CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 52 MS / MRS / MR 3 CANDIDATE/ FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Oscar **NAME** Date Received **NICKNAME** LAST SUFFIX Ugarte RECEIVED 4 CANDIDATE/ ADDRESS / PO BOX APT / SUITE #: CITY; STATE: ZIP CODE **OFFICEHOLDER** 7383 Remcon Circle #222021 JAN 16 2024 **MAILING** El Paso, Texas 79912 **ADDRESS ELECTIONS DEPARTMENT** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (915) 502-0444 JAN 15 PV4113 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST М **TREASURER** Mr. Oscar NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Ugarte STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE; ZIP CODE **TREASURER** 7383 Remoon Circle #222021 **ADDRESS** Bu Paso, Texas 79912 (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION **TREASURER PHONE** (915 502-0444 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Year **COVERED** / 1 / 23 12 31 23 THROUG ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Month Day Year Description 3 5 24 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Constable, Precinct 1 County Sheriff 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Forms provided	by Texas	Ethics	Commission

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

14 NOTICE FROM **POLITICAL** COMMITTEE(S)

Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			•	
15 C/OH NAME Oscar Ugarte			16 Filer ID	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE	AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	.N \$	167.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$	30,357.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	361.83
	4. TOTAL POLITICAL EXPENI	DITURES	\$	23,492.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY \$	9,944.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF THE REPORTING	OF ALL OUTSTANDING LOANS AS ONG PERIOD	OF THE \$	0.00
	Please com	Signature of C		officeholder
(1) Affidavit	JUANITA MOLINA NOTARY PUBLIC ID# 1259990-9 In and for the State of Texas My commission expires 03-18-2024			
NOTARY STAMP/SEA Sworn to and subscribed 20 2 , to certify	000 1100	ite this the	e <u>16</u> /4 d	ay or Jinuary.
Signature of officer administr	ering oath Printed name of o	fficer administering oath	Tit	e of officer administering oath
		158		
(2) Unsworn Declarati				
My name is Oscar Uga	arte	, and my date of birth	october '	12, 1983
My address is 7383 Re	mcon Circle #222021	El Paso	Texas _, 799	12 United States
Executed in El Paso	(street)County, State of Texas	(city)	(state) (zip	code) (country)
		(mor	nth)	(year)
		Signature of Can	didate/Officeho	ider (Declarant)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			•	
	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	lule A2: 2
2 FILER NAM Oscar Uç			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description
10/05/2023	7 Contributor address; City; State; 9201 Delicias El Paso, TX 79907	Zip Code	8,340.00 Check if travel outsi	i Signs/banners I I de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of	In-kind contribution
09/01/2023	Rosa Ugarte		Contribution \$	description Marketing supplies
09/01/2023	Contributor address; City; State; 209 Liberty St El Paso, TX 799	Zip Code 907	580.00	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		,		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ii iiie reque	ested information to not applicable, 2 2 112 1			
Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2: 2
2 FILER NAMI	E		3 Filer ID (Ethics Co	mmission Filers)
Oscar Ug	garte			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description Speakers/Sound
08/17/2023	7 Contributor address; City; State; 11501 Cedar Oak El Paso, TX 799	Zip Code 936		Setup Assistance I ide of Texas. Complete Schedule T.
40 Data da al ago	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
10 Principal occ	cupation / Job title (FOR NON-JOBICIAE) (See Institutions)	,		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fim	n of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
09/01/2023	Contributor address; City; State; 209 Liberty St El Paso, TX 79	•	1,000.00	T-shirts & printing
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)			IAL)(See Instructions)
·				
Contributor	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JI	UDICIAL) (See Instructions)
Contributor'	s employer/law firm (FOR JUDICIAL)	Law fin	m of contributor's spor	use (if any) (FOR JUDICIAL)
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the reque	ested information is not applicable, DO NOT include this page in	the report.
Th€	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
07/25/2023		100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/26/2023	Contributor address; City; State; Zip Code 328 Barbaree Dr El Paso, TX 79912	25.00
Principal occur	pation / Job title (See Instructions) Employer (See Ins	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/29/2023	Contributor address; City; State; Zip Code 5452 Limestone El Paso, TX 79934	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	IS NEEDED

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 Ugar	te	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/07/2023	6 Contributor address; City; State; Zip Code 7935 Night Fall PI El Paso, TX 7993	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/12/2023	Contributor address; City; State; Zip Code	00.00
	7111 Ramada Dr El Paso, TX 7991	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/15/2023	Damon Crossland Contributor address; City; State; Zip Code	100.00
	400 Indian Bluff Rd El Paso, TX 799	12
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/15/2023	Priscilla Lopez Contributor address; City; State; Zip Code	100.00
	450 brothers rd Canutillo, TX 7983	
Principal occu	pation / 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
² FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/16/2023	6 Contributor address; City; State; Zip C 424 Granada Ave El Paso, TX 79	
Principal occu	unction / Joh title (Con factor att)	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/16/2023	Contributor address; City; State; Zip C	
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/16/2023	Roberto Sanchez Contributor address; City; State; Zip C 1127 E San Antonio Ave El Paso, TX 7	
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
8/17/2023	Contributor address; City; State; Zip Co	ZJU.UU
Principal occup		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.

SCHEDULE A1

The	nstruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Oscar Ugar		D#:)	7 Amount of contribution (\$)
08/17/2023	Estella Lujan 6 Contributor address; City; PO Box 1892 Fabens, TX	State; Zip Code	25.00
B Principal occur		Employer (See Instruction	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Lutfi Dgc		400.00
08/17/2023	Contributor address; City;		100.00
	1036 Flyer Place El Paso	o, TX 79928	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/17/2023	Armando Saldivar		1 500 00
00/11/2020	Contributor address; City; 7233 Rochester Dr El pas	State; Zip Code O, TX 79912	1,500.00
Principal occur Electrical Con	eation / Job title (See Instructions)	Employer (See Instruct El Paso Western Ele	
Date		(ID#:)	Amount of contribution (\$)
08/17/2023	Juan Camarillo Contributor address; City;	State; Zip Code	75.00
	11105 Pink Coral El Pas	o, TX 79936	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	ection guide for additional	reporting requirements.

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga			3 Filer ID (Ethics Commission Filers)
4 Date	Erica Ortega	C (ID#:)	7 Amount of contribution (\$)
08/17/2023	6 Contributor address; City; 8816 El Dorado Dr El Pas	State; Zip Code	50.00
8 Principal occu Portfolio Mana	ager	9 Employer (See Instruction AmeriCorps	ions)
Date	Full name of contributor out-of-state PAC Israel Gines	C (ID#:)	Amount of contribution (\$)
08/17/2023	Contributor address; City; 12409 Pleasant Crest El Pa	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date		C (ID#:)	Amount of contribution (\$)
08/17/2023	Sergio Rios Contributor address; City; 2165 Enchanted Summit Dr El F	State; Zip Code Paso, TX 79911	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Christopher Hernandez	(ID#:)	Amount of contribution (\$)
08/17/2023	Contributor address; City; 565 Riverdale El Paso, T	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O		

SCHEDULE A1

The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
FILER NAME Oscar Ugar	te	3 Filer ID (Ethics Commission Filers)
1 Date	Full name of contributor out-of-state PAC (ID#: Michelle Staple	
08/17/2023	6 Contributor address; City; State; Zip C 14280 Rattler Point Drive El Paso, TX 7	20.00
Principal occur	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2023	Oscar Torres Contributor address; City; State; Zip C	1,000.00
	15500 Chardon El Paso, TX 79	
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/18/2023	Alfredo Huerta Contributor address; City; State; Zip Cit	100.00
Principal occup		See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/18/2023	Manny Soria Contributor address; City; State; Zip C	300.00
Dringing occur	12308 Cora Viescas Ln El Paso, TX 7 pation / Job title (See Instructions) Employer (79936 See Instructions)
- Tillicipal occup	Autory 300 date (656 mendeathe)	
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see Instruction guide for	

SCHEDULE A1

Instruction Guide explains how to complete this form.	
The state of the s	1 Total pages Schedule A1:
rte	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Manny Soria	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	500.00
pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Full name of contributor out-of-state PAC (ID#:) Arturo Fierro	Amount of contribution (\$)
Contributor address; City; State; Zip Code	100.00
ation / Job title (See Instructions) Employer (See Instructions)	ions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Daniel & Veronica Valdez Contributor address; City; State; Zip Code 10217 Castletown Drive El Paso, TX 79925	500.00
ation / Job title (See Instructions) Employer (See Instructions)	ions)
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
ation / Job title (See Instructions) Employer (See Instructions)	ons)
	Manny Soria 6 Contributor address; City; State; Zip Code 12308 Cora Viescas Ln El Paso, TX 79936 Dation / Job title (See Instructions) Full name of contributor Contributor address; City; State; Zip Code 7931 Santa Maria El Paso, TX 79915 Attor / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Daniel & Veronica Valdez Contributor address; City; State; Zip Code 10217 Castletown Drive El Paso, TX 79925 Attor / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:

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 f	orm.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugar	te		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (7 Amount of contribution (\$)
08/20/2023	6 Contributor address; City; 9137 Texas Red Dr El Pas	State; Zip Code	15.00
8 Principal occu		Employer (See Instruction	ons)
Date		ID#:)	Amount of contribution (\$)
08/22/2023	Contributor address; City;	State; Zip Code	75.00
	10260 Bermuda Ave El Pas	so, 1X /9925	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
08/26/2023	Justin Cook Contributor address; City;	State; Zip Code	5.00
Principal occup	10521 Murphy St El Paso pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/27/2023	Veronica Lujan Contributor address; City;	State; Zip Code	25.00
	95 North Hammett St Apt 8 El F	Paso, TX 79905	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1: 29
FILER NAME Oscar Uga				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Julian Rivera	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
09/02/2023	6 Contributor address; 664 De Bartolo Ln	city;	State; Zip Code	10.00
Principal occu	pation / Job title (See Instructions)	110112011 0		tions)
Date	Full name of contributor Rey Trevizo	out-of-state PAC (ID#:)	Amount of contribution (\$)
09/02/2023	Contributor address: 332 Duanesburg	city;	State; Zip Code . TX 79928	25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Jose Chavez	out-of-state PAC (I	D#:)	Amount of contribution (\$)
09/02/2023	•••••		State; Zip Code	25.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Christian Gonzalez	out-of-state PAC (II	D#:)	Amount of contribution (\$)
9/02/2023	Contributor address: 1443 Brittany Ln	city;	State; Zip Code	10.00
Principal occup	ation / Job title (See Instructions)	Ouessa	Employer (See Instruct	ions)

SCHEDULE A1

Pile Name Oscar Ugarte S Full name of contributor Zachary Kinnaizi G Contributor address; City; State; Zip Code 9736 Vallarta Dr El Paso, TX 79927 Since Pac (ID#	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
Zachary Khnaizi 9/02/2023 State Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date	te	3 Filer ID (Ethics Commission Filers)
9736 Vallarta Dr El Paso, TX 79927 Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Amount of contribution (\$) Stephanie Frietze Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code	Zachary Khnaizi	
Date Date Date Date Date Date Date Date	6 Contributor address; City; State; Zip Code	5.00
Erika Mena Contributor address; City; State; Zip Code 10830 Vista Alegre Dr El Paso, TX 79935	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Contributor address; City; State; Zip Code 10830 Vista Alegre Dr El Paso, TX 79935 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Ofelia Mletzko Contributor address; City; State; Zip Code 1332 Sabrina lyn El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 50.00 Amount of contribution (\$) Stephanie Frietze Contributor address; City; State; Zip Code	, 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Contributor address; City; State; Zip Code	50.00
Ofelia Mletzko Contributor address; City; State; Zip Code 1332 Sabrina lyn El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Stephanie Frietze Contributor address; City; State; Zip Code 100.00 6561 Morrill El Paso, TX 79932		ctions)
Contributor address; City; State; Zip Code 1332 Sabrina lyn El Paso, TX 79936 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Stephanie Frietze Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code 6561 Morrill El Paso, TX 79932		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	Contributor address; City; State; Zip Code	50.00
Stephanie Frietze Contributor address; City; State; Zip Code 6561 Morrill El Paso, TX 79932		actions)
09/25/2023 Contributor address; City; State; Zip Code 100.00		Amount of contribution (\$)
	Contributor address; City; State; Zip Code	100.00
		uctions)
		5 Full name of contributor Zachary Khnaizi 6 Contributor address; City; State; Zip Code 9736 Vallarta Dr El Paso, TX 79927 Dation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Contributor address; City; State; Zip Code 10830 Vista Alegre Dr El Paso, TX 79935 Dation / Job title (See Instructions) Full name of contributor Ofelia Mletzko Contributor address; City; State; Zip Code 1332 Sabrina lyn El Paso, TX 79936 Dation / Job title (See Instructions) Full name of contributor Ofelia Mletzko Contributor address; City; State; Zip Code 1332 Sabrina lyn El Paso, TX 79936 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/28/2023	6 Contributor address; City; State; Zip Code 14376 Tobe Davis El Paso, TX 79928	150.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/30/2023	Contributor address; City; State; Zip Code 720 Twin Hills El Paso, TX 79912	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/03/2023	Ben Ivey Contributor address; City; State; Zip Code 720 Twin Hills El Paso, TX 79912	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:) Christina Ramirez	Amount of contribution (\$)
10/06/2023	Contributor address; City; State; Zip Code 14329 Desert Sky Drive El Paso, TX 79928	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Principal occup	office / John Alle (On John House)	ctions)

SCHEDULE A1

nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 29
e		3 Filer ID (Ethics Commission Filers)
	C (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; 11584 Saint Thomas WayEl F	State; Zip Code Paso, TX 79936	50.00
ation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	.C (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50.00
		ons)
Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	100.00
		ons)
	AC (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	1,040.00
		ons)
eation / Job title (See Instructions)	Employer (See Instructi	ons)
	5 Full name of contributor out-of-state PA Rocio Islas-Powell 6 Contributor address; City; 11584 Saint Thomas WayEl F Pation / Job title (See Instructions) Full name of contributor out-of-state PA Juanita Martinez Contributor address; City; 616 Rifton Horizon City ation / Job title (See Instructions) Full name of contributor out-of-state PA John Williams Contributor address; City; 2412 Copper Avenue EL PA Pation / Job title (See Instructions) Full name of contributor out-of-state PA Pation / Job title (See Instructions) Full name of contributor out-of-state PA Pation / Job title (See Instructions) Full name of contributor out-of-state PA Pation / Job title (See Instructions)	te 5 Full name of contributor Rocio Islas-Powell 6 Contributor address; City; State; Zip Code 11584 Saint Thomas WayEl Paso, TX 79936 pation / Job title (See Instructions) Full name of contributor Juanita Martinez Contributor address; City; State; Zip Code 616 Rifton Horizon City, TX 79928 atton / Job title (See Instructions) Employer (See Instructions) Full name of contributor John Williams Contributor address; City; State; Zip Code 2412 Copper Avenue EL PASO, TX 79930 Pation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
10/12/2023	6 Contributor address; City; State; Zip Code 14376 Tobe Davis El Paso, TX 79928	40.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Inst	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/12/2023	Contributor address; City; State; Zip Code 3055 Myriam Dr Anthony, TX 79821	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0/12/2023	Contributor address; City; State; Zip Code 7423 Mule Team Dr El Paso, TX 79911	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0/12/2023	Contributor address; City; State; Zip Code	40.00
Principal occup	8816 El Dorado Dr El Paso, TX 79925 pation / Job title (See Instructions) Employer (See Instru	

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugar	te	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Mario Carmona	7 Amount of contribution (\$)
10/13/2023	6 Contributor address; City; State; Zip Code 10840 Sombra Verde El Paso, TX 79935	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	stions)
Date	Full name of contributor out-of-state PAC (ID#:) Daniel Ramirez	Amount of contribution (\$)
10/19/2023	Contributor address; City; State; Zip Code 14376 Tobe Davis El Paso, TX 79928	1,500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) JAN ENGELS	Amount of contribution (\$)
11/14/2023	Contributor address; City; State; Zip Code 2219 KING JAMES PLACE EL PASO, TX 79903	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Duane Roberts	Amount of contribution (\$)
11/18/2023	Contributor address; City; State; Zip Code 415 S Mesa Dr, Apartment 1168 El Paso, TX 79912	50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)

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SCHEDULE A1

If the reque	sted 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 Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Stephanie Limon	7 Amount of contribution (\$)
11/22/2023	6 Contributor address; City; State; Zip Code	25.00
8 Principal occu	9116 Mount San Berdu Drive El Paso, TX 79924 upation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Dawn Gopin	Amount of contribution (\$)
11/22/2023	Contributor address; City; State; Zip Code 5617 Eagle Point El Paso, TX 79912	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Mary Stillinger	Amount of contribution (\$)
11/29/2023	Contributor address; City; State; Zip Code 1661 Rim Road El Paso, TX 79902	200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Leon Metz	Amount of contribution (\$)
12/09/2023	Contributor address; City; State; Zip Code	25.00
Principal occup	11112 Loma Grande Dr El Paso, TX 79934 ation / Job title (See Instructions) Employer (See Instructions)	tions)
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SCHEDULE A1

The I	nstruction Guide explains how to complete this form	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Ugar	te	3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Full name of contributor out-of-state PAC (ID#_Roberto Lagana 6 Contributor address; City; State 3800 North Mesa Street El Paso	10.00 o, TX 79902
8 Principal occup	ation / Job title (See Instructions) 9 I	Employer (See Instructions)
Date 10/12/2023	Celeste Aguilar	ate; Zip Code
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date 11/12/2023	Celeste Aguilar	ate; Zip Code ZU.UU
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Danilo Martinez Contributor address; City; State PAC (ID#: Danilo Martinez)	tate; Zip Code 35.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1: 29
FILER NAME OSCAR Uga	rte			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Danilo Martinez	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
10/11/2023	6 Contributor address;	City;	State; Zip Code	35.00
	14420 Apple Point Co	ourtEl F	Paso, TX 79938	00100
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor Danilo Martinez	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
11/11/2023	Contributor address;	City;	State; Zip Code	35.00
	14420 Apple Point Co	• .	·	33.00
Principal occur	eation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PA	\C (ID#:)	Amount of contribution (\$)
2/01/2023	Danilo Martinez			05.00
	Contributor address;	City;	State; Zip Code	35.00
Principal occup	14420 Apple Point Contaction / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
	Roberto Lagana			γ and an explanation (ψ)
12/18/2023	Contributor address;	City;	State; Zip Code	15.00
	3800 North Mesa Stre	et El F	Paso, TX 79902	10.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction	ons)

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 Ugar	te	3 Filer ID (Ethics Commission Filers)
4 Date 08/18/2023	5 Full name of contributor out-of-state PAC (ID#:) Lauren Zimmerman	7 Amount of contribution (\$)
00/10/2023	6 Contributor address; City; State; Zip Code 3748 sienna ave Las Cruces, NM 88012	20.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/18/2023	Contributor address; City; State; Zip Code	20.00
	3748 sienna ave Las Cruces, NM 88012	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/18/2023	Lauren Zimmerman Contributor address; City; State; Zip Code 3748 sienna ave Las Cruces, NM 88012	20.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/18/2023	Lauren Zimmerman Contributor address; City; State; Zip Code	20.00
	3748 sienna ave Las Cruces, NM 88012	<u> </u>
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ictions)
		NECDED
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SCHEDULE A1

if the reque	sted 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 Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Lauren Zimmerman	7 Amount of contribution (\$)
12/18/2023	6 Contributor address; City; State; Zip Code 3748 sienna ave Las Cruces, NM 88012	20.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Diana Ramos	Amount of contribution (\$)
07/24/2023	Contributor address; City; State; Zip Code 4819 Alpha St Lansing, MI 48910	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Diana Ramos	Amount of contribution (\$)
08/24/2023	Contributor address; City; State; Zip Code 4819 Alpha St Lansing, MI 48910	25.00
Principal occup	coation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Diana Ramos	Amount of contribution (\$)
09/24/2023	Contributor address; City: State; Zip Code 4819 Alpha St Lansing, MI 48910	25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
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SCHEDULE A1

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The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
FILER NAME Oscar Ugar	te	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Michael Pixler	7 Amount of contribution (\$)
08/17/2023	6 Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 79912	25.00
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
09/17/2023	Michael Pixler Contributor address; City; State; Zip Code	5.00
	7120 Ramada Dr El Paso, TX 79912	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	mons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
10/17/2023	Michael Pixler Contributor address; City; State; Zip Code	5.00
Bringing ages	7120 Ramada Dr El Paso, TX 79912 Pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	audity 300 due (occ moderations)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/17/2023	Michael Pixler Contributor address; City; State; Zip Code	5.00
	7120 Ramada Dr El Paso, TX 79912	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
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SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/17/2023	6 Contributor address; City; State; Zip Code 7120 Ramada Dr El Paso, TX 7991	
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2023	Contributor address; City; State; Zip Code	20.00
Principal occur	728 Cheltenham Dr El Paso, TX 7991 pation / Job title (See Instructions) Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2023	Contributor address; City; State; Zip Code 424 Granada Ave El Paso, TX 7991	25.00
Principal occup	pation / Job title (See Instructions) Employer (See In	
Date Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/17/2023	Contributor address; City: State; Zip Code 648 Bluff Canyon Cir El Paso, TX 7991	25.00
Principal occup	pation / Job title (See Instructions) Employer (See In	

SCHEDULE A1

re ·	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; 405 Valplano Dr. El Paso, TX 7	
pation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Zip Code 50.00
7300 Viscount, Ste 101 El Paso, T	
	yer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Zip Code 500.00
	eyer (See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
, , , , , , , , , , , , , , , , , , ,	Zip Code 20.00
pation / Job title (See Instructions) Emplo	oyer (See Instructions)
	Noel Rosenbaum 6 Contributor address; City; State; 405 Valplano Dr. El Paso, TX 7 Pation / Job title (See Instructions) Full name of contributor Warach Soto & Associates Contributor address; City; State; 7300 Viscount, Ste 101 El Paso, TX Pation / Job title (See Instructions) Full name of contributor Robert Pearson Contributor address; City; State; 1515 Rim Dr El Paso, TX 793 Pation / Job title (See Instructions) Full name of contributor Robert Pearson Contributor address; City; State; 1515 Rim Dr El Paso, TX 793 Pation / Job title (See Instructions) Full name of contributor Silvia Castillo Mendez Contributor address; City; State; 3701 La Luz Ave El Paso, TX

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor out-of-state PAC (ID#:) Jan Engels	7 Amount of contribution (\$)
08/17/2023	6 Contributor address; City; State; Zip Code 219 King James PI El Paso, TX 79903	35.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)
Date	Full name of contributor out-of-state PAC (ID#:) Sara Alarcon & Duane Roberts	Amount of contribution (\$)
)8/17/2023	Contributor address; City; State; Zip Code 415 S. Mesa Hills Dr #1168 El Paso, TX 79912	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/17/2023	Dee Anne Croucher Contributor address; City; State; Zip Code 779 Woodland Ave El Paso, TX 79922	50.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Andrea Ramirez	Amount of contribution (\$)
8/17/2023	Contributor address; City; State; Zip Code 4120 Boy Scout Ln El Paso, TX 79922	50.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ons)

SCHEDULE A1

De La Paz Torre or address; Frankfort Av le (See Instructions) e of contributor Wyatt or address; Silver Ave	out-of-state PAI	State; Zip Code SO, TX 79930 9 Employer (See Instructi	Amount of contribution (\$)
De La Paz Torre or address; Frankfort Av le (See Instructions) e of contributor Wyatt or address; Silver Ave	city; out-of-state PA	State; Zip Code SO, TX 79930 9 Employer (See Instructi	7 Amount of contribution (\$) 50.00 ions) Amount of contribution (\$)
De La Paz Torre or address; Frankfort Av le (See Instructions) e of contributor Wyatt or address; Silver Ave	city; out-of-state PA	State; Zip Code SO, TX 79930 9 Employer (See Instructi	50.00
e of contributor Wyatt or address; Silver Ave	out-of-state PA	9 Employer (See Instructi	Amount of contribution (\$)
Wyatt or address; Silver Ave	City;		
or address; Silver Ave	City;		100 00
	El Pas	o, TX 79930	100.00
e (See Instructions)		Employer (See Instructi	ions)
Jimenez			Amount of contribution (\$)
Laurel El	-	X 79903	
		AC (ID#:)	Amount of contribution (\$)
tor address;	City;	State; Zip Code	100.00
le (See Instructions)		Employer (See Instruc	tions)
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
FILER NAME Oscar Uga		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
8/17/2023	6 Contributor address; City; State; Zip Code 2412 Copper El Paso, TX 79930	100.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/17/2023	Guadalupe Aponte Contributor address; City; State; Zip Code 2141 King James PI El Paso, TX 79903	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
8/17/2023	Contributor address; City; State; Zip Code 1231 E. Missouri Ave El Paso, TX 79902	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/17/2023	Contributor address; City; State; Zip Code	500.00
Principal occup	1201 Cincinnati El Paso, TX 79902 ation / Job title (See Instructions) Employer (See Instru	uctions)

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Oscar Ugarte 4 Date 5 Full name of contributor out-of-state PAC (ID#	The	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
South Sout	FILER NAME		3 Filer ID (Ethics Commission Filers)
El Paso Trailer 6 Contributor address; City: State; Zip Code 1140 Robin Rd El Paso, TX 79927 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Nora Bettise 7/30/2023 Contributor address; City: State; Zip Code 7115 Ramada Drive El Paso, TX 79934 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Date Date Full name of contributor Op/26/2023 Full name of contributor Contributor Contributor Contributor address; City: State; Zip Code Daniel Anchondo, Attorney at Law, P.C. Contributor address; City: State; Zip Code 200.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	Oscar Ugar	te	
1140 Robin Rd El Paso, TX 79927 Principal occupation / Job title (See Instructions) Date Full name of contributor Nora Bettise 7/30/2023 Contributor address; City: State: Zip Code T115 Ramada Drive El Paso, TX 79934 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (See Instructions) Date Date Date Daniel Anchondo, Attorney at Law, P.C. Contributor address; City: State: Zip Code Contributor (See Instructions) Employer (See Instructions)	Date		7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Pate Full name of contributor Nora Bettise 7/30/2023 Contributor address; City: State: Zip Code T150.C Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date Date Daniel Anchondo, Attorney at Law, P.C. Contributor address; City: State: Zip Code Contributor out-of-state PAC (ID#:	8/17/2023		500.00
Date Full name of contributor Out-of-state PAC (ID#:		· · · · · · · · · · · · · · · · · · ·	tions)
Nora Bettise 7/30/2023	Principal occup	ation / Job title (See instructions)	none)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (Daniel Anchondo, Attorney at Law, P.C. Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pate Full name of contributor Daniel Anchondo, Attorney at Law, P.C. Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)	7/30/2023	Contributor address; City: State; Zip Code	150.00
Date Daniel Anchondo, Attorney at Law, P.C. Double Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)		7115 Ramada Drive El Paso, TX 79934	
Daniel Anchondo, Attorney at Law, P.C. Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2509 Montana Ave El Paso, TX 79903 Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/06/2022	Daniel Anchondo, Attorney at Law, P.C.	200 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	19/20/2023	Contributor address; City; State; Zip Code	200.00
Timopal decapation, east time (east time teaster)		2509 Montana Ave El Paso, TX 79903	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Miguel Sifuentes	40/04/0000	Miguel Sifuentes	F0 00
10/01/2023 Contributor address; City; State; Zip Code 50.	10/01/2023	Contributor address; City; State; Zip Code	50.00
1601 Dakota St El Paso, TX 79930		1601 Dakota St El Paso, TX 79930	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup		ctions)

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SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Oscar Ugar	te		
4 Date	5 Full name of contributor out-of-state PAC (ID Jonathan Randall	#:)	7 Amount of contribution (\$)
11/16/2023	6 Contributor address; City;	State; Zip Code	100.00
	765 Martha Gale Dr El Paso		
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)
	Elliot Shapleigh		050.00
11/29/2023	Contributor address; City;	State; Zip Code	250.00
	701 N. St Vrain El Paso,	TX 79902	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (If	D#:)	Amount of contribution (\$)
40/04/0000	Ramona De La Paz Torres		0.000.00
12/01/2023	Contributor address; City;	State; Zip Code	2,000.00
	2706 Frankfort Ave El Paso	o, TX 79930	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Yolanda Chavaria		
12/13/2023	Contributor address; City;	State; Zip Code	50.00
	648 Bluff Canyon Cir El Pas	o, TX 79912	00.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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If the reque	sted information is not applicable, DO NOT include th	is page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29
2 FILER NAME Oscar Uga	rte	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Jose Rodriguez	7 Amount of contribution (\$)
12/18/2023	6 Contributor address; City; State; 911 Dallas El Paso, TX 79902	Zip Code 500.00
8 Principal occu	Taking / Jak Alika (Cara Law Alika	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/29/2023	Contributor address; City; State;	Zip Code 100.00
	2141 King James Pl El Paso, T	X 79903
Principal occup	eation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/17/2023	Contributor address; City; State; 10465 Damasco Dr. El Paso, T	
Principal occup	eation / Job title (See Instructions) Emplo	pyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
08/17/2023		Zip Code 100.00
Principal occup	-4: 1 1-1 1/4 (6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDIN E AS NEEDED
	If contributor is out-of-state PAC please see Instruction guid	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Com	nmiss	ion Filers)
0	scar Ugarte		
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
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

Credit Card Payment	The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u> </u>
07/11/2023	Airport Printing Service		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
107.17	7 Leigh Fisher Blvd, Ste A El Paso,	TX 79906	, , , , , , , ,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	campaign mar	keting material
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/20/2023	Airport Printing Service		
Amount (\$)	Payee address;	City;	State; Zip Code
647.34	7 Leigh Fisher Blvd, Ste A El Paso,	TX 79906	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	campaign mar	keting material
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/04/2023	Airport Printing Service		
Amount (\$)	Payee address;	City;	State; Zip Code
985.65	7 Leigh Fisher Blvd, Ste A El Paso, T	X 79906	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	campaign mark	eting material
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

SCHEDULE E **LOANS**

ar Ugarte Inder address; City; B Remcon Circle #222021 In title (See Instructions)	13 Employer (See Instructions)	\$ 0.00 9 Loan Amount (\$) 15,000.00 10 Interest rate 0.00 11 Maturity date N/A ds were deposited into political ions) 19 Amount Guaranteed (\$)
are of lender out-of-state for ar Ugarte ander address; City; B Remcon Circle #222021 b title (See Instructions) arme of guarantor uarantor address; City;	State; Zip Code El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal funcaccount (See Instruct State; Zip Code	9 Loan Amount (\$) 15,000.00 10 Interest rate 0.00 11 Maturity date N/A ds were deposited into political ions)
are of lender out-of-state for ar Ugarte ander address; City; B Remcon Circle #222021 b title (See Instructions) arme of guarantor uarantor address; City;	State; Zip Code El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal funcaccount (See Instruct State; Zip Code	9 Loan Amount (\$) 15,000.00 10 Interest rate 0.00 11 Maturity date N/A ds were deposited into political ions)
ar Ugarte Inder address; City; B Remcon Circle #222021 In title (See Instructions) Index address; City; In title (See Instructions)	State; Zip Code El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal funcaccount (See Instruct State; Zip Code	15,000.00 10 Interest rate 0.00 11 Maturity date N/A ds were deposited into political ions)
Ander address; City; B Remcon Circle #222021 D title (See Instructions) arme of guarantor uarantor address; City;	El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal fundaccount (See Instruct State; Zip Code	10 Interest rate 0.00 11 Maturity date N/A ds were deposited into political ions)
Ander address; City; B Remcon Circle #222021 D title (See Instructions) arme of guarantor uarantor address; City;	El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal fundaccount (See Instruct State; Zip Code	0.00 11 Maturity date N/A ds were deposited into political ions)
Remcon Circle #222021	El Paso, Texas 79912 13 Employer (See Instructions) 15 Check if personal fundaccount (See Instruct State; Zip Code	11 Maturity date N/A ds were deposited into political ions)
arme of guarantor uarantor address; City;	13 Employer (See Instructions) 15 Check if personal fund account (See Instruct State; Zip Code	N/A ds were deposited into political ions)
ame of guarantor uarantor address; City;	Check if personal fundaccount (See Instruct State; Zip Code	ions)
uarantor address; City;	Check if personal fund account (See Instruct	ions)
uarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
uarantor address; City;	State; Zip Code	
uarantor address; City;	State; Zip Code	
e Instructions)	21 Employer (See Instructions)	
e Instructions)	21 Employer (See Instructions)	
lame of lender ☐ out-of-state	PAC (ID#:)	Loan Amount (\$)
delle oriendo.		
ender address; City;	State; Zip Code	Interest rate
		Maturity date
b title (See Instructions)	Employer (See Instructions)	-
		ds were deposited into political
	account (See Instruc	
•		Amount Guaranteed (\$)
	State; Zip Code	
e Instructions)	Employer (See Instructions)	
	b title (See Instructions)	b title (See Instructions) Employer (See Instructions) Check if personal fun account (See Instructions) lame of guarantor Guarantor address; City; State; Zip Code

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 Fcod/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Oscar Ugarte 4 Date 5 Payee name 08/10/2023 Airport Printing Service 6 Amount (\$) 7 Payee address: City; State; Zip Code 63.87 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE Printing Expense** campaign marketing materials OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2023 Sabertooth Food Company Amount (\$) Payee address; City; State: Zip Code 1.230.94 4006 N Mesa St, El Paso, TX 79902 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense campaign event food/beverage OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/25/2023 Airport Printing Service Amount (\$) Pavee address: City; State: Zip Code 7 Leigh Fisher Blvd, Ste A El Paso, TX 79906 778.32 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Printing Expense campaign marketing materials OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Selarias/Manes/Contract Labor

Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Otrial (erital a catago	y (locusion above)
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
08/25/2023	Uprinting			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
648.02	8001 Haskell Ave Van Nuys, CA 914	06		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign marketing materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/25/2023	UZ Marketing			
Amount (\$)	Payee address;	City;	State;	Zip Code
713.42	5900 Bingle Rd Houston, TX 77092			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign marketing materials		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/14/2023	El Paso Mail & Print Service	·		
Amount (\$)	Payee address;	City;	State;	Zip Code
3,697.28	1144 Vista De Oro, Ste. A El Paso, 1	TX 79935		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign ma	rketing materi	als
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarias/Mense/Contract Lebes

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Services	·		Vages/Contract Labor	Travel Out Of Dist Other (enter a cate	rict gory not listed above)
<u> </u>			Guide explains	how to c	complete this form.		
1 Total pages Schedule F1:	Oscar Uga					3 Filer ID (Eth	cs Commission Filers)
4 Date	5 Payee na	me					
10/05/2023	UZ Mark	eting					
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
713.42	5900 Bin	ngle Rd Hou	uston, TX 77	7092			
8	(a) Category	(See Categories liste	ed at the top of this sch	nedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing	Expense			campaign ma	arketing mate	rials
	(c)	Check if travel outside of	Texas. Complete Sche	odule T.	Check if Aus	stin, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name		Office sought		Office held
Date	Payee nar	ne					
10/15/2023	Amazon.	com Servic	es, Inc				
Amount (\$)	Payee add	iress;			City;	State;	Zip Code
287.84	410 Terry	y Ave, North	ı Seattle, W	/A 981	109		
	Category	(See Categories listed	at the top of this sche	dule)	Description		
PURPOSE	Other				miscellaneou	s sunnlies	
OF EXPENDITURE					111100011011000	o oupplioo	
	(Check if travel outside of	Texas. Complete Sched	dule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder i	name		Office sought		Office held
Date	Payee nar	ne					
10/25/2023	Office De	pot					
Amount (\$)	Payee add	ress;			City;	State;	Zip Code
66.00	1111 Ger	onimo Dr E	l Paso, TX	79925	5		
	Category (See Categories listed	at the top of this sched	dule)	Description		
PURPOSE OF EXPENDITURE	Other		_		postage		
	С	heck if travel outside of 1	exas. Complete Sched	ule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder	name		Office sought	,	Office held
	ATT/	ACH ADDITION	AL COPIES OF	THIS S	SCHEDULE AS NEE	EDED	

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

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

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

Candidate/Officenoider/Political Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	00101 (011101 ti 0210 3 01	,,
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
17	Oscar Ugarte		l	
4 Date	5 Payee name			
10/26/2023	Airport Printing Service			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
107.17	7 Leigh Fisher Blvd, Ste A El Paso, 1	ΓX 79906		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign ma	rketing materi	als
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/27/2023	El Paso Mail & Print Service	_	_	
Amount (\$)	Payee address;	City;	State;	Zip Code
535.84	1144 Vista De Oro, Ste. A El Paso,	TX 79935		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign marketing materials		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/29/2023	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
132.00	1111 Geronimo Dr El Paso, TX 7992	25		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	etin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic	al Committee	Legal Services		Expense Wages/Contract Labor	Travel Out Of District Other (enter a category)	
Credit Card Payment		The Instruction Gu	ide explains how to	complete this form.	•	•
1 Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)
17	Oscar Uga	arte			,	,
4 Date	5 Payee nar	me				
11/03/2023	Amazon	.com Services	, Inc			
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
10.60	410 Terr	y Ave, North S	eattle, WA 98	3109		
8	(a) Category	(See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other			miscellaneous	supplies	
EAI EIIDII GILE	(c)	Check if travel outside of Texa	s. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder nan	пе	Office sought		Office held
Date	Payee nar	ne				
11/15/2023	Amazon.	com Services,	Inc			
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
122.59	410 Tern	y Ave, North S	eattle, WA 98	109		
	Category	(See Categories listed at th	e top of this schedule)	Description		
PURPOSE	Other			miscellaneous	eunnlige	
OF EXPENDITURE				Illisocialicous	supplies	
	(Check if travel outside of Texas	3. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder nam	ie	Office sought		Office held
Date	Payee nar					
	, u, 55	ne .				
11/18/2023	Amazon.	com Services,	Inc			
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
9.81	410 Terry	Ave, North Se	eattle, WA 98		•	
	Category (See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other			miscellaneous s	supplies	
	С	heck if travel outside of Texas	. Complete Schedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder nan	ne	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

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

Cradit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)
4 Date 11/20/2023	5 Payee name El Paso Mail & Print Service			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,697.28	1144 Vista De Oro, Ste. A El Paso,	TX 79935		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	campaign ma	rketing materi	als
:	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/24/2023	El Paso County Democratic Party			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,250.00	1401 Montana Ave suite e, El Paso,	TX 79902		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	candidate/off	ice filing fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/29/2023	Office Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
198.00	1111 Geronimo Dr El Paso, TX 7992	25		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other	postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Menes/Contract Lebos

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u>L</u>
12/01/2023	Scale to Win		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,664.18	13742 Harper St, Santa Ana, CA 927	•	State, Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Short message	e service (SMS)
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/06/2023	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
264.00	1111 Geronimo Dr El Paso, TX 7992	25	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/17/2023	Office Depot		
Amount (\$)	Payee address;	City;	State; Zip Code
198.00	1111 Geronimo Dr El Paso, TX 7992	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE!	DED

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salanes/Vi The Instruction Guide explains how to c	omplete this form.	Otner (enter a categol	y not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
12/21/2023	NGP VAN, Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
278.88	48 Grove Street, Suite 202 Somervill	e, MA 02144			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other	auto-dialing so	oftware		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
12/23/2023	Uprinting				
Amount (\$)	Payee address;	City;	State;	Zip Code	
625.48	8000 Haskell Ave Van Nuys, CA 914	106			
	Category (See Categories listed at the top of this schedule)	Description		-	
PURPOSE OF EXPENDITURE	Printing Expense	campaign ma	rketing materi	als	
EX EXECUTE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			-	
12/29/2023	NGP VAN, Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
360.35	48 Grove Street, Suite 202 Somervill	le, MA 02144			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	auto-dialing so	oftware		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

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 Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lebor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries A	expense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	1 -		3 Filer ID (Ethics Commission Filers)
17	Oscar Ugarte		
4 Date	5 Payee name		
12/30/2023	Office Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
726.00	1111 Geronimo Dr El Paso, TX 7992	25	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	postage	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
07/30/2023	ActBlue Technical Services		
Amount (\$)	Payee address;	City;	State; Zip Code
31.61	366 Summer Street, Somerville, MA	02144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/13/2023	ActBlue Technical Services		
Amount (\$)	Payee address;	City;	State; Zip Code
3.36	366 Summer Street, Somerville, MA 0)2144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
17	Oscar Ugarte			
1 Date	5 Payee name			
08/20/2023	ActBlue Technical Services			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
235.46	366 Summer Street, Somerville, MA 0)2144		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/27/2023	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
5.15	366 Summer Street, Somerville, MA	02144		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/03/2023	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.98	366 Summer Street, Somerville, MA (02144		•
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/V	Nages/Contract Labor	Other (enter a category not listed above)
oroak oa ar aymark	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 17	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/10/2023	ActBlue Technical Services		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3.96	366 Summer Street, Somerville, MA	02144	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/17/2023	ActBlue Technical Services		İ
Amount (\$)	Payee address;	City;	State; Zip Code
1.59	366 Summer Street, Somerville, MA	02144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/24/2023	ActBlue Technical Services		
Amount (\$)	Payee address;	City;	State; Zip Code
1.78	366 Summer Street, Somerville, MA 0	2144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	į
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outor (orner a catego	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	<u> </u>	l	
09/30/2023	ActBlue Technical Services			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
9.88	366 Summer Street, Somerville, MA	02144		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/01/2023	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
3.95	366 Summer Street, Somerville, MA	02144		
	Category (See Categories listed at the top of this schedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/08/2023	ActBlue Technical Services			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.91	366 Summer Street, Somerville, MA	02144		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to e	vages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1: 17	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2023	5 Payee name ActBlue Technical Services		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
62.43	366 Summer Street, Somerville, MA	• ·	_,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/22/2023	ActBlue Technical Services		
Amount (\$)	Payee address;	City;	State; Zip Code
60.24	366 Summer Street, Somerville, MA	02144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/12/2023	ActBlue Technical Services		
Amount (\$)	Payee address;	City;	State; Zip Code
2.18	366 Summer Street, Somerville, MA 0	2144	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Service Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE!	DED

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

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

Credit Card Payment	The instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)		
4 Date 11/19/2023	5 Payee name ActBlue Technical Services					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
3.96	366 Summer Street, Somerville, MA 02144					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Service Fee				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/26/2023	ActBlue Technical Services					
Amount (\$)	Payee address;	City;	State;	Zip Code		
10.87	366 Summer Street, Somerville, MA 02144					
	Category (See Categories listed at the top of this schedule)	Description		<u> </u>		
PURPOSE OF EXPENDITURE	Fees	Service Fee				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
12/03/2023	ActBlue Technical Services					
Amount (\$)	Payee address;	City;	State;	Zip Code		
7.90	366 Summer Street, Somerville, MA 02144					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Fees	Service Fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic	al Committee I		Salaries/Wages/Contract Labor	Other (enter a categ	ct jory not listed above)		
Credit Card Payment		The Instruction Guide explains	how to complete this form.		•		
1 Total pages Schedule F1:	2 FILER NAM	ME		3 Filer ID (Ethic	cs Commission Filers)		
17	Oscar Uga	rte			,		
4 Date	5 Payee nam						
12/10/2023	ActBlue 7	Technical Services					
6 Amount (\$)	7 Payee add	ress;	City;	State;	Zip Code		
0.99	366 Sumr	mer Street, Somerville	, MA 02144				
8	(a) Category	(See Categories listed at the top of this sch	hedule) (b) Description				
PURPOSE	Fees		Service Fee				
OF EXPENDITURE	, •••		0017100 1 00				
	(c) CI	check if travel outside of Texas. Complete Sche	edule T. Check if Aus	stin, TX, officeholder living	g expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		te / Officeholder name	Office sought Office held				
Date	Payee nam	ie					
12/17/2023	ActBlue T	Fechnical Services					
Amount (\$)	Payee addr	ress;	City;	State;	Zip Code		
1.59	366 Sumr	366 Summer Street, Somerville, MA 02144					
	Category (See Categories listed at the top of this sche	edule) Description				
PURPOSE OF EXPENDITURE	Fees		Service Fee				
	Ct	heck if travel outside of Texas. Complete Sched	dule T. Check if Aust	tin, TX, officeholder living] expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officeholder name	Office sought		Office held		
Date	Payee nam	ne					
12/24/2023	ActBlue T	echnical Services					
Amount (\$)	Payee addr	ress;	City;	State;	Zip Code		
1.39	366 Summer Street, Somerville, MA 02144						
	Category (S	See Categories listed at the top of this sched	odule) Description				
PURPOSE OF EXPENDITURE	Fees		Service Fee				
	Ch	neck if travel outside of Texas. Complete Sched	dule T. Check if Austi	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	Office sought		Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Vlages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Oscar Ugarte		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
12/31/2023	ActBlue Technical Services					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
0.40	366 Summer Street, Somerville, MA 02144					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Service Fee				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
7/11/2023	Texas Democratic Party					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,552.00	PO Box 15707, Austin, TX 78761					
-	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Other	data acce	ess			
i	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
	N/A					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			