

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>52</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mr. Oscar</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>RECEIVED</b>  <b>JAN 16 2024</b> <i>DM</i>  <b>ELECTIONS DEPARTMENT</b>  Date Hand-delivered or Date Postmarked <b>JAN 15 2024</b>  Receipt #      Amount \$  Date Processed  Date Imaged	
	NICKNAME LAST SUFFIX <b>Ugarte</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7383 Remcon Circle #222021 El Paso, Texas 79912</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 915 ) 502-0444</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr. Oscar</b>		
	NICKNAME LAST SUFFIX <b>Ugarte</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>7383 Remcon Circle #222021 El Paso, Texas 79912</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 915 ) 502-0444</b>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Extended Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>7 / 1 / 23      12 / 31 / 23</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 5 / 24</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary      Runoff      Other Description <input type="checkbox"/> General      Special
	12 OFFICE OFFICE HELD (if any) <b>Constable, Precinct 1</b>	13 OFFICE SOUGHT (if known) <b>County Sheriff</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> Oscar Ugarte		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 167.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,357.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 361.83
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,492.86
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,944.14
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

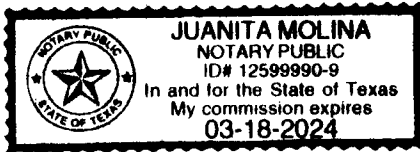
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*O. Ugarte*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Oscar Ugarte this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

*Juanita Molina* Signature of officer administering oath  
Juanita Molina Printed name of officer administering oath  
 Title of officer administering oath

**(2) Unsworn Declaration**

My name is Oscar Ugarte and my date of birth is October 12, 1983

My address is 7383 Remcon Circle #222021, El Paso, Texas, 79912, United States  
 (street) (city) (state) (zip code) (country)

Executed in El Paso County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0.00</b>	
5 Date <b>10/05/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gustavo Ugarte</b>	8 Amount of Contribution \$ <b>8,340.00</b>	9 In-kind contribution description <b>Signs/banners</b>
7 Contributor address; City; State; Zip Code <b>9201 Delicias El Paso, TX 79907</b>		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 <b>09/01/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosa Ugarte</b>	Amount of Contribution \$ <b>580.00</b>	In-kind contribution description <b>Marketing supplies</b>
Contributor address; City; State; Zip Code <b>209 Liberty St El Paso, TX 79907</b>		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)			
<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.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>0.00</b>	
5 Date <b>08/17/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SRB Consulting</b> 7 Contributor address; City; State; Zip Code <b>11501 Cedar Oak El Paso, TX 79936</b>	8 Amount of Contribution \$ <b>2,000.00</b>	9 In-kind contribution description <b>Speakers/Sound Setup Assistance</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
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 <b>09/01/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosa Ugarte</b> Contributor address; City; State; Zip Code <b>209 Liberty St El Paso, TX 79907</b>	Amount of Contribution \$ <b>1,000.00</b>	In-kind contribution description <b>T-shirts &amp; printing</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **29**

2 FILER NAME  
**Oscar Ugarte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**07/25/2023**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**128 Saddle Trail Cibolo, TX 78108**

**100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**07/26/2023**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Simon Jemente Jr.**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**328 Barbaree Dr El Paso, TX 79912**

**25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**07/29/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**5452 Limestone El Paso, TX 79934**

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**N/A**

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Gabriel Perez 6 Contributor address; City; State; Zip Code 7935 Night Fall Pl El Paso, TX 79932	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 08/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Lourdes Aguirre Contributor address; City; State; Zip Code 7111 Ramada Dr El Paso, TX 79912	Amount of contribution (\$)  <b>60.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Damon Crossland Contributor address; City; State; Zip Code 400 Indian Bluff Rd El Paso, TX 79912	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Priscilla Lopez Contributor address; City; State; Zip Code 450 brothers rd Canutillo, TX 79835	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jane Mari 6 Contributor address; City; State; Zip Code 424 Granada Ave El Paso, TX 79912	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Denisse Andrew Contributor address; City; State; Zip Code 621 Dindinger Socorro, TX 79927	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Roberto Sanchez Contributor address; City; State; Zip Code 1127 E San Antonio Ave El Paso, TX 79901	Amount of contribution (\$)  500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Carlos Quinonez Contributor address; City; State; Zip Code 12331 Wills Crescent Ct El Paso, TX 79928	Amount of contribution (\$)  250.00
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

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Estella Lujan</b>	7 Amount of contribution (\$)  <b>25.00</b>
	6 Contributor address; City; State; Zip Code <b>PO Box 1892 Fabens, TX 79838</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lutfi Dgc</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>1036 Flyer Place El Paso, TX 79928</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Armando Saldivar</b>	Amount of contribution (\$)  <b>1,500.00</b>
	Contributor address; City; State; Zip Code <b>7233 Rochester Dr El paso, TX 79912</b>	
Principal occupation / Job title (See Instructions) <b>Electrical Contractor</b>		Employer (See Instructions) <b>El Paso Western Electric Inc</b>

Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Juan Camarillo</b>	Amount of contribution (\$)  <b>75.00</b>
	Contributor address; City; State; Zip Code <b>11105 Pink Coral El Paso, TX 79936</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Erica Ortega</b>	7 Amount of contribution (\$)  <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>8816 El Dorado Dr El Paso, TX 79925</b>		
8 Principal occupation / Job title (See Instructions) <b>Portfolio Manager</b>		9 Employer (See Instructions) <b>AmeriCorps</b>
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Israel Gines</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>12409 Pleasant Crest El Paso, TX 79928</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sergio Rios</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>2165 Enchanted Summit Dr El Paso, TX 79911</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Hernandez</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>565 Riverdale El Paso, TX 79907</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Michelle Staple</b>	7 Amount of contribution (\$)  <b>25.00</b>
	6 Contributor address; City; State; Zip Code <b>14280 Rattler Point Drive El Paso, TX 79938</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Oscar Torres</b>	Amount of contribution (\$)  <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>15500 Chardon El Paso, TX 79938</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>08/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alfredo Huerta</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>9205 Delicias Ct El Paso, TX 79907</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>08/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Manny Soria</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>12308 Cora Viescas Ln El Paso, TX 79936</b>	
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: **29**

2 FILER NAME  
**Oscar Ugarte**

3 Filer ID (Ethics Commission Filers)

4 Date  
**08/18/2023**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**12308 Cora Viescas Ln El Paso, TX 79936**

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**08/18/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**7931 Santa Maria El Paso, TX 79915**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/19/2023**

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
**Daniel & Veronica Valdez**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**10217 Castletown Drive El Paso, TX 79925**

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**08/20/2023**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**14102 Koshare El paso, TX 79938**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jose Tena 6 Contributor address; City; State; Zip Code 9137 Texas Red Dr El Paso, TX 79907	7 Amount of contribution (\$) <b>15.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Laura Rodriguez Contributor address; City; State; Zip Code 10260 Bermuda Ave El Paso, TX 79925	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Justin Cook Contributor address; City; State; Zip Code 10521 Murphy St El Paso, TX 79924	Amount of contribution (\$) <b>5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Veronica Lujan Contributor address; City; State; Zip Code 95 North Hammett St Apt 8 El Paso, TX 79905	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Julian Rivera 6 Contributor address; City; State; Zip Code 664 De Bartolo Ln Horizon City, TX 79928	7 Amount of contribution (\$)  10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Rey Trevizo Contributor address; City; State; Zip Code 332 Duanesburg Horizon, TX 79928	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Jose Chavez Contributor address; City; State; Zip Code 14717 Canyon Breeze El Paso, TX 79928	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2023	Full name of contributor out-of-state PAC (ID#: _____) Christian Gonzalez Contributor address; City; State; Zip Code 1443 Brittany Ln Odessa, TX 79761	Amount of contribution (\$)  10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>09/02/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Zachary Khnaizi</b> 6 Contributor address; City; State; Zip Code <b>9736 Vallarta Dr El Paso, TX 79927</b>	7 Amount of contribution (\$)  <b>5.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/07/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Erika Mena</b> Contributor address; City; State; Zip Code <b>10830 Vista Alegre Dr El Paso, TX 79935</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ofelia Mletzko</b> Contributor address; City; State; Zip Code <b>1332 Sabrina lyn El Paso, TX 79936</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/25/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stephanie Fietze</b> Contributor address; City; State; Zip Code <b>6561 Morrill El Paso, TX 79932</b>	Amount of contribution (\$)  <b>100.00</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>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 10/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rocio Islas-Powell	7 Amount of contribution (\$)  <b>50.00</b>
6 Contributor address; City; State; Zip Code 11584 Saint Thomas Way El Paso, TX 79936		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Juanita Martinez	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code 616 Rifton Horizon City, TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) John Williams	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code 2412 Copper Avenue EL PASO, TX 79930		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Beatriz Diaz	Amount of contribution (\$)  <b>1,040.00</b>
Contributor address; City; State; Zip Code 14248 Desert Stone Dr Horizon City, TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/12/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Daniel Ramirez</b>	7 Amount of contribution (\$)  <b>40.00</b>
	6 Contributor address; City; State; Zip Code <b>14376 Tobe Davis El Paso, TX 79928</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>10/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Maria Silvas</b>	Amount of contribution (\$)  <b>50.00</b>
	Contributor address; City; State; Zip Code <b>3055 Myriam Dr Anthony, TX 79821</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>10/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Karen Dykes</b>	Amount of contribution (\$)  <b>100.00</b>
	Contributor address; City; State; Zip Code <b>7423 Mule Team Dr El Paso, TX 79911</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>10/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Erica Ortega</b>	Amount of contribution (\$)  <b>40.00</b>
	Contributor address; City; State; Zip Code <b>8816 El Dorado Dr El Paso, TX 79925</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Mario Carmona 6 Contributor address; City; State; Zip Code 10840 Sombra Verde El Paso, TX 79935	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Daniel Ramirez Contributor address; City; State; Zip Code 14376 Tobe Davis El Paso, TX 79928	Amount of contribution (\$)  1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: _____) JAN ENGELS Contributor address; City; State; Zip Code 2219 KING JAMES PLACE EL PASO, TX 79903	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Duane Roberts Contributor address; City; State; Zip Code 415 S Mesa Dr, Apartment 1168 El Paso, TX 79912	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/22/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Stephanie Limon</b> 6 Contributor address; City; State; Zip Code <b>9116 Mount San Berdu Drive El Paso, TX 79924</b>	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/22/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dawn Gopin</b> Contributor address; City; State; Zip Code <b>5617 Eagle Point El Paso, TX 79912</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/29/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mary Stillinger</b> Contributor address; City; State; Zip Code <b>1661 Rim Road El Paso, TX 79902</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/09/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Leon Metz</b> Contributor address; City; State; Zip Code <b>11112 Loma Grande Dr El Paso, TX 79934</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>29</b>
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/28/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Roberto Lagana</b> 6 Contributor address; City; State; Zip Code <b>3800 North Mesa Street El Paso, TX 79902</b>	7 Amount of contribution (\$) <b>10.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Celeste Aguilar</b> Contributor address; City; State; Zip Code <b>6513 Calle Placido Dr El Paso, TX 79912</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/12/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Celeste Aguilar</b> Contributor address; City; State; Zip Code <b>6513 Calle Placido Dr El Paso, TX 79912</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Danilo Martinez</b> Contributor address; City; State; Zip Code <b>14420 Apple Point Court El Paso, TX 79938</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/11/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Danilo Martinez</b> 6 Contributor address; City; State; Zip Code <b>14420 Apple Point Court El Paso, TX 79938</b>	7 Amount of contribution (\$) <b>35.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/11/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Danilo Martinez</b> Contributor address; City; State; Zip Code <b>14420 Apple Point Court El Paso, TX 79938</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/01/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Danilo Martinez</b> Contributor address; City; State; Zip Code <b>14420 Apple Point Court El Paso, TX 79938</b>	Amount of contribution (\$) <b>35.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Roberto Lagana</b> Contributor address; City; State; Zip Code <b>3800 North Mesa Street El Paso, TX 79902</b>	Amount of contribution (\$) <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lauren Zimmerman</b> <hr/> 6 Contributor address; City; State; Zip Code <b>3748 sienna ave Las Cruces, NM 88012</b>	7 Amount of contribution (\$)  <b>20.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>09/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lauren Zimmerman</b> <hr/> Contributor address; City; State; Zip Code <b>3748 sienna ave Las Cruces, NM 88012</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lauren Zimmerman</b> <hr/> Contributor address; City; State; Zip Code <b>3748 sienna ave Las Cruces, NM 88012</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/18/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lauren Zimmerman</b> <hr/> Contributor address; City; State; Zip Code <b>3748 sienna ave Las Cruces, NM 88012</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Lauren Zimmerman</b>	7 Amount of contribution (\$)  <b>20.00</b>
	6 Contributor address; City; State; Zip Code <b>3748 sienna ave Las Cruces, NM 88012</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>07/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Ramos</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>4819 Alpha St Lansing, MI 48910</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Ramos</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>4819 Alpha St Lansing, MI 48910</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Diana Ramos</b>	Amount of contribution (\$)  <b>25.00</b>
	Contributor address; City; State; Zip Code <b>4819 Alpha St Lansing, MI 48910</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Pixler 6 Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Pixler Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Pixler Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Pixler Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Pixler 6 Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	7 Amount of contribution (\$)  5.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Porfirio Alvarado Contributor address; City; State; Zip Code 728 Cheltenham Dr El Paso, TX 79912	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Sutherland Contributor address; City; State; Zip Code 424 Granada Ave El Paso, TX 79912	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Yolanda Chavaria Contributor address; City; State; Zip Code 648 Bluff Canyon Cir El Paso, TX 79912	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 07/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Noel Rosenbaum 6 Contributor address; City; State; Zip Code 405 Valplano Dr. El Paso, TX 79912	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Warach Soto & Associates Contributor address; City; State; Zip Code 7300 Viscount, Ste 101 El Paso, TX 79925	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert Pearson Contributor address; City; State; Zip Code 1515 Rim Dr El Paso, TX 79912	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Silvia Castillo Mendez Contributor address; City; State; Zip Code 3701 La Luz Ave El Paso, TX 79903	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jan Engels 6 Contributor address; City; State; Zip Code 219 King James Pl El Paso, TX 79903	7 Amount of contribution (\$)  35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Sara Alarcon & Duane Roberts Contributor address; City; State; Zip Code 415 S. Mesa Hills Dr #1168 El Paso, TX 79912	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Dee Anne Croucher Contributor address; City; State; Zip Code 779 Woodland Ave El Paso, TX 79922	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Andrea Ramirez Contributor address; City; State; Zip Code 4120 Boy Scout Ln El Paso, TX 79922	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ramona De La Paz Torres 6 Contributor address; City; State; Zip Code 2706 Frankfort Ave El Paso, TX 79930	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Wyatt Contributor address; City; State; Zip Code 2906 Silver Ave El Paso, TX 79930	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Hector Jimenez Contributor address; City; State; Zip Code 609 N Laurel El Paso, TX 79903	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Hermelinda Rocio Gardea Contributor address; City; State; Zip Code 8636 Centennial Dr El Paso, TX 79912	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>08/17/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>John Williams</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2412 Copper El Paso, TX 79930</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Guadalupe Aponte</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2141 King James Pl El Paso, TX 79903</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Milad Farah</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>1231 E. Missouri Ave El Paso, TX 79902</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lina Ortega</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1201 Cincinnati El Paso, TX 79902</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) El Paso Trailer 6 Contributor address; City; State; Zip Code 1140 Robin Rd El Paso, TX 79927	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Nora Bettise Contributor address; City; State; Zip Code 7115 Ramada Drive El Paso, TX 79934	Amount of contribution (\$)  150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Daniel Anchondo, Attorney at Law, P.C. Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903	Amount of contribution (\$)  200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Miguel Sifuentes Contributor address; City; State; Zip Code 1601 Dakota St El Paso, TX 79930	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>29</b>
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>RESPCO LLC</b> 6 Contributor address; City; State; Zip Code <b>550 S Mesa Hills, Ste A-1 El Paso, TX 79912</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/24/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>El Rio Bravo Real Estate Inc.</b> Contributor address; City; State; Zip Code <b>3120 Gateway Blvd E El Paso, TX 79905</b>	Amount of contribution (\$) <b>60.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/10/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Daniel Gonzalez</b> Contributor address; City; State; Zip Code <b>900 E. Rio Grande Ave El Paso, TX 79902</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>11/16/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Chris Bradley</b> Contributor address; City; State; Zip Code <b>400 E. Overland Ave El Paso, TX 79901</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jonathan Randall 6 Contributor address; City; State; Zip Code 765 Martha Gale Dr El Paso, TX 79912	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Elliot Shapleigh Contributor address; City; State; Zip Code 701 N. St Vrain El Paso, TX 79902	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Ramona De La Paz Torres Contributor address; City; State; Zip Code 2706 Frankfort Ave El Paso, TX 79930	Amount of contribution (\$)  2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Yolanda Chavaria Contributor address; City; State; Zip Code 648 Bluff Canyon Cir El Paso, TX 79912	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>29</b>
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/18/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jose Rodriguez</b> 6 Contributor address; City; State; Zip Code <b>911 Dallas El Paso, TX 79902</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/29/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Guadalupe Aponte</b> Contributor address; City; State; Zip Code <b>2141 King James Pl El Paso, TX 79903</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jose Lujan</b> Contributor address; City; State; Zip Code <b>10465 Damasco Dr. El Paso, TX 79936</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>08/17/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Sergio Tinajero</b> Contributor address; City; State; Zip Code <b>email: stinajero@me.com</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

Oscar Ugarte

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,437.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,920.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	■ SCHEDULE E: LOANS	\$ 15,000.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,492.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/11/2023	<b>5</b> Payee name Airport Printing Service	
<b>6</b> Amount (\$) 107.17	<b>7</b> Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing material
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 07/20/2023	Payee name Airport Printing Service	
Amount (\$) 647.34	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing material
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 08/04/2023	Payee name Airport Printing Service	
Amount (\$) 985.65	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing material
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Oscar Ugarte</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan <b>07/01/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Oscar Ugarte</b>	9 Loan Amount (\$) <b>15,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>7383 Remcon Circle #222021 El Paso, Texas 79912</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor <b>N/A</b>	19 Amount Guaranteed (\$)
	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#: _____ ) <b>N/A</b>	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor <b>N/A</b>	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/10/2023	<b>5</b> Payee name Airport Printing Service	
<b>6</b> Amount (\$) 63.87	<b>7</b> Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 08/17/2023	Payee name Sabertooth Food Company	
Amount (\$) 1,230.94	Payee address; City; State; Zip Code 4006 N Mesa St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description campaign event food/beverage
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 08/25/2023	Payee name Airport Printing Service	
Amount (\$) 778.32	Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing materials
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/25/2023	<b>5</b> Payee name Uprinting	
<b>6</b> Amount (\$) <b>648.02</b>	<b>7</b> Payee address; City; State; Zip Code 8001 Haskell Ave Van Nuys, CA 91406	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing materials
	<b>(c)</b> <input checked="" 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 <b>08/25/2023</b>	Payee name UZ Marketing	
Amount (\$) <b>713.42</b>	Payee address; City; State; Zip Code 5900 Bingle Rd Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing materials
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>09/14/2023</b>	Payee name El Paso Mail & Print Service	
Amount (\$) <b>3,697.28</b>	Payee address; City; State; Zip Code 1144 Vista De Oro, Ste. A El Paso, TX 79935	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing materials
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/05/2023	<b>5</b> Payee name UZ Marketing	
<b>6</b> Amount (\$) 713.42	<b>7</b> Payee address; City; State; Zip Code 5900 Bingle Rd Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

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

Date 10/15/2023	Payee name Amazon.com Services, Inc		
Amount (\$) 287.84	Payee address; City; State; Zip Code 410 Terry Ave, North Seattle, WA 98109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description miscellaneous supplies	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/25/2023	Payee name Office Depot		
Amount (\$) 66.00	Payee address; City; State; Zip Code 1111 Geronimo Dr El Paso, TX 79925		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description postage	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>		

Complete ONLY 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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26/2023	<b>5</b> Payee name Airport Printing Service	
<b>6</b> Amount (\$) <b>107.17</b>	<b>7</b> Payee address; City; State; Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/27/2023</b>	Payee name El Paso Mail & Print Service	
Amount (\$) <b>535.84</b>	Payee address; City; State; Zip Code 1144 Vista De Oro, Ste. A El Paso, TX 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing materials
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/29/2023</b>	Payee name Office Depot	
Amount (\$) <b>132.00</b>	Payee address; City; State; Zip Code 1111 Geronimo Dr El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description postage
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/03/2023	<b>5</b> Payee name Amazon.com Services, Inc	
<b>6</b> Amount (\$) 10.60	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave, North Seattle, WA 98109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description miscellaneous supplies
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 11/15/2023	Payee name Amazon.com Services, Inc	
Amount (\$) 122.59	Payee address; City; State; Zip Code 410 Terry Ave, North Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description miscellaneous supplies
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 11/18/2023	Payee name Amazon.com Services, Inc	
Amount (\$) 9.81	Payee address; City; State; Zip Code 410 Terry Ave, North Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description miscellaneous supplies
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/20/2023	<b>5</b> Payee name El Paso Mail & Print Service	
<b>6</b> Amount (\$) <b>3,697.28</b>	<b>7</b> Payee address; City; State; Zip Code 1144 Vista De Oro, Ste. A El Paso, TX 79935	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description campaign marketing materials
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 11/24/2023	Payee name El Paso County Democratic Party	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code 1401 Montana Ave suite e, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description candidate/office filing fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 11/29/2023	Payee name Office Depot	
Amount (\$) 198.00	Payee address; City; State; Zip Code 1111 Geronimo Dr El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description postage
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/01/2023	<b>5</b> Payee name Scale to Win
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<b>6</b> Amount (\$) <b>2,664.18</b>	<b>7</b> Payee address; 13742 Harper St, Santa Ana, CA 92703	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Short message service (SMS)
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

<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 12/06/2023	Payee name Office Depot
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Amount (\$) 264.00	Payee address; 1111 Geronimo Dr El Paso, TX 79925	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description postage
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/2023	Payee name Office Depot
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Amount (\$) 198.00	Payee address; 1111 Geronimo Dr El Paso, TX 79925	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description postage
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/21/2023	<b>5</b> Payee name NGP VAN, Inc.	
<b>6</b> Amount (\$) <b>278.88</b>	<b>7</b> Payee address; City; State; Zip Code 48 Grove Street, Suite 202 Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description auto-dialing software
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/23/2023	Payee name Uprinting	
Amount (\$) 625.48	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys, CA 91406	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description campaign marketing materials
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/29/2023	Payee name NGP VAN, Inc.	
Amount (\$) 360.35	Payee address; City; State; Zip Code 48 Grove Street, Suite 202 Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description auto-dialing software
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/30/2023	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) 726.00	<b>7</b> Payee address; City; State; Zip Code 1111 Geronimo Dr El Paso, TX 79925	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description postage
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 07/30/2023	Payee name ActBlue Technical Services	
Amount (\$) 31.61	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 08/13/2023	Payee name ActBlue Technical Services	
Amount (\$) 3.36	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/20/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) <b>235.46</b>	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>08/27/2023</b>	Payee name ActBlue Technical Services	
Amount (\$) <b>5.15</b>	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>09/03/2023</b>	Payee name ActBlue Technical Services	
Amount (\$) <b>2.98</b>	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/10/2023	<b>5</b> Payee name ActBlue Technical Services
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<b>6</b> Amount (\$) 3.96	<b>7</b> Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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 09/17/2023	Payee name ActBlue Technical Services
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Amount (\$) 1.59	Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/24/2023	Payee name ActBlue Technical Services
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Amount (\$) 1.78	Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/30/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) <b>9.88</b>	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Service Fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/01/2023</b>	Payee name ActBlue Technical Services	
Amount (\$) <b>3.95</b>	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Service Fee</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/08/2023</b>	Payee name ActBlue Technical Services	
Amount (\$) <b>7.91</b>	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Service Fee</b>
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10/15/2023	<b>5</b> Payee name ActBlue Technical Services
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<b>6</b> Amount (\$) 62.43	<b>7</b> Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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 10/22/2023	Payee name ActBlue Technical Services
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Amount (\$) 60.24	Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/2023	Payee name ActBlue Technical Services
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Amount (\$) 2.18	Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/19/2023	<b>5</b> Payee name ActBlue Technical Services
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<b>6</b> Amount (\$) <b>3.96</b>	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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 11/26/2023	Payee name ActBlue Technical Services
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Amount (\$) 10.87	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/03/2023	Payee name ActBlue Technical Services
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Amount (\$) 7.90	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/10/2023	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) 0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/17/2023	Payee name ActBlue Technical Services	
Amount (\$) 1.59	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/24/2023	Payee name ActBlue Technical Services	
Amount (\$) 1.39	Payee address; City; State; Zip Code 366 Summer Street, Somerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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: 17	<b>2</b> FILER NAME Oscar Ugarte	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/31/2023	<b>5</b> Payee name ActBlue Technical Services
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<b>6</b> Amount (\$) <b>0.40</b>	<b>7</b> Payee address; 366 Summer Street, Somerville, MA 02144	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Service Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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 7/11/2023	Payee name Texas Democratic Party
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Amount (\$) 1,552.00	Payee address; PO Box 15707, Austin, TX 78761	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description data access
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 N/A
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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