

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

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Date Received		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
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)				Amount \$	
10 PERIOD COVERED		<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				Date Processed	
11 ELECTION		ELECTION DATE		ELECTION TYPE			
12 OFFICE		OFFICE HELD (if any)		OFFICE SOUGHT (if known)			
14 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"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
			COMMITTEE CAMPAIGN TREASURER NAME				
			COMMITTEE CAMPAIGN TREASURER ADDRESS				

Received
via email
on 4/28/2023
at 3:25 pm

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

16 Filer ID: Ethics Commission File #

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)	\$	6514 ⁰⁰
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	
	4.	TOTAL POLITICAL EXPENDITURES	\$	5223 ⁷¹
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1290 ²⁹
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	-0-

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20 _____ to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

Name: Gloria M. Carrillo and my date of birth is 7/31/39
 My address is 4530 Friar Ln Grand Prairie, TX 75052
 (street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas on the 28th day of April, 2023
 (month) (year)


Signature of Candidate/Officeholder/Deputy

SUBTOTALS - C/OH

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

19 FILER NAME

Storia M. Carrillo

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6514-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 525-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4603 ⁶⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 620 ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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 FILER NAME Gloria M. Carrillo		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosalinda Garcia	7 Amount of contribution (\$) 15.00
6 Contributor address; City; State; Zip Code 4308 Sierra Grand Prairie, TX 5052		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. J. Garcia	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9124 Bentwater Parkway Grand Prairie, TX 75052		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adriana Tejada	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2314 Varsity Dr. Grand Prairie, TX 75051		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 4/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) La Tapatia	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 688 W. Pioneer Pkwy. #150 Grand Prairie, TX 75051		
Principal occupation / Job title (See Instructions) Business Owner		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:
2 FILER NAME <i>Gloria M. Carrillo</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria M. Carrillo</i>	7 Amount of contribution (\$) <i>240</i> <i>Cash</i>
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria M. Carrillo</i>	Amount of contribution (\$) <i>300</i> <i>Cash</i>
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susanna Roney</i>	Amount of contribution (\$) <i>99</i>
Contributor address: City: State: Zip Code <i>1024 Cove Meadow Cedar Hill, TX 75104</i>		
Principal occupation / Job title (See Instructions) <i>Administrator</i>		Employer (See Instructions)
Date <i>4/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonie Zaragoza</i>	Amount of contribution (\$) <i>50</i>
Contributor address: City: State: Zip Code <i>4441 Champion Hill G.P. TX 75052</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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: 8 (Schedule A1)

2 FILER NAME

Steven M. Garrello

3 File ID: (State/County/Party)

4 Date

5 Full name of contributor

Out-of-state PAC (ID#)

7 Amount of contribution

4/6/23

Jesús de la Torre

\$1000

6 Contributor address:

City:

State:

Zip Code

603 Anniger - Grand Prairie, TX 75052

8 Principal occupation / Job title (See instructions)

Retired

9 Employer (See instructions)

Date

Full name of contributor

Out-of-state PAC (ID#)

Amount of contribution

4/6/23

Jesus Reyes

\$1000

Contributor address:

City:

State:

Zip Code

806 N. Austin St. - Austin, TX 78155

Principal occupation / Job title (See instructions)

Insurance

Employer (See instructions)

Date

Full name of contributor

Out-of-state PAC (ID#)

Amount of contribution

4/12/23

Ambro Townsend

\$500

Contributor address:

City:

State:

Zip Code

1501 Roman - Grand Prairie, TX 75050

Principal occupation / Job title (See instructions)

CPISD

Employer (See instructions)

Date

Full name of contributor

Out-of-state PAC (ID#)

Amount of contribution

3/30/23

Ariston Castaneda

2500

Contributor address:

City:

State:

Zip Code

502 N. 13th - Austin, TX 78701

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
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 150-
	6 Contributor address; City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Gloria M. Carrizo

4/20/23 *Manuel Martinez*

4528 Knights Crossing G.P. TX 75052

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50 ⁰⁰
	Contributor address; City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

4/20 *Martha Kriger*

801 BRITISH - G.P. TX 75052

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 135-
	Contributor address; City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

3/28/23 *Susan Reed*

P.O. Box 541761
G.P. TX 75053

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25 ⁰⁰
	Contributor address; City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

3/28/23 *Bob Steaks*

1903 W. 5th #104
Arlington TX 75060

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 Page \$ 0.00

2 FILER NAME

Alicia M. Gurrello

3 Filer ID: Ethics Commission File #

4 Date

3/29/23

5 Full name of contributor

Nancy Budge

out-of-state PAC (ID#)

7 Amount of contribution \$

990

6 Contributor address:

*2013 Hazelwood
D.P. TX 75050*

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

Administration

9 Employer (See Instructions)

Date

4/9/23

Full name of contributor

G.A. Carrillo

out-of-state PAC (ID#)

Amount of contribution \$

200

Contributor address:

*313 Featherstone
Rockwall, TX 75087*

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Deal Estate

Employer (See Instructions)

Date

4/3/23

Full name of contributor

Eric Bays Gagnon Blair & Simpson

out-of-state PAC (ID#)

Amount of contribution \$

1000

Contributor address:

*2777 N. Starnow #1000
Dallas, TX 75207*

City:

State:

Zip Code

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Date

Full name of contributor

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.	
2 FILER NAME <i>Alma M. Garrelto</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Araceli Mercado</i>	8 Amount of Contribution \$ <i>\$275</i>	9 In-kind contribution description <i>cookies</i>
7 Contributor address: City: State: Zip Code <i>2640 Bonita Dr. #4 - Apt 75054</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Realtor</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jimmy Boutros</i>	Amount of Contribution \$ <i>\$250</i>	In-kind contribution description <i>frud</i>
Contributor address: City: State: Zip Code <i>2334 S Bellkari G.P. TX 75054</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owner</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>			

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:	2 FILER NAME <i>Thomas Garrity</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/23</i>	5 Payee name <i>Ed & Linda Edwards of Pattern Signs</i>	
6 Amount (\$) <i>858.96</i>	7 Payee address: <i>203 S. Beltrone Irving, TX 75060</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/12/23</i>	Payee name <i>Tom Thomb</i>	
Amount (\$) <i>237.77</i>	Payee address: <i>4215 S. Guadalupe D.P. TX 75052</i>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <i>Open House for Springs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/4/23</i>	Payee name <i>R L Croge Vinyl</i>	
Amount (\$) <i>324.75</i>	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>T-Shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Shari M. Leavelle</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/25/23</i>	5 Payee name <i>Coverman Signs</i>	
6 Amount (\$) <i>184⁰⁰</i>	7 Payee address: <i>Grand Prairie, TX</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>All advertising</i>	(b) Description <i>magnetic signs</i>
	(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 <i>4/24/23</i>	Payee name <i>Edsi dba Edwards & Patterson Signs</i>	
Amount (\$) <i>318⁰⁰</i>	Payee address: <i>203 S. Belthair Arroyo, TX 75008</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>All advertising</i>	Description <i>Signs</i>
	<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 <i>4/24/23</i>	Payee name <i>Buyer the Slagon</i>	
Amount (\$) <i>2480⁰⁰</i>	Payee address: <i>2710 South Creek #4120 Richardson, TX 75082</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Social Media mailers</i>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME <i>Storia M. Carrillo</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/8/23</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>129.47</i>	Payee address; <i>3850 S. Garraway Grand Prairie, TX 75052</i>	City: _____ State: _____ Zip Code _____
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Poles, Zip ties, etc</i>
	<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 <i>3/14/23</i>	Payee name <i>HABNER'S</i>	
Amount (\$) <i>115.51</i>	Payee address; <i>125 E. Jefferson Grand Prairie, TX 75050</i>	City: _____ State: _____ Zip Code _____
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description
	<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 <i>4/12/23</i>	Payee name <i>Tom Shoup</i>	
Amount (\$) <i>69.99</i>	Payee address; <i>4215 S. Garraway Grand Prairie, TX 75052</i>	City: _____ State: _____ Zip Code _____
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description
	<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 _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Expenses |
| 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 G: 2	2 FILER NAME <i>Alicia M. Carrillo</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>3/28/23</i>	5 Payee name <i>Home Depot</i>	
6 Amount (\$) <i>145</i>	7 Payee address: <i>3850 S. Coakley</i>	City: State: Zip Code:
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>Akron, TX 75552</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Pol. Sign Zipties for Sign</i>
	(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	Payee name <i>Hope Argentina</i>	City: State: Zip Code:
Amount (\$) <i>160</i>	Payee address: <i>4325 Rutland Ave</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	<i>Ft Worth, Tx 76135</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Sign Installation</i>
	<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	Payee name	City: State: Zip Code:
Amount (\$)	Payee address:	
<input type="checkbox"/> Reimbursement from political contributions intended		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED