

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|
| 17 COMMITTEE NAME <p style="text-align: center;">Progress 915</p> | | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$16,860.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 642.77 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ 1,935.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ 400.00 |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | | \$ |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 2,213.26 |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Richard C. Bonart, D.V.M.

6 Contributor address; City; State; Zip Code

2/13/19

6524 Loma De Cristo Dr. El Paso Texas 79912

1,000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Marilyn Guida

Contributor address; City; State; Zip Code

2/13/19

3714 Moonlight El Paso Texas 79904

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Richard C. Bonart, D.V.M.

Contributor address; City; State; Zip Code

2/14/19

6524 Loma De Cristo Dr. El Paso Texas 79912

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Angela Reza Tures Stephen Francis Tures

Contributor address; City; State; Zip Code

2/14/19

1083 Esplanada Cir El Paso Texas 79932

700

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 14 |
| 2 FILER NAME <p style="text-align: center;">Progress 915</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Greta E. Miller</p> | 7 Amount of contribution (\$) |
| 2/16/19 | 6 Contributor address; City; State; Zip Code <p style="text-align: center;">P.O. Box 1152 Santa Teresa New Mexico 88008</p> | 100 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Donald R. Baumgardt or Carol M. Baumgardt</p> | Amount of contribution (\$) |
| 2/18/19 | Contributor address; City; State; Zip Code <p style="text-align: center;">901 Galloway Dr. El Paso Texas 79902</p> | 650 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Neysa Rene Hardin</p> | Amount of contribution (\$) |
| 2/20/19 | Contributor address; City; State; Zip Code <p style="text-align: center;">6617 Dawn Dr Apt. D El Paso Texas 79912</p> | 500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Richard C. Bonart, D.V.M.</p> | Amount of contribution (\$) |
| 2/23/19 | Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p> | 3,450 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Ltc Larry A. Olsen, Sr

6 Contributor address; City; State; Zip Code

2/25/19

2811 Jackson Ave. El Paso Texas 79930

20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Shirley J. and Henry J. Whelen

Contributor address; City; State; Zip Code

2/25/19

7304 Parkland Dr. El Paso Texas 79925

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Jesus A. Arroyo

Contributor address; City; State; Zip Code

2/26/19

11562 Meadowbrook Dr. El Paso Texas 79936

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Donald Baumgardt

Contributor address; City; State; Zip Code

2/26/19

901 Galloway Drive El Paso Texas 79902

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Jean Ann Wigle

6 Contributor address; City; State; Zip Code

2/27/19

5041 Alabama St. Apt. 182 El Paso Texas 79930

20

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Susy Franco

Contributor address; City; State; Zip Code

2/27/19

6717 Pearl Ridge Dr El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Gil Kimmelman

Contributor address; City; State; Zip Code

2/28/19

305 S. El Paso ST. El Paso Texas 79901

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Elsa Solorzano

Contributor address; City; State; Zip Code

3/1/19

506 WILD WILLOW DR El Paso Texas 79922

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 14 |
| 2 FILER NAME <p style="text-align: center;">Progress 915</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p>3/1/19</p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Meghan Curry</p> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">1105 North Virginia Street apt 5 El Paso Texas 79902</p> | 7 Amount of contribution (\$) <p style="text-align: center;">25</p> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <p>3/1/19</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Abderrahman Khamsi</p> Contributor address; City; State; Zip Code <p style="text-align: center;">6692 cabana del sol El Paso Texas 79911</p> | Amount of contribution (\$) <p style="text-align: center;">25</p> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <p>3/1/19</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">David Wilson</p> Contributor address; City; State; Zip Code <p style="text-align: center;">3307 Capella Ave. El Paso Texas 79904</p> | Amount of contribution (\$) <p style="text-align: center;">50</p> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <p>3/1/19</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Stuart Schwartz</p> Contributor address; City; State; Zip Code <p style="text-align: center;">1025 Singing Hills El Paso Texas 79912</p> | Amount of contribution (\$) <p style="text-align: center;">250</p> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Robert Baeza

6 Contributor address; City; State; Zip Code

3/2/19

6291 Franklin Lair El Paso Texas 79912

50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Kate Feuille

Contributor address; City; State; Zip Code

3/3/19

857 river oaks El Paso Texas 79912

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Aaron Brockshus

Contributor address; City; State; Zip Code

3/3/19

4011 Alabama street Apt 2307 El Paso Texas 79930

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Francisco Gonzalez

Contributor address; City; State; Zip Code

3/3/19

7379 Gulf Creek Dr. El Paso Texas 79911

20

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:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Nancy Casas

6 Contributor address; City; State; Zip Code

3/4/19

432 lafayette El Paso Texas 79915

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Ltc Larry A. Olsen, Sr

Contributor address; City; State; Zip Code

3/5/19

2811 Jackson Ave. El Paso Texas 79930

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Samuel Weissman

Contributor address; City; State; Zip Code

3/5/19

1300 Desert Canyon Dr El Paso Texas 79912

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Norm Christiansen

Contributor address; City; State; Zip Code

3/6/19

617 Myriam Dr Anthony TX 79821

25

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:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Stephen Tures

6 Contributor address;

City; State; Zip Code

3/8/19

1083 Esplanada Cir. El Paso Texas 79932

250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Amy Monsivais

Contributor address;

City; State; Zip Code

3/8/19

671 Skydale Drive El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Robert or Kathryn Melson

Contributor address;

City; State; Zip Code

3/9/19

10432 Aphoniz Dr. El Paso Texas 79924

70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Marcia Turner

Contributor address;

City; State; Zip Code

3/9/19

5755 Kingsfield Ave El Paso Texas 79912

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Omer Sheikh

6 Contributor address; City; State; Zip Code

3/9/19

6655 Tuscany Ridge Dr El Paso Texas 79912

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Joseph F. Lawrence Diane Lawrence

Contributor address; City; State; Zip Code

3/10/19

5709 Mira Grande El Paso Texas 79912

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Brent Sanders

Contributor address; City; State; Zip Code

3/10/19

5435 King Pl Apt/Suite El Paso Texas 79932

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Kathy Kiseda

Contributor address; City; State; Zip Code

3/10/19

404 KENYON JOYCE LN El Paso Texas 79902

15

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 14 |
| 2 FILER NAME Progress 915 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/10/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT CLARK 6 Contributor address; City; State; Zip Code 226 Oleander Way El Paso Texas 79922 | 7 Amount of contribution (\$) 50 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/10/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Hill Contributor address; City; State; Zip Code 594 Candado Place El Paso Texas 79912 | Amount of contribution (\$) 100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/10/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue DiCara Contributor address; City; State; Zip Code 9138 Mt. San Berdu El Paso Texas 79924 | Amount of contribution (\$) 40 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/11/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Barnum Contributor address; City; State; Zip Code 9948 Genie Dr El Paso Texas 79924 | Amount of contribution (\$) 10 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Sergio Cabrera

6 Contributor address; City; State; Zip Code

3/11/19

505 Irondale Dr El Paso Texas 79912

25

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Jane Poss

Contributor address; City; State; Zip Code

3/11/19

501 Spring Crest Drive El Paso Texas 79912

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

T. W. Robinson

Contributor address; City; State; Zip Code

3/13/19

3324 Sheppard Ave Apt 16 El Paso Texas 79904

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Gretchen Trominski

Contributor address; City; State; Zip Code

3/13/19

4825 Costa de Oro El Paso Texas 79922

25

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:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

James H. Donaldson Mary Lyon Donaldson

6 Contributor address; City; State; Zip Code

3/17/19

6573 Brisa Del Mar Dr. El Paso Texas 79912

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Kimery Duda

Contributor address; City; State; Zip Code

3/17/19

PO Box 5501 Austin TX 78763

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Tom Kiraly

Contributor address; City; State; Zip Code

3/19/19

4801 Excalibur Dr. El Paso Texas 79902

1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Richard C. Bonart, D.V.M.

Contributor address; City; State; Zip Code

3/20/19

6524 Loma De Cristo Dr. El Paso Texas 79912

4,500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Jerome Moreau

6 Contributor address; City; State; Zip Code

3/21/19

6236 Silverlace Trail NE Albuquerque New Mexico 87111

10

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Joe Garibay

Contributor address; City; State; Zip Code

3/22/19

6228 Camino Alegre El Paso Texas 79912

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Campos Family

Contributor address; City; State; Zip Code

3/23/19

6745 Crucero del Sol El Paso Texas 79911

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Marshall Carter-Tripp

Contributor address; City; State; Zip Code

3/23/19

79 Kingery Drive El Paso Texas 79902

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME

Progress 915

3 Filer ID (Ethics Commission Filers)

4 Date

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

Ann Horak

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

3/23/19

617 Cincinnati Ave El Paso Texas 79902

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Michelle Smith

Contributor address; City; State; Zip Code

3/23/19

1804 Old Paint Dr El Paso Texas 79911

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Francisco Gonzalez

Contributor address; City; State; Zip Code

3/23/19

7379 Gulf Creek Dr. El Paso Texas 79911

20

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Jenna Orr

Contributor address; City; State; Zip Code

3/24/19

401 Camino Real Ave El Paso Texas 79922

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME <p style="text-align: center;">Progress 915</p> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 642.77 | |
| 5 Date <p style="text-align: center;">3/4/19</p> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p> | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p> | 535.84 | T-shirts |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date <p style="text-align: center;">3/6/19</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p> | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p> | 60.62 | Business cards |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME <p style="text-align: center;">Progress 915</p> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 642.77 | |
| 5 Date <p style="text-align: center;">3/18/19</p> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sharon S. Miles-Bonart, PH.D.</p> | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code <p style="text-align: center;">6524 Loma De Cristo Dr. El Paso Texas 79912</p> | 46.31 | Business Cards |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code | | |
| | | <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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: 1 |
| 2 FILER NAME Progress 915 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/11/19 | 5 Corporation / Labor Organization name Sierra Club of El Paso 6 Corporation / Labor Organization address; City; State; Zip Code 1241 Cerrito Alegre Ln El Paso Texas 79912 | 7 Amount of contribution (\$) 1,000.00 |
| Date 3/14/19 | Corporation / Labor Organization name Borderland Mountain Bike Association Corporation / Labor Organization address; City; State; Zip Code 901 Galloway Drive El Paso Texas 79902 | Amount of contribution (\$) 935.00 |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| Date | Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code | Amount of contribution (\$) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

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

SCHEDULE C2

| | | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C2: 1 | |
| 2 FILER NAME <p style="text-align: center;">Progress 915</p> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <p style="text-align: center;">3/14/19</p> | 5 Corporation / Labor Organization name <p style="text-align: center;">Airport Printing Service</p> <hr style="border-top: 1px dotted black;"/> <p style="text-align: center;">6 Corporation / Labor Organization address; City; State; Zip Code 7 Leigh Fisher Blvd El Paso Texas 79906</p> | 7 Amount of Contribution \$ <p style="text-align: center;">\$400.00</p> | 8 In-kind contribution description <p style="text-align: center;">Push Cards</p> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name <hr style="border-top: 1px dotted black;"/> Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name <hr style="border-top: 1px dotted black;"/> Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name <hr style="border-top: 1px dotted black;"/> Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Date | Corporation / Labor Organization name <hr style="border-top: 1px dotted black;"/> Corporation / Labor Organization address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Progress 915 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/4/19 | 5 Payee name H & H Mailing Service | |
| 6 Amount (\$) \$ 920.62 | 7 Payee address; City; State; Zip Code 9431 Carnegie Ave El Paso Texas 79925 | |
| 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 Production and mailing of post cards |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 3/5/19 | Payee name Fastsigns | |
| Amount (\$) \$85.52 | Payee address; City; State; Zip Code 4224 Mesa # F El Paso Texas 79902 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased a banner |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 3/12/19 | Payee name Stanton Street | |
| Amount (\$) \$541.25 | Payee address; City; State; Zip Code 500 W. Overland Suite 200 El Paso Texas 79901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Enhancements to website |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME Progress 915 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/3/19 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$ 32.42 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 | |
| 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 Donation processing fee |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 3/10/19 | Payee name ActBlue | |
| Amount (\$) \$76.67 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 3/22/19 | Payee name ActBlue | |
| Amount (\$) \$20.95 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville MA 02144 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation processing fee |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense | 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: 3 | 2 FILER NAME Progress 915 | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 3/22/19 | 5 Payee name Sun Circle Strategic Group | | | | |
| 6 Amount (\$) \$ 535.83 | 7 Payee address; City; State; Zip Code 1401 Montana Ave El Paso Texas 79902 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter list | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 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 | | | | |
| 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 | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 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 | | | | |
| 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 | | | |
| | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> | | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED