

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Joshua E	OFFICE USE ONLY Date Received 5/1/2015 5:08:08 PM Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Josh Dagda		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 Hawthorne, El Paso, Texas, 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 9260910		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Rachel M		
	NICKNAME LAST SUFFIX Cheek		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1508 Hawthorne, El Paso, Texas, 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 7997572		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/10/2015 05/01/2015		
11 ELECTION	ELECTION DATE Month Day Year 05/09/2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Rep. Dist. 8	

City Clerk Dept.
5/4/2015 7:35:45 AM

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Mr Joshua E Dagda

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11027.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4464.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 443.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 600

18 AFFIDAVIT

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.

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Josh E Dagda, this the 4 day of May, 20 15, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
5/4/2015 7:35:45 AM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/31/2015

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

Angel Ortiz

6 Contributor address; City; State; Zip Code

2427 copper El paso, TX 79930

7 Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/02/2015

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

Carla Martinez

Contributor address; City; State; Zip Code

5815 Essex Court Santa Teresa , NM 88008

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2015

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

Jean Quarles

Contributor address; City; State; Zip Code

4013 Esperanza Cir. El Paso, TX 79922

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/13/2015

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

Jesus Valtier

Contributor address; City; State; Zip Code

686 N. Carolina Dr El Paso, TX 79915

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2015

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

Jack Ansley

Contributor address; City; State; Zip Code

7301 Cerro Negro Dr. El Paso, TX 79912

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/23/2015

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

Ruben Dagda

6 Contributor address; City; State; Zip Code

5340 Energystone Drive Sparks, NE 89436

7 Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/06/2015

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

Regina Jarvis

Contributor address; City; State; Zip Code

300 Cabaret, El Paso, TX, 79912

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/2015

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

Othon Medina JR

Contributor address; City; State; Zip Code

2705 Doug Ford DR

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2015

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

Brian Atkinson

Contributor address; City; State; Zip Code

P.O. Box 976 Mansfield, LA 71052

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2015

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

Julio Norman, JR. and Ronnie Pita Norman

Contributor address; City; State; Zip Code

1610 N. Kansas St. El Paso, Tx, 79902

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

City Clerk Dept.
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/18/2015

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

Juana Escobedo Teixeira

6 Contributor address; City; State; Zip Code

7224 Desert Eagle, El Paso, TX 79912

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/18/2015

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

Raul R. Dagda Agueda S. de Dagda

Contributor address; City; State; Zip Code

5641 Valley Oak Dr. El Paso, TX, 79932

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2015

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

John C and Maria Theresa Cheek

Contributor address; City; State; Zip Code

3432 Running Deer Dr. El Paso, TX, 79936

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2015

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

Ray Salazar

Contributor address; City; State; Zip Code

1551 Montana, Suite 204, El Paso, TX 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2015

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

Alicia Rosencrans Chacon

Contributor address; City; State; Zip Code

8937-A Old County Rd. El Paso, TX, 79907

Amount of contribution (\$)

150

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
4

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

04/23/2015

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

Anna L. Perez

6 Contributor address; City; State; Zip Code

673 Santiago Bustamante Ave, Ysleta del Sur Ave, 79927

7 Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/26/2015

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

Othon Medina, Jr.

Contributor address; City; State; Zip Code

2705 Doug Ford Dr. El Paso, TX 79935

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2015

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

Sliverster Rodrigez

Contributor address; City; State; Zip Code

2917 Lake Champlain

Amount of contribution (\$)

300

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In kind donation for Decals, and T Shirts

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/23/2015

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

David Torres

Contributor address; City; State; Zip Code

1628 Camino Bello, El Paso, TX

Amount of contribution (\$)

200

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)
In kind contribution for Lawn signs.

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 (\$)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
04/06/2015

7 Name of lender out-of-state PAC (ID#: _____)
Josh Dagda

9 Loan Amount (\$)
600

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code
1508 Hawthorne, El Paso, TX, 79902

10 Interest rate
0

11 Maturity date
06/30/2015

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
Josh Dagda
18 Guarantor address; City; State; Zip Code
1508 Hawthorne, El Paso, TX, 79902

19 Amount Guaranteed (\$)
600

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION
 not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/31/2015	5 Payee name EL PASO BRIDGES METERS EL PASO TX	
6 Amount (\$) 2.75	7 Payee address; City; State; Zip Code El Paso TX, 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Parking Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2015	Candidate / Officeholder name CIRCLE K 06130 EL PASO TX	
Amount (\$) 15.08	Payee name CIRCLE K 06130 EL PASO TX	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related	Description (If travel outside of Texas, complete Schedule T) Gas for Canvasser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2015	Candidate / Officeholder name FEDEXOFFICE 00004770	
Amount (\$) 9.52	Payee name FEDEXOFFICE 00004770	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Fliers print out
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2015	Candidate / Officeholder name Marie Mier	
Amount (\$) 400	Payee name Marie Mier	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor for Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/01/2015	5 Payee name FEDEX OFFICE 00004770	
6 Amount (\$) 38.47	7 Payee address; City; State; Zip Code 4190 N Mesa St, El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Flier Print Out
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/01/2015	Payee name ALON 7-ELEVEN #614	
Amount (\$) 10	Payee address; City; State; Zip Code 2112 N Mesa, El Paso, TX, 79902.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related	Description (If travel outside of Texas, complete Schedule T) Gas for Canvasser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/02/2015	Payee name Super Stop #1	
Amount (\$) 15	Payee address; City; State; Zip Code 2133 Central Ave, El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related	Description (If travel outside of Texas, complete Schedule T) Gas for transportation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/06/2015	Payee name EL PASO BRIDGES METERS	
Amount (\$) 1	Payee address; City; State; Zip Code El Paso TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Parking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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5/4/2015 7:35:45 AM

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/07/2015	5 Payee name Jonathan Farias	
6 Amount (\$) 180	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2015	Candidate / Officeholder name TONERPIRATE.COM	
Amount (\$) 52.18	Payee address; City; State; Zip Code 1321 Upland Dr. #1359 Houston TX 77043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expenses	Description (If travel outside of Texas, complete Schedule T) Toner purchase
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/07/2015	Candidate / Officeholder name Jake Meritt	
Amount (\$) 144	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2015	Candidate / Officeholder name GOTPRINT.COM	
Amount (\$) 100.7	Payee address; City; State; Zip Code 7625 N. San Fernando Rd Burbank, CA 91505	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Literature Printout
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/09/2015	5 Payee name EL PASO BRIDGES METERS	
6 Amount (\$) 1	7 Payee address; City; State; Zip Code EI Paso TX, 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Parking Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2015	Candidate / Officeholder name CIRCLE K 06130	
Amount (\$) 30.16	Office sought 2200 N MESA, EL PASO, TX, 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related	Description (If travel outside of Texas, complete Schedule T) Gas for transportation
Office held		
Date 04/13/2015	Candidate / Officeholder name EL PASO BRIDGES METERS	
Amount (\$) 2	Office sought EI Paso TX, 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Parking Fees
Office held		
Date 04/13/2015	Candidate / Officeholder name GOTPRINT.COM	
Amount (\$) 408.17	Office sought 7625 N. San Fernando Rd Burbank, CA 91505	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising Expense
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/13/2015	5 Payee name HOSTGATOR.COM	
6 Amount (\$) 12.95	7 Payee address; City; State; Zip Code 2500 Ridgepoint Drive Austin, TX 78754	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) Server Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/15/2015	Payee name Jake Camille Meritt	
Amount (\$) 81	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/15/2015	Payee name Hello Day Cafe	
Amount (\$) 24.16	Payee address; City; State; Zip Code 209 S El Paso St, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/ Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer Appreciation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/17/2015	Payee name EL PASO BRIDGES METERS	
Amount (\$) 1	Payee address; City; State; Zip Code El Paso, TX, 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Parking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/17/2015	5 Payee name Kinley's Tea House	
6 Amount (\$) 16.35	7 Payee address; City; State; Zip Code 2231 N Mesa St, El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Volunteer Appreciation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2015	Candidate / Officeholder name ALON 7-ELEVEN #627	
Amount (\$) 25.05	Office sought Office held	
Payee name ALON 7-ELEVEN #627	Office held	
Payee address; City; State; Zip Code 2112 N Mesa, El Paso, TX, 79902	Office sought	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expenses	Description (If travel outside of Texas, complete Schedule T) Gasoline Expense
Candidate / Officeholder name ALON 7-ELEVEN #627		
Office sought Office held		
Date 04/20/2015	Payee name Marie Mier	
Amount (\$) 300	Office sought Office held	
Payee address; City; State; Zip Code	Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
Candidate / Officeholder name Marie Mier		
Office sought Office held		
Date 04/20/2015	Payee name Destiny Butler	
Amount (\$) 108	Office sought Office held	
Payee address; City; State; Zip Code	Office held	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Candidate / Officeholder name Destiny Butler		
Office sought Office held		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/18/2015	5 Payee name Jonathan Farias	
6 Amount (\$) 54	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2015	Candidate / Officeholder name TEXAS DEMOCRATIC PARTY	
Amount (\$) 287.5	Payee name TEXAS DEMOCRATIC PARTY	
	Payee address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104 Austin, TX 78741	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) VAN
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2015	Candidate / Officeholder name EL PASO BRIDGES METERS	
Amount (\$) 1	Payee name EL PASO BRIDGES METERS	
	Payee address; City; State; Zip Code EI Paso , TX, 79901	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Parking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2015	Candidate / Officeholder name EL PASO BRIDGES METERS	
Amount (\$) 2	Payee name EL PASO BRIDGES METERS	
	Payee address; City; State; Zip Code EI Paso Tx, 79901	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Parking Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/30/2015	5 Payee name Jonathan Farias	
6 Amount (\$) 30	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Canvassing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2015	Candidate / Officeholder name CORNER STORE 1257	
Amount (\$) 10.07	Payee name CORNER STORE 1257	
	Payee address; City; State; Zip Code 1239 N Zaragosa Rd. El Paso	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation	Description (If travel outside of Texas, complete Schedule T) Gasoline
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/23/2015	Candidate / Officeholder name FACEBOOK	
Amount (\$) 25.04	Payee name FACEBOOK	
	Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, California 94025,	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2015	Candidate / Officeholder name KINLEYS TEA HOUSE	
Amount (\$) 8.61	Payee name KINLEYS TEA HOUSE	
	Payee address; City; State; Zip Code 2231 N Mesa St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage expense	Description (If travel outside of Texas, complete Schedule T) Food and Beverage expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/24/2015	5 Payee name EL PASO BRIDGES METERS	
6 Amount (\$) 1	7 Payee address; City; State; Zip Code El Paso, TX, 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Parking Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2015	Candidate / Officeholder name CLASICO KITCHEN	
Amount (\$) 26	Payee name CLASICO KITCHEN	
	Payee address; City; State; Zip Code 9615 Montana Ave, El Paso, TX 79925	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Volunteer Appreciation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/25/2015	Candidate / Officeholder name CIRCLE K 08515	
Amount (\$) 2	Payee name CIRCLE K 08515	
	Payee address; City; State; Zip Code 1073 Country Club Rd El Paso TX 79932	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food And Beverages	Description (If travel outside of Texas, complete Schedule T) 2 waters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/26/2015	Candidate / Officeholder name ALON 7-ELEVEN #315	
Amount (\$) 10.11	Payee name ALON 7-ELEVEN #315	
	Payee address; City; State; Zip Code 01 N Copia St, El Paso, TX 79903	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Expense	Description (If travel outside of Texas, complete Schedule T) Gasoline
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/27/2015	5 Payee name CORNER STORE 1359	
6 Amount (\$) 35.38	7 Payee address; City; State; Zip Code 4201 N Mesa. El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Expense	(b) Description (If travel outside of Texas, complete Schedule T) Gasoline
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/27/2015	Candidate / Officeholder name Jonathan Farias	
Amount (\$) 108	Payee name Jonathan Farias	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2015	Candidate / Officeholder name HOSTGATOR.COM	
Amount (\$) 26.6	Payee name HOSTGATOR.COM	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) Server Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2015	Candidate / Officeholder name Jake Meritt	
Amount (\$) 209	Payee name Jake Meritt	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/29/2015	5 Payee name WALGREENS	
6 Amount (\$) 8.65	7 Payee address; City; State; Zip Code 2800 N MESA EL PASO	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office supplies	(b) Description (If travel outside of Texas, complete Schedule T) Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/30/2015	Payee name ANGELUS CLEANERS	
Amount (\$) 7.04	Payee address; City; State; Zip Code 816 N Mesa St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) Suit Press
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/30/2015	Payee name KINLEYS HOUSE COFFEE & EL PASO	
Amount (\$) 9.35	Payee address; City; State; Zip Code 2231 N Mesa St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Food and Beverage Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 04/30/2015	Payee name Marie Mier	
Amount (\$) 340	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 0	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Joshua E. Dagda	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME
Joshua E. Dagda

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
- Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Mr Joshua E Dagda

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

City Clerk Dept.
5/4/2015 7:35:45 AM