

CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

OFFICE USE ONLY

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Date Received

CITY CLERK DEPT
2019 NOV 1 AM 8:07

Filer Name (First, MI, Last)

William R. "Will" Veliz

Filer ID

Address (P.O. Box or Street Address, Apt. or Suite #)

9220 McCabe

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

(CHECK IF FILER'S HOME ADDRESS)

Date Processed

(City, State, Zip Code)

El Paso, TX 79925

Date Imaged

The correction(s) filed with this affidavit apply to my financial statement covering the single calendar year January 1 through December 31, 2019.

Explanation of Correction

I am correcting in good faith and amending my campaign finance report submitted on October 28, 2019, eight days before the election, a contribution in the amount of \$500 that was not included. Attached please find the corrected form and the contribution included in the campaign finance report.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



[Handwritten Signature]

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Will Veliz this the 1 day of

November, 20 19, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Angel Rocha

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Mr. William R Veliz		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,657.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 19,223.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mr. William R Veliz		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Yvonne Franco Herrera 6 Contributor address; City; State; Zip Code 1849 Octubre El Paso, TX 79935	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetrio M. Jimenez Contributor address; City; State; Zip Code 442 Country Oaks Dr El Paso, Tx 79932	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy P. Sifuentes Contributor address; City; State; Zip Code 8203 Big Bend El Paso, Tx 79904	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Townsend Contributor address; City; State; Zip Code 8509 Lait El Paso, TX 79925	Amount of contribution (\$) 100
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>		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mr. William R Veliz		3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Castro 6 Contributor address; City; State; Zip Code 3332 Wedgewood El Paso, TX 79925	7 Amount of contribution (\$) 5000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Bowles Gazca Contributor address; City; State; Zip Code 40 S. Kenazo Horizon City, Tx 79928	Amount of contribution (\$) 20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriqueta "Queta" Fierro Contributor address; City; State; Zip Code 8612 Whitus El Paso, Tx 79925	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/10/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Salome Contributor address; City; State; Zip Code 700 La Cruz El Paso, TX 799002	Amount of contribution (\$) 50
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME

Mr. William R Veliz

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/2019

5 Full name of contributor

Monica Townsend

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

6 Contributor address; City; State; Zip Code

8509 Lait El Paso, TX 79925

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/2019

Full name of contributor

Jorge L. Azcarate & Marisabel Azcarate

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

Contributor address; City; State; Zip Code

3241 Tierra Lucero El Paso, TX 799358

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2019

Full name of contributor

Ruben Chavez

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

Contributor address; City; State; Zip Code

1912 Paseo Real El Paso, TX 79936

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2019

Full name of contributor

Marcia A. Wilson

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

Contributor address; City; State; Zip Code

715 Espolon El Paso, TX 79912

Amount of contribution (\$)

750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Mr. William R Veliz		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorcas B. Mora 6 Contributor address; City; State; Zip Code 6801 Can Cun Lane El Paso Tx 79912	7 Amount of contribution (\$) 1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Townsend Contributor address; City; State; Zip Code 8509 Lait El Paso, TX 79925	Amount of contribution (\$) 22
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adolfo Jr & Mary V. Sanchez Contributor address; City; State; Zip Code 4523 Trowbridge El Paso, TX 79903	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Townsend Contributor address; City; State; Zip Code 8509 Lait El Paso, Tx 79925	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
6

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Mr. William R Veliz

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Aguilar	7 Amount of contribution (\$)
10/19/2019	6 Contributor address; City; State; Zip Code 9001 McFall El Paso, TX 79925	40

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan & Graciela T. Martinez	Amount of contribution (\$)
10/19/2019	Contributor address; City; State; Zip Code 1200 Texas El Paso, TX 79901	100

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Elizabeth J. Veliz	Amount of contribution (\$)
10/20/2019	Contributor address; City; State; Zip Code 9220 McCabe El Paso, TX 79925	5000

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickey & Sylvia Molina	Amount of contribution (\$)
10/21/2019	Contributor address; City; State; Zip Code P.O. Box 372032 El Paso, TX 79937	75

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6

2 FILER NAME
Mr. William R Veliz

3 Filer ID (Ethics Commission Filers)

4 Date
10/24/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Monica Townsend
6 Contributor address; City; State; Zip Code
8509 Lait El Paso, TX 79925

7 Amount of contribution (\$)
100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/08/2019

5 Full name of contributor out-of-state PAC (ID#: _____)
Miguel Fernandez
Contributor address; City; State; Zip Code
Website Contribution

Amount of contribution (\$)
500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/08/2019	5 Payee name Tejano Democrats
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6 Amount (\$) 240	7 Payee address; City; State; Zip Code 501 E Nevada Ave El Paso, TX 79902-4242
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets to Legacy Banquet
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/08/2019	Payee name Davids Banners
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Amount (\$) 259.8	Payee address; City; State; Zip Code 9911 Carnegie El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirt Purchase for Volunteers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/08/2019	Payee name EP Mail & Print Services
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Amount (\$) 2892.25	Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing & Mailing Literature
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/09/2019	5 Payee name Davids Banners
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6 Amount (\$) 933.66	7 Payee address; City; State; Zip Code 9911 Carnegie El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/09/2019	Payee name Monster Link Marketing
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Amount (\$) 1500	Payee address; City; State; Zip Code 445 Valle Tila Dr, El Paso, Texas 79927
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/11/2019	Payee name Constant Contact
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Amount (\$) 74.62	Payee address; City; State; Zip Code 3675 Precision Drive Loveland, CO 80538
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising via email
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	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: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)			
4 Date 10/11/2019	5 Payee name EP Mail & Print Services				
6 Amount (\$) 991.17	7 Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Literature			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name Will Veliz</td> <td style="width:20%;">Office sought City Rep Dist 3</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held		
Date 10/11/2019	Payee name U.S. Postal Service				
Amount (\$) 1539.8	Payee address; City; State; Zip Code 8401 Boeing El Paso, TX 79925				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage to Mail Literatue			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name Will Veliz</td> <td style="width:20%;">Office sought City Rep Dist 3</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held		
Date 10/12/2019	Payee name Jesus Omar Sepeda				
Amount (\$) 770	Payee address; City; State; Zip Code 12240 Robert Dahl El Paso, TX 7993				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordinator			
	<table border="0" style="width:100%;"> <tr> <td style="width:25%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate / Officeholder name Will R. Veliz</td> <td style="width:20%;">Office sought City Rep Dist 3</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will R. Veliz	Office sought City Rep Dist 3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will R. Veliz	Office sought City Rep Dist 3	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/2019	5 Payee name Office Depot
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6 Amount (\$) 70.34	7 Payee address; City; State; Zip Code 1111 Geronimo El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/17/2019	Payee name Davids Banners
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Amount (\$) 884.94	Payee address; City; State; Zip Code 9911 Carnegie El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/18/2019	Payee name EP Mail & Print Services
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Amount (\$) 1023.68	Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Literature
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/18/2019	5 Payee name U.S. Postal Service
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6 Amount (\$) 1539.8	7 Payee address; City; State; Zip Code 8401 Boeing El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage to Mail Literature
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/20/2019	Payee name .Wal-Mart
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Amount (\$) 107.84	Payee address; City; State; Zip Code 10727 Gateway W El Paso, TX 79935
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/21/2019	Payee name Jesus Omar Sepeda
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Amount (\$) 590	Payee address; City; State; Zip Code 12240 Robert Dahl El Paso, TX 7993
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salary	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordinator
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/22/2019	5 Payee name Office Depot
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6 Amount (\$) 59.94	7 Payee address; City; State; Zip Code 1111 Geronimo El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/23/2019	Payee name EP Mail & Print Services
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Amount (\$) 606.2	Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/25/2019	Payee name EP Mail & Print Services
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Amount (\$) 1460.05	Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Mr. William R Veliz	3 Filer ID (Ethics Commission Filers)
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4 Date 10/25/2019	5 Payee name U.S. Postal Service
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6 Amount (\$) 1539.8	7 Payee address; City; State; Zip Code 8401 Boeing El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literature Mailing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/25/2019	Payee name Cruz Cervantes
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Amount (\$) 1840	Payee address; City; State; Zip Code 2604 San Jose El Paso, TX 79930
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Watchers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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Date 10/26/2019	Payee name Anthony Saenz
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Amount (\$) 300	Payee address; City; State; Zip Code 4700 O'Leary El Paso, TX 79938
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll Watcher
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Will Veliz	Office sought City Rep Dist 3	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED