

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 51
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST Ryan	MI M
	NICKNAME Urrutia	LAST Urrutia	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
	125 N Kinazo Suite E #201 El Paso TX 79928		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	497-9937	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME Will	LAST Richard	SUFFIX S
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	125 N Kinazo Suite E #201 El Paso TX 79928		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	472-5559	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year		Month Day Year
	7/01/2023		THROUGH 01/15/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		El Paso County Sheriff	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

OFFICE USE ONLY

Date Received

RECEIVED

JAN 16 2024

ELECTIONS DEPARTMENT

Date Hand-delivered or Date Postmarked
JAN 16 AM 10:29

Receipt #	Amount \$
Date Processed ✓	
Date Imaged	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

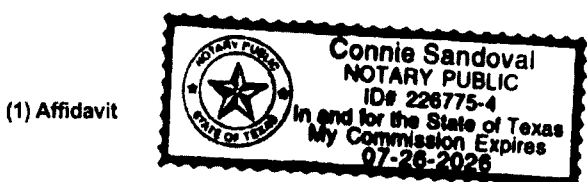
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Ryan M. Urvotki</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>52180.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>14819.82</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>33419.29</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Ryan M. Urvotki
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by January this the 15th day of 2024,
 20 24, to certify which, witness my hand and seal of office.
[Signature] Connie Sandoval
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____,
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ryan M Umha

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>52180.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>13800.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14819.82</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>5000.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 33 <i>N33</i>
2 FILER NAME <i>Ryan M. Urrutia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/1/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rash Chisham</i>	7 Amount of contribution (\$) <i>\$ 2500.00</i>
6 Contributor address; City: State: Zip Code <i>PO Box 1916 Lubbock TX 79048</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>7/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Chad Trachtenman</i>	Amount of contribution (\$) <i>\$ 1500.00</i>
Contributor address; City: State: Zip Code <i>PO Box 731 Lubbock TX 79048</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Noel Vauco</i>	Amount of contribution (\$) <i>\$ 2500.00</i>
Contributor address; City: State: Zip Code <i>2101 Viaduct Ave Lubbock TX 79407</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>7/1/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rene Vargas</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City: State: Zip Code <i>2424 Mannan Ave. Euless TX 75030</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 2 x 33
2 FILER NAME Ryan Urzua		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Teschner 6 Contributor address: City: State: Zip Code 1800 N Stanton Apt 302 El Paso TX 79902	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Luevano Contributor address: City: State: Zip Code 12712 Tierra Verde El Paso TX 79938	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Treher Contributor address: City: State: Zip Code 14903 Avenida Anita Chino Hills CA 91709	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Lorne Washington Contributor address: City: State: Zip Code 11216 Horse Ranch El Paso TX 79934	Amount of contribution (\$) \$700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 52 33
2 FILER NAME Ryan M. Umotai		3 Filer ID (Ethics Commission Filers)
4 Date 7/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Burdome 6 Contributor address; City: State: Zip Code 5751 Thornton St. El Paso TX 79932	7 Amount of contribution (\$) \$ 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 7/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael S. Sarabia Contributor address; City: State: Zip Code 12285 Pelicano Drive Apt El Paso TX 79936	Amount of contribution (\$) 8915.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jandra G. Strader Contributor address; City: State: Zip Code 12417 Winnings Circle El Paso TX 79936	Amount of contribution (\$) 8 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugo Dujardin Jr. Contributor address; City: State: Zip Code 2049 Tim Foster El Paso TX 79938	Amount of contribution (\$) \$ 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 4433
2 FILER NAME Ryan M. Umbria		3 Filer ID (Ethics Commission Filers)
4 Date 8/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janel Moultran	7 Amount of contribution (\$) \$250.00
6 Contributor address: City: State: Zip Code 15698 Montana Ave El Paso TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Soto	Amount of contribution (\$) \$250.00
Contributor address: City: State: Zip Code 6750 North Ridge Dr El Paso TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joseph Victor Soto	Amount of contribution (\$) \$250.00
Contributor address: City: State: Zip Code 6750 North Ridge Dr. El Paso TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miguel Allen	Amount of contribution (\$) \$300.00
Contributor address: City: State: Zip Code 11349 Lake Ozarks Dr El Paso TX 79930		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 5233
2 FILER NAME Ryan M Umobia		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frank Espinoza	7 Amount of contribution (\$) \$ 250.00
6 Contributor address: City: State: Zip Code 447 Evanson Avenue North State WA 98103		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Trotter	Amount of contribution (\$) \$ 200.00
Contributor address: City: State: Zip Code 14903 Avenida Anita Chino Hills CA 91709		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Omar Gonzalez	Amount of contribution (\$) \$ 100.00
Contributor address: City: State: Zip Code 9161 Roundway St El Paso TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Jacobitz	Amount of contribution (\$) \$ 25.00
Contributor address: City: State: Zip Code 3144 Hester St El Paso TX 79935		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 4233
2 FILER NAME Ryan M. Uruba		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Wright	7 Amount of contribution (\$) \$ 250.00
6 Contributor address: City: State: Zip Code 5872 Silver Cholla Dr. El Paso TX 79904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Peoples	Amount of contribution (\$) \$ 100.00
Contributor address: City: State: Zip Code 3665 Dominion El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Fong	Amount of contribution (\$) \$ 500.00
Contributor address: City: State: Zip Code 11710 Dos Palmas El Paso TX 79934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Bea Craskens	Amount of contribution (\$) \$ 750.00
Contributor address: City: State: Zip Code 5204 White Oak Dr. El Paso TX 79932		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 7 x 33
2 FILER NAME Ryan M. Urrutia		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miguel + Monica Rico	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code 4081 Tuscan Rose Ln. El Paso TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Wiles	Amount of contribution (\$) \$ 200.00
Contributor address: City: State: Zip Code 125 North Kinross St E # 201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marcos Gonzalez	Amount of contribution (\$) \$ 400.00
Contributor address: City: State: Zip Code 600 Knowlwood El Paso TX 79932		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Guerrero	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 2275 Bill Horn Way El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 8 & 33
2 FILER NAME Ryan M. Umaha		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Velia + Juan Leos	7 Amount of contribution (\$) \$100.00
6 Contributor address; City: State: Zip Code 7817 Jersey St. El Paso TX 79915		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doraci + Ofelia Sublarky	Amount of contribution (\$) \$100.00
Contributor address; City: State: Zip Code 113NW Eubank St Fabens TX 79838		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Urzua	Amount of contribution (\$) \$300.00
Contributor address; City: State: Zip Code 359 Roslyn El Paso TX 79927		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Toni + Thomas Tarang Silva	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code 91545 Jolonica St. El Paso TX 79924		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 9233
2 FILER NAME: Ryan M. Lemstra		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar + Tarasa Ortega	7 Amount of contribution (\$) \$2500
	6 Contributor address; City: State: Zip Code 200 Desert Pass Apt 934 El Paso TX 79912	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Thompson	Amount of contribution (\$) \$50.00
	Contributor address; City: State: Zip Code PO Box 12307 El Paso TX 79913	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Lowenfeld	Amount of contribution (\$) \$300.00
	Contributor address; City: State: Zip Code 900 Vista Mesa Ct. El Paso TX 79922	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Morales	Amount of contribution (\$) \$100.00
	Contributor address; City: State: Zip Code 3110 Rustic Vly El Paso TX 79938	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>10 x 33</i>
2 FILER NAME <i>Ryan M. Umulca</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Anthony Benitez</i> 6 Contributor address: City: State: Zip Code <i>4095 Round Rock Dr El Paso TX 79924</i>	7 Amount of contribution (\$) <i>\$ 25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Robert Diaz</i> Contributor address: City: State: Zip Code <i>1705 Mary Alice Pl. El Paso TX 79936</i>	Amount of contribution (\$) <i>2100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Manuel Navar III</i> Contributor address: City: State: Zip Code <i>11028 Sam Sneed Dr. El Paso TX 79936</i>	Amount of contribution (\$) <i>\$ 50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Cenjo Martinez</i> Contributor address: City: State: Zip Code <i>2012 Curt Bynum Dr El Paso TX 79936</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>1133</i>
2 FILER NAME <i>Ryan M. Urrutia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvia Aguilar</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address: City: State: Zip Code <i>2012 Cult Pynum El Paso TX 79936</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Douglas Alorgbey MD</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: City: State: Zip Code <i>6701 Hermoso Dr Sol El Paso TX 79911</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Uribe</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address: City: State: Zip Code <i>2350 Escondido Dr JK A13 El Paso TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aaron Herrera</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address: City: State: Zip Code <i>11661 Flor Pucosa Ln Siquero TX 79927</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>12 x 33</i>
2 FILER NAME <i>Ryan M. Umstia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maria Elena de Hechua</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
6 Contributor address: City: State: Zip Code <i>2003 Stanton St. El Paso TX 79901</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Sweet</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address: City: State: Zip Code <i>4717 Hondo Pass Dr. El Paso TX 79904</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Munoz</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address: City: State: Zip Code <i>425 Myrtle Ave El Paso TX 79901</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria Diaz</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address: City: State: Zip Code <i>12274 East Hart El Paso TX 79936</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 13 x 33
2 FILER NAME Ryan M. Urrutia		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamil Montran	7 Amount of contribution (\$) \$500.00
6 Contributor address: City: State: Zip Code 15698 Montana Ave. El Paso TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva Sorna	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 4617 King Arthur El Paso TX 79903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jandy + Steve Rangel	Amount of contribution (\$) \$40.00
Contributor address: City: State: Zip Code 402 Hadley Pl. Horizon City TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam + Sam Faraone	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code 1376 Vista Granada El Paso TX 79934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>144 33</i>
2 FILER NAME <i>Ryan M. Umoha</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>8/23/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juan + Gabby Ibarra</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>13940 Vaqueco Park Dr. El Paso TX 79938</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Philip Kemp</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>5828 Mira Secena Dr. El Paso TX 79912</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____) <i>Stephen Tong</i> <i>Don Richards</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address; City; State; Zip Code <i>14307 Garway West El Paso TX 79928</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>United Selective Products David Soriano</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Contributor address; City; State; Zip Code <i>1701 BASSITT BLVD #109 EL PASO TX 79901</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 15 x 33
2 FILER NAME Ryan M Urrona		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) win. burger (Greggan Blair + Sampson LLP)	7 Amount of contribution (\$) \$ 300.00
6 Contributor address; City: State: Zip Code PO Box 17428 Austin TX 78740		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miguel Lano	Amount of contribution (\$) \$ 250.00
Contributor address; City: State: Zip Code 16007 Elmo Houston TX 77028		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George M Drupp	Amount of contribution (\$) \$ 200.00
Contributor address; City: State: Zip Code 320 Texas Ave #12 El Paso TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/29/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Skov	Amount of contribution (\$) \$ 500.00
Contributor address; City: State: Zip Code 405 Rim Road El Paso TX 79902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>16 of 33</i>
2 FILER NAME <i>Ryan M. Urrutia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/29/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Paul Dapp</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: City: State: Zip Code <i>PO Box 55 El Paso TX 79940</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Megan Marie Randall</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>2004 Bluff Creek Dr Apt 1908 El Paso TX 79911</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Melissa Womack</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address: City: State: Zip Code <i>408 E Rock Ave El Paso TX 79902</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hugo Delgado JR.</i>	Amount of contribution (\$) <i>\$75.00</i>
Contributor address: City: State: Zip Code <i>2649 FOSKIE El Paso TX 79935</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>17 x 35</i>
2 FILER NAME <i>Ryan M. Umota</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/18/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Megan Marie Randall</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address, City, State, Zip Code <i>2001 Bluff Creek St. Apt. PPS 7111</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>9/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abigail Martinez</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address, City, State, Zip Code <i>978 Park Bridge Ave Las Vegas NV 89123</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brianna Delaura</i>	Amount of contribution (\$) <i>\$ 1000.00</i>
Contributor address, City, State, Zip Code <i>2024 Miramonte Ct. Chino Hills CA 91709</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>9/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anthony & Roxanne Espinoza</i>	Amount of contribution (\$) <i>400.00</i>
Contributor address, City, State, Zip Code <i>24407 Swift Deer Trail Corona CA 92883</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <u>18435</u>
2 FILER NAME <u>Ryan M. Urvotic</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/17/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Camilo Contreras</u>	7 Amount of contribution (\$) <u>\$ 2500</u>
6 Contributor address: City: State: Zip Code <u>2334 Timoteo Fabian W El Paso TX 79938</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/23/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Demy Jacobitz</u>	Amount of contribution (\$) <u>\$ 2500</u>
Contributor address: City: State: Zip Code <u>344 Hector St. El Paso TX 79935</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/27/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gilbert + Bonnie Franca</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Contributor address: City: State: Zip Code <u>798 Chillington El Paso TX 79928</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/28/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carula L Brown</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address: City: State: Zip Code <u>12901 Cleveland El Paso TX 79928</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19233
2 FILER NAME Ryan M. Unohia		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aljando Orco	7 Amount of contribution (\$) \$ 1000.00
6 Contributor address: City: State: Zip Code 5924 Codo Agua Dr El Paso TX 79913		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mendez, Isaac Jaudipuc	Amount of contribution (\$) \$ 2500.00
Contributor address: City: State: Zip Code 320 Texas Ave Suite 300 El Paso TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugo Delgado JA	Amount of contribution (\$) \$ 75.00
Contributor address: City: State: Zip Code 249 Tim Foss Dr El Paso TX 79938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Gallegos	Amount of contribution (\$) \$ 150.00
Contributor address: City: State: Zip Code 715 Gosmark Pl El Paso TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22/33
2 FILER NAME Ryan M. Umota		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Mumbelase 6 Contributor address: City: State: Zip Code 3017 Zion Ln El Paso TX 79904	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sofia Aguilar Contributor address: City: State: Zip Code 2012 Curt Byram Pl El Paso TX 79936	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Genia Martinez Ja Contributor address: City: State: Zip Code 2012 Curt Byram Pl El Paso TX 79936	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victor Ito Contributor address: City: State: Zip Code 6301 Belton Rd El Paso TX 79912	Amount of contribution (\$) \$70.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2/1/23</u>
2 FILER NAME <u>Ryan M. Umota</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/11/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lorenzo Maria Sosa</u>	7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address: City: State: Zip Code <u>3407 Douglas Ave El Paso TX 79903</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Payman Kimasi</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address: City: State: Zip Code <u>1559 Sara Lynn Ct El Paso TX 79932</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Maria Elena de Lachica</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address: City: State: Zip Code <u>200 S Stanton St El Paso TX 79901</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Rey</u>	Amount of contribution (\$) <u>\$1000.00</u>
Contributor address: City: State: Zip Code <u>1501 N Kansas Ste 100 El Paso TX 79901</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 22 x 33
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2 FILER NAME Ryan M. Umotia	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul + Bonnie Solis	7 Amount of contribution (\$) \$300.00
6 Contributor address: City: State: Zip Code 520 Pendale Rd El Paso TX 79907		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Alzar	Amount of contribution (\$) \$150.00
Contributor address: City: State: Zip Code 200 N. Festival Apt. 105 El Paso TX 79912		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Thompson	Amount of contribution (\$) \$50.00
Contributor address: City: State: Zip Code PO Box 12307 El Paso TX 79913		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merco Roofing + Construction LLC	Amount of contribution (\$) \$250.00
Contributor address: City: State: Zip Code 12400 Royal Dr Trlr 206 El Paso TX 79928		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 x 33
2 FILER NAME Ryan M Umohia		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mance Costanon Williams	7 Amount of contribution (\$) \$50.00
6 Contributor address: City: State: Zip Code 9209 El Berado Dr El Paso TX 79925		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonia Maria Lewis	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code 9473 E B Tower Dr. El Paso TX 79924		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manny Bantatut	Amount of contribution (\$) \$30.00
Contributor address: City: State: Zip Code 1453 Cassatt Pl. El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther H. Herrera	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 1345 Sabana Lyn Dr El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>HL 33</i>
2 FILER NAME <i>Ryan M. Urrutia</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juan + Gladys Ibarra</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address: City: State: Zip Code <i>13940 Vagueros Rd. El Paso TX 79938</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Raya Sandra Vasquez</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>5713 Calgary El Paso TX 79924</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Adrian + Mariana Escobedo</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>2121 Octubre El Paso TX 79935</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Vanessa Tena</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>1712 Brewer Cup Wry El Paso TX 79928</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25 x 33
2 FILER NAME Ryan M. Urrutia		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danuka Felix	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 11534 Jangiruin Ann El Paso, TX 79924		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Hinojos	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 7961 Pican El Paso TX 79915		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Gorski, AA	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 517 Granada Ave El Paso TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam + Lamy Skafar	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 104 Carter Court, Shawano Park TX 79231		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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. 26 x 33
2 FILER NAME Ryan M. Mutha		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mando Mora	7 Amount of contribution (\$) \$150.00
6 Contributor address: City: State: Zip Code 10033 Caprock #204 EL PASO TX 79912		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry Jacobitz	Amount of contribution (\$) \$250.00
Contributor address: City: State: Zip Code 3144 Hector St. El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rain Industrial Contractors, LLC	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 718 Chillingham Rd El Paso TX 79936		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) El Paso Sheriffs Officers Assoc. P.A.C.	Amount of contribution (\$) \$5000.00
Contributor address: City: State: Zip Code 7476 San Antonio No. 103 EL PASO TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <u>29x33</u>
2 FILER NAME <u>Ryan M. Umhica</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/20/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>George Drip</u>	7 Amount of contribution (\$) <u>\$250.00</u>
6 Contributor address: City: State: Zip Code <u>320 Texas Ave Ft El Paso TX 75901</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Luis Sanchez</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address: City: State: Zip Code <u>5828 Canal El Paso TX 75924</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Apex Franchise Management LLC</u>	Amount of contribution (\$) <u>\$500.00</u>
Contributor address: City: State: Zip Code <u>1133 Barranca El Paso TX 75935</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/31/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Francisco De La Riva</u>	Amount of contribution (\$) <u>\$2500</u>
Contributor address: City: State: Zip Code <u>PO Box 64453 El Paso TX 75904</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 28x33
2 FILER NAME Ryan M. Umoha		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIO S. FLORES JR. 6 Contributor address; City: State: Zip Code PO BOX 10012 EL PASO TX 79904	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hugo Delgado JR. Contributor address; City: State: Zip Code 2049 TIM FOSTER EL PASO TX 79938	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gracie De Santiago Contributor address; City: State: Zip Code PO BOX 180 SAN ELIZABO TX 79849	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vanissa Tena Contributor address; City: State: Zip Code 1712 Bredder Cup Way El Paso TX 79912	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

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 Ryan M. Umha		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cerjo Martinez Jr 6 Contributor address: City: State: Zip Code 202 Curt Bynum Pl El Paso TX 79934	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jylna Aguilar Contributor address: City: State: Zip Code 202 Curt Bynum Pl El Paso TX 79934	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose Fong Contributor address: City: State: Zip Code 1770 Dos Palomas El Paso TX 79934	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel + Michelle Aguirre Contributor address: City: State: Zip Code 4625 Sunrally Pl El Paso TX 79924	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 38/33
2 FILER NAME Ryan M. Umata		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Vela	7 Amount of contribution (\$) \$600.00
6 Contributor address; City: State: Zip Code 14772 Rainbow Point El Paso TX 79938		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Favela	Amount of contribution (\$) \$100.00
Contributor address; City: State: Zip Code 12629 Choshan Isolan El Paso TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Lagana	Amount of contribution (\$) \$30.00
Contributor address; City: State: Zip Code 3800 North Meade El Paso TX 79962		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ciraco de Santiago	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code PO BOX 130 San Elvado TX 79849		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 31233
2 FILER NAME Ryan M. Umotia		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Farida	7 Amount of contribution (\$) \$100.00
6 Contributor address: City: State: Zip Code 12629 Christian Truich El Paso TX 79908		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector Ulla	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 1422 Rainbow Point El Paso TX 79938		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Zell	Amount of contribution (\$) \$200.00
Contributor address: City: State: Zip Code 14096 Horizon Blvd El Paso TX 79927		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaime Avarado & Associates PLLC	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 14190 Horizon Blvd El Paso TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2233
2 FILER NAME Ryan M. Urutia		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Zeit	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1490 Heman Blvd El Paso TX 79928		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andy Dominguez	Amount of contribution (\$) \$1250.00
Contributor address; City; State; Zip Code 1008 Billy Casper El Paso TX 79934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janey Smith	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 344 Hildebrand El Paso TX 79935		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jean Farula	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 12629 Washington Isadora El Paso TX 79928		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <i>33433</i>
2 FILER NAME <i>Ryan M Umrig</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/12/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hann Kuk</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>1624 Bessemer Dr. El Paso TX 79934</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hugo Delgado Jr</i>	Amount of contribution (\$) <i>\$ 75.00</i>
Contributor address; City; State; Zip Code <i>2049 Timberline El Paso TX 79938</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 <u>5</u> <i>1025</i>	
2 FILER NAME <i>Ryan M. Urrutia</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>07/20/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Unbe</i>	8 Amount of Contribution \$ <i>\$1000.00</i>	9 In-kind contribution description <i>BANK</i>
7 Contributor address: City: State: Zip Code <i>6350 Escondido Dr STE A3 Pasa 7k 79912</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Riattor</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>07/25/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Federico Higuera</i>	Amount of Contribution \$ <i>\$250.00</i>	In-kind contribution description <i>BANK</i>
Contributor address: City: State: Zip Code <i>9270 Chy Blvd E, El Paso TX 79907</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Sales</i>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>2x5</i>	
2 FILER NAME <i>Ryan M Umbric</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>9/23/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Andy & Monica Dominguez</i>	8 Amount of Contribution \$ <i>2300.00</i>	9 In-kind contribution description <i>Fundraiser</i>
7 Contributor address: City: State: Zip Code <i>1144 Pollock Ave El Paso TX 79935</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Business Owners</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>8/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Oscar Pita</i>	Amount of Contribution \$ <i>600.00</i>	In-kind contribution description <i>Fund</i>
Contributor address: City: State: Zip Code <i>121 North Zeno El Paso TX 79928</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owners</i>		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 325	
2 FILER NAME Ryan M. Umstia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/11/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harro Allain	8 Amount of Contribution \$ \$1000.00	9 In-kind contribution description Vehicle Fuel DS Fundraiser
7 Contributor address: City: State: Zip Code 8889 Greenwood Blvd #2330 El Paso TX 79925		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andy Dominguez	Amount of Contribution \$ \$2500.00	In-kind contribution description Signs
Contributor address: City: State: Zip Code 11144 Pellicano Al Paso TX 79905		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 425	
2 FILER NAME Ryan M. Umota		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/16/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erddy + Juan	8 Amount of Contribution \$ 1200.00	9 In-kind contribution description wards Soc Cons Fundraise
7 Contributor address: City: State: Zip Code 13940 Vaguelo Rock Dr. El Paso TX 79938		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Admin Asst / Law enforcement		11 Employer (FOR NON-JUDICIAL)(See Instructions) EL PASO SHERIFF'S OFFICE	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Orozco	Amount of Contribution \$ 100.00	In-kind contribution description Fundraise
Contributor address: City: State: Zip Code 1135 Arroyo Blvd El Paso TX 79905		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 525	
2 FILER NAME Ryan M. Limbia		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 7/1/2023 - 1/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruben Alvarez	8 Amount of Contribution \$ 3000.00	9 In-kind contribution description Digital Marketing
7 Contributor address: City: State: Zip Code 12700 Deconster Ave. El Paso TX 79928		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Marketing Hunters	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 (9)	2 FILER NAME Ryan M. Umstad	3 Filer ID (Ethics Commission Filers)
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4 Date 7/17/2023	5 Payee name Costco
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6 Amount (\$) \$62.75	7 Payee address: 4101 Gateway Blvd. WAT El Paso TX. 79925	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Stamps/postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/10/2023	Payee name Allprint
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Amount (\$) \$148.84	Payee address: 736 Gateway Blvd #10 El Paso TX. 79915	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense/printing	Description invitations.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/14/2023	Payee name Webster.com
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Amount (\$) \$224.19	Payee address: 348 11th St San Francisco CA 94103	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 289	2 FILER NAME Ryan M Young	3 Filer ID (Ethics Commission Filers)
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4 Date 8/23/2023	5 Payee name Build a Sign Enterprise
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6 Amount (\$) \$1287.00	7 Payee address: 11525 Stonewallwood Dr. Ste 100 Arlington TX 78758	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Three frames
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/25/2023	Payee name Arachno Designs
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Amount (\$) 729.00	Payee address: 3117 McRae St B El Paso TX 79925	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign T-Shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/28/23	Payee name Wesley Lawrence / Buttons by Wesley
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Amount (\$) \$50.00	Payee address: 10900 Stonewallwood Dr. El Paso TX 79924	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description campaign buttons
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 329	2 FILER NAME Ryan M. Umha	3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2023	5 Payee name Tyana Democrats of El Paso	
6 Amount (\$) \$1100.00	7 Payee address: City: State: Zip Code 140 North Kerzee Horizon City TX. 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Democratic function
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 8/14/2023	Payee name Evolution Graphics	
Amount (\$) \$5000.00	Payee address: City: State: Zip Code 16720 Dombra Verde El Paso TX 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs, banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/18/2023	Payee name QRFY.com	
Amount (\$) \$263.19	Payee address: City: State: Zip Code Online at QRFY.com +34618228204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description QR code
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 729	2 FILER NAME Ryan M. Urrutia	3 Filer ID (Ethics Commission Filers)
4 Date 11/10/23	5 Payee name Old Sheep Dog Brewery	
6 Amount (\$) 42.86	7 Payee address: 3900 Rosal Ave El Paso TX 79905 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Beverage Expense.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/23	Payee name Evolution Graphics		
Amount (\$) \$400.00	Payee address: 10720 Sumner Verde El Paso TX 79935 City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense.	Description Magnets.	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/5/23	Payee name El Paso County Democratic Party		
Amount (\$) \$1250.00	Payee address: 1401 Montana Ave Suite El Paso TX 79902 City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Holder	Description Filing Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>8x9</u>	2 FILER NAME: <u>Ryan M Umotca</u>	3 Filer ID (Ethics Commission Filers)
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4 Date: <u>1/18/23</u>	5 Payee name: <u>Campaign Unity</u>
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6 Amount (\$): <u>\$95.00</u>	7 Payee address: <u>www.CampaignVA</u> City: State: Zip Code: <u>22182</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <u>1/2/24</u>	Payee name: <u>Facebook</u>
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Amount (\$): <u>\$9.99</u>	Payee address: <u>Facebook</u> City: <u>650-5434800</u> State: <u>Monrovia CA</u> Zip Code: <u>941025</u>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Advertising Expense</u>	Description: <u>AD space</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <u>1/3/24</u>	Payee name: <u>PC Graphics Signs</u>
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Amount (\$): <u>\$638.02</u>	Payee address: <u>2230 Canal Gate Dr El Paso TX 79930</u> City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <u>Printing expense</u>	Description: <u>Business cards / flyers</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 929	2 FILER NAME Ryan M. Umlich	3 Filer ID (Ethics Commission Filers)
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4 Date 1/11/24	5 Payee name Facebook
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6 Amount (\$) \$ 2.00	7 Payee address: Facebook	City: LAS VEGAS	State: CA	Zip Code: 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ad space
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/23-1/15/2024	Payee name Net Blue
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Amount (\$) \$ 318.89	Payee address: 306 Summit Street	City: Somerville	State: MA	Zip Code: 02144 3132
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description server fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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