., Apt 23C, El Paso, TX 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/21/2017</b>	Payee name <b>El Paso Mailing &amp; Print Service</b>	
Amount (\$) <b>4250</b>	Payee address; City; State; Zip Code <b>1144 Vista de Oro Dr., El Paso, TX 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Services</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>Printing Services</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>04/24/2017</b>	<b>5</b> Payee name <b>City of El Paso</b>				
<b>6</b> Amount (\$) <b>30</b>	<b>7</b> Payee address; City; State; Zip Code <b>300 N. Campbell, El Paso, TX 79901</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>Fees</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>04/24/2017</b>	Payee name <b>Facebook</b>				
Amount (\$) <b>249.48</b>	Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</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>Advertising</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>04/24/2017</b>	Payee name <b>Coronado Film Production</b>				
Amount (\$) <b>750</b>	Payee address; City; State; Zip Code <b>1931 Myrtle Ave. El Paso, Tx. 79901</b>				
<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 <b>Film Production</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE 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: <b>13</b>	2 FILER NAME <b>David E Saucedo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/20/2017</b>	5 Payee name <b>Leo Marketing</b>
-----------------------------	--------------------------------------

6 Amount (\$) <b>3000</b>	7 Payee address; City; State; Zip Code <b>1127 WE. Rio Grande Ave. El Paso, Tx. 79902</b>
------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</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>Advertising</b>
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>04/24/2017</b>	Payee name <b>Peter Piper Pizza</b>
---------------------------	--

Amount (\$) <b>13.3</b>	Payee address; City; State; Zip Code <b>119 Balboa Rd., El Paso, TX 79912</b>
----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food</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>Food</b>
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>04/25/2017</b>	Payee name <b>Edgewise Enterprises, LLC</b>
---------------------------	--

Amount (\$) <b>1576.03</b>	Payee address; City; State; Zip Code <b>2900 Nations Ave. El paso, Tx. 79930-3819</b>
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fee</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>Consulting Fee</b>
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>04/24/2017</b>	<b>5</b> Payee name <b>El Paso Mail &amp; Printing Service</b>				
<b>6</b> Amount (\$) <b>4083.52</b>	<b>7</b> Payee address; City; State; Zip Code <b>1144 Vista de Oro Dr., El Paso, TX 79935</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Services</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>Printing Services</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <b>04/25/2017</b>	Payee name <b>Facebook</b>				
Amount (\$) <b>12.34</b>	Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</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>Advertising</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>Complete ONLY if direct expenditure to benefit C/OH</b></td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought	Office held		
Date <b>04/25/2017</b>	Payee name <b>Facebook</b>				
Amount (\$) <b>488.22</b>	Payee address; City; State; Zip Code <b>1 Hacker Way, Menlo Park, CA 94025</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</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>Advertising</b>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>Complete ONLY if direct expenditure to benefit C/OH</b></td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought	Office held		

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: 13	<b>2</b> FILER NAME David E Saucedo	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/26/2017	<b>5</b> Payee name Stripe, Inc.	
<b>6</b> Amount (\$) 479.45	<b>7</b> Payee address; City; State; Zip Code 185 Berry St., Suite 550, San Francisco, CA 94107	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Processing	<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 Credit Card Processing
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/15/2017	Payee name Brandon Ivan Pena	
Amount (\$) 1800	Payee address; City; State; Zip Code 20 W.83rd.St., Apt. 2B, NY, N.Y. 10024	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media Consulting	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 Consulting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/19/2017	Payee name Paul Meza	
Amount (\$) 500	Payee address; City; State; Zip Code 1325 Montana Av. El Paso Tx. 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1: <b>13</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/13/2017</b>	<b>5</b> Payee name <b>Marcos Ronquillo</b>	
<b>6</b> Amount (\$) <b>1202</b>	<b>7</b> Payee address; City; State; Zip Code <b>13155 Noel Rd., Suite 700, LB13, Dallas, TX 75240</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food</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>Food</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date <b>04/15/2017</b>	Payee name <b>Hector Ruiz</b>	
Amount (\$) <b>800</b>	Payee address; City; State; Zip Code <b>10321 Pickfair, Austin, TX 78750</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Rent</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>Rent</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<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
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

# SCHEDULE F2

### 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 <b>0</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F3: <b>0</b>
<b>2</b> FILER NAME David E Saucedo		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased	
	..... <b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	<b>7</b> Description of investment	
	<b>8</b> Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	..... Address of person from whom investment is purchased;                      City;                      State;                      Zip Code	
	Description of investment	
	Amount of investment (\$)	
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## 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 F4: <b>0</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>David E Saucedo</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	---	--

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

<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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
0	David E Saucedo	
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

David E Saucedo

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 0
2 FILER NAME <b>David E Saucedo</b>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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# 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

David E Saucedo

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

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