

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	OFFICE USE ONLY	
	Mr. Joel F NICKNAME LAST SUFFIX		
Barrios		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	APR 11 13 4:41 PM	
	10914 Yogi Berra El Paso, TX 79934	Date Hand-delivered or Postmarked <i>April 11, 2013</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	(915) 603-9452	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI	Date Imaged	
	MR Wilfred R NICKNAME LAST SUFFIX		
Garza			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4625 Round Rock DR. El Paso TX 79924		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(915) 241-8112		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01 / 01 / 2013		04 / 01 / 2013
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 11 / 2013	<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)	
	Board of Trustees District 5	Board of Trustees District 5	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

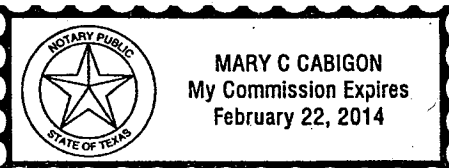
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
---------------------	------------------------------------------------

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Campaign Treasurer
		COMMITTEE ADDRESS 4625 Round Rock Dr. El Paso, TX 79924-1012
		COMMITTEE CAMPAIGN TREASURER NAME Wilfred R. Garza
	COMMITTEE CAMPAIGN TREASURER ADDRESS 4625 Round Rock Dr. El Paso, TX 79924-1012	

APR 11 13 4:41 PM

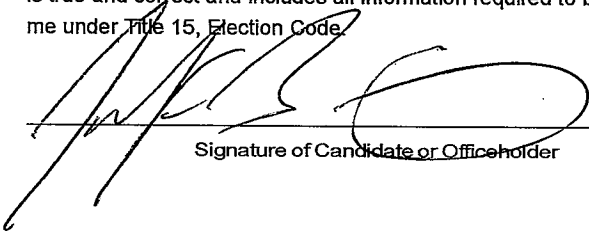
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$208.70
	4. TOTAL POLITICAL EXPENDITURES	\$ 208.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 741.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 00.00

18 AFFIDAVIT



MARY C CABIGON
 My Commission Expires
 February 22, 2014

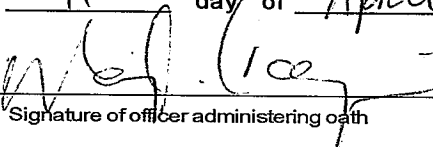
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOEL F. BARRIOS, this the 11 day of April, 20 13, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

Mary C. Cabigon
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Joel F. Barrios

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/27/2013

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

Russell Wiggs

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9477-B Dyer El Paso, TX 79924-6407

APR 11 13 4:41 PM

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/28/2013

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

Mounce, Green, Myers, Safi, Paxson & Galatzan

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

100 N. Stanton, Suite 1000

El Paso, TX 79901-1463

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2013

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

Wilfred R. Garza

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4625 Round Rock Dr. El Paso, TX 79924-10112

(If travel outside of Texas, complete Schedule T)

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 (\$)

N/A

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

N/A

In-kind contribution description (if applicable)

(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

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Joel F. Barrios

3 ACCOUNT # (Ethics Commission Filers)

APR11 13

4:41PM

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

N/A

(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

N/A

(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

N/A

(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

N/A

(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

N/A

(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

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

JOEL F. BARRIOS

3 ACCOUNT # (Ethics Commission Filers)

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

\$ N/A APR 11 13

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

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

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

N/A

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

N/A

Is lender a financial Institution?

Y N

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

N/A

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.

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:	2 FILER NAME JOEL F. BARRIOS	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	----------------------------------------	-----------------------------------------------

4 Date 03/11/2013	5 Payee name PRINT-IT
-----------------------------	---------------------------------

6 Amount (\$) \$129.90	7 Payee address; City; State; Zip Code 3239 N. ZARAGOZA, STE. B. EL PASO, TX 79938	APR 11 13 4:41 PM
----------------------------------	----------------------------------------------------------------------------------------------	-------------------

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) Political Signs
---------------------------------	--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

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

Date 03/20/2013	Payee name WESTSTAR BANK
--------------------	-----------------------------

Amount (\$) \$78.03	Payee address; City; State; Zip Code P.O. BOX 99100 EL PASO, TX 79999-9100
------------------------	-------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CHK Order Harland Clarke	Description (If travel outside of Texas, complete Schedule T) check/stamp/deposit slips
------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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

Date	Payee name N/A
------	-------------------

Amount (\$) N/A	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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

Date	Payee name N/A
------	-------------------

Amount (\$) N/A	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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

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:		2 FILER NAME JOEL F. BARRIOS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/15/2012		5 Payee name GO DADDY .COM			
6 Amount (\$) \$10.17 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 14455 North Hayden Road Suite 219 Scottsdale, AZ. 85260			
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) Internet Domain Name	
Date 02/27/2013		Payee name Postal Annex #2021			
Amount (\$) \$6.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 10710 Gateway North Ste-B5 El Paso, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Legal Services		Description (If travel outside of Texas, complete Schedule T) Notary	
Date 03/16/2013		Payee name Walmart			
Amount (\$) \$34.63 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4530 Woodrow Bean El Paso, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expenses		Description (If travel outside of Texas, complete Schedule T) Printing paper/Ink	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended		<i>[Handwritten initials]</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APR 11 13 4:42 PM

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:	2 FILER NAME JOEL F. BARRIOS	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$) N/A	7 Business address; City; State; Zip Code N/A	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

APR 11 13 4:42PM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME JOEL F. BARRIOS	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	-----------------------------------------------	-----------------------------------------------

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

6 Amount (\$) N/A	7 Payee address; City; State; Zip Code N/A	APR11 13 4:42PM
---------------------------------	----------------------------------------------------------	-----------------

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 (\$) N/A	Payee address; City; State; Zip Code N/A
------------------------	-------------------------------------------------

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 (\$) N/A	Payee address; City; State; Zip Code N/A
------------------------	-------------------------------------------------

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 (\$) N/A	Payee address; City; State; Zip Code N/A
------------------------	-------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--------------------------------------------------------------	------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME

JOEL F. BARRIOS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

N/A

5 Name of person from whom amount is received

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

8 Amount (\$)

N/A

7 Purpose for which amount is received

APR 11 13 4:42 PM

Date

N/A

Name of person from whom amount is received

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

Amount (\$)

N/A

Purpose for which amount is received

Date

N/A

Name of person from whom amount is received

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

Amount (\$)

N/A

Purpose for which amount is received

Date

N/A

Name of person from whom amount is received

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

Amount (\$)

N/A

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME **JOEL F. BARRIOS**

3 ACCOUNT # (Ethics Commission Filers)

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

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

N/A

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

N/A

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

N/A

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11 13 4:42PM

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 Filera)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms. FIRST: Rocio MI: E NICKNAME: LAST: SUFFIX: Benedicto	OFFICE USE ONLY Date Received: APR 12 13 1:56PM Date Hand-delivered or Postmarked: April 12, 2013 EA Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 152 New Orleans El Paso Tx 79912		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 329 8388		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Suzanna NICKNAME: LAST: SUFFIX: Hallmark		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 730 Wellesley El Paso TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 373-2318		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2013 04 / 10 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 2013	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) District 1 EPISD Board Trustee	13 OFFICE SOUGHT (if known) District 1 EPISD Board Trustee	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Rocio E. Benedicto 15 ACCOUNT # (Ethics Commission Filer) _____

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME _____

COMMITTEE ADDRESS _____

COMMITTEE CAMPAIGN TREASURER NAME _____

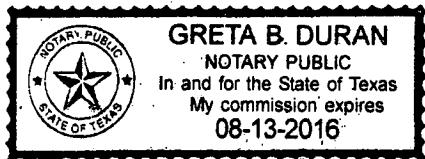
COMMITTEE CAMPAIGN TREASURER ADDRESS _____

additional pages

APR 12 13 1:56PM

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)	\$ 3,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 907.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Rocio Benedicto
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rocio Benedicto, this the 12th day of April, 2013, to certify which, witness my hand and seal of office.

Greta B. Duran Signature of officer administering oath
 Printed name of officer administering oath
Notary public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rocio E. Benedicto

3 ACCOUNT # (Ethics Commission Filers)

APR 12 13 1:56PM

4 Date

4/01/13

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

American Federation of Teachers

6 Contributor address; City; State; Zip Code

4024 Trowbridge El Paso, TX 79903

7 Amount of contribution (\$)

\$3,000⁰⁰

8 In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/03/13

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

Mounce, Green, Myers, Bafi, Parsons Galatjan

Contributor address; City; State; Zip Code

100 N. Stanton El Paso, TX 79999

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney Law Firm

Employer (See Instructions)

Date

4/02/13

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

David Dodge

Contributor address; City; State; Zip Code

6531 Boeing Dr. El Paso, TX 79925

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(if travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(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

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: APR 12 13 1:56PM
-----------------------------------------------------------	--------------------------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	----------------------------------------

4 TOTAL OF UNITEMIZED PLEDGES:	\$
--------------------------------	----

6 Date	6 Full name of pledgor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filer's)

APR 13 1:56PM

4 TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

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

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

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?
Y N

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.

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:	2 FILER NAME Rocio E. Benedicto	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------------	----------------------------------------

4 Date 4/5/13	5 Payee name Hoover Signs
-------------------------	-------------------------------------

6 Amount (\$) \$38400	7 Payee address; City; State; Zip Code 3500 N. Mesa El Paso, TX 79902
---------------------------------	---------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (if travel outside of Texas, complete Schedule T) Signs for Lawn
--------------------------	------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

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

Date 4/8/13	Payee name Online Candidate .com / Daky Professional Services
-----------------------	-------------------------------------------------------------------------

Amount (\$) \$173.95	Payee address; City; State; Zip Code P.O. Box 402, Montgomery, NY 12549
--------------------------------	-----------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) Website design - Maintenance
------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

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

Date 4/9/13	Payee name Vista Print
-----------------------	----------------------------------

Amount (\$) \$349.14	Payee address; City; State; Zip Code Vistaprint.com
--------------------------------	---------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) Tshirts for Campaign
------------------------	--------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

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

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

Amount (\$)	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	-----------------------------------------------

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APR 12 13 1:56PM

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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Files)
----------------------------------	---------------------	----------------------------------------------

4 Date	5 Business name
---------------	------------------------

6 Amount (\$)	7 Business address; City; State; Zip Code
----------------------	--------------------------------------------------

APR 12 13 1:57PM

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)
---------------------------------	------------------------------------------------------------------	-------------------------------------------------------------------

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
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	-----------------------------------------------

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

APR 12 13 1:57PM

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.)
------------------------	--------------------------------------------------------------	------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME

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

APR 13 1:57PM

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

2 FILER NAME 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(a) traveling
8 Departure city or name of departure location APR 12 13 1:57PM
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(a) 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(a) 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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.

APR 2 13 1:57PM

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

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Alfredo

MI

NICKNAME

LAST

Fred Borrego

SUFFIX

OFFICE USE ONLY

Date Received

APR 11 3 11:26 AM

April 11, 2013 EC

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4020 Trowbridge
El Paso, TX 79903

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 562-2629

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Alfredo

MI

NICKNAME

LAST

Fred Borrego

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4020 Trowbridge
El Paso, TX 79903

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 562-2629

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01 / 01 / 2013

THROUGH

Month Day Year

04 / 02 / 2013

11 ELECTION

ELECTION DATE

Month Day Year

05 / 11 / 2013

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

El Paso I.S.D.
Trustee # 3

13 OFFICE SOUGHT (if known)

El Paso I.S.D.
Trustee # 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Alfredo "Fred" Borrego

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

APR 11 13 11:26 AM

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *2125.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *265.21*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *1859.79*

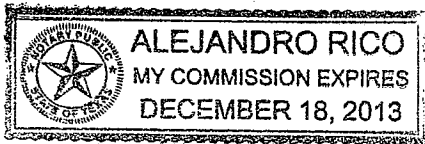
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.



Alfredo Borrego
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Alfredo Borrego*, this the *11th* day of *April*, 20 *13*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

A. Rico
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Alfredo "Fred" Borrego

3 ACCOUNT # (Ethics Commission Filers)

APR 11 13 11:26 AM

4 Date

03-20-13

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

Alfredo Borrego

6 Contributor address; City; State; Zip Code

4020 Troubridge El Paso, TX
79903

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03-20-13

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

Cecilia Carpio

Contributor address; City; State; Zip Code

11231 Peace Pipe El Paso, TX
79936

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-20-13

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

Roberto Lerma

Contributor address; City; State; Zip Code

301 Gladys El Paso, TX
79915

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-20-13

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

Erika Borrego

Contributor address; City; State; Zip Code

4215 Edgar Park El Paso, TX
79904

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03-20-13

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

George Ybarra

Contributor address; City; State; Zip Code

4020 Oxford El Paso, TX
79903

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(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

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

APR 11 11:26 AM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3	
2 FILER NAME Alfredo "Fred" Borrego		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03-20-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Duarte	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4615 Bonds El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Rosales	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8528 Mineola El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIANA Artales	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4006 Clifton El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonny Duran	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1901 Howze El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Robertson	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1901 Howze El Paso, TX 79903		(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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

APR 11 13 11:27 AM

2 FILER NAME

Alfredo "Fred" Borrego

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03-20-13

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

Rosales Law Firm

6 Contributor address; City; State; Zip Code

1400 Montana El Paso, TX
79902

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03-22-13

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

Richard Weeks

Contributor address; City; State; Zip Code

1183 Upper Canyon Plc El Paso, TX
79912

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)

In-kind contribution description (if applicable)

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

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: 1	2 FILER NAME: Alfredo "Fred" Borrego	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 03-20-2013	5 Payee name: 5 Points Bistro	
6 Amount (\$): 265.21	7 Payee address; City; State; Zip Code: 3019 MONTANA EL PASO, TX 799	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Alfredo "Fred" Borrego	Office sought: EPISD Trustee #3 Office held: Same
Date	Payee name	
Amount (\$)	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	Month	Day	Year
11 ELECTION	Month	Day	Year
	ELECTION DATE		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

APR 10 2013 4:01 PM
April 10 2013 ea

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME Susie Byrd 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.

additional pages

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

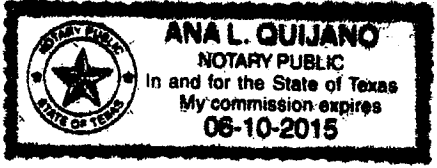
APR 13 4:01 PM

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)	\$ 7,615.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,828.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,586.76

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.

Susannah Byrd
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susannah Byrd, this the 10th day of April, 20 13, to certify which, witness my hand and seal of office.

Ana L. Quijano Ana L. Quijano Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

APR 10 13 4:01

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Justie Byrd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) see attached	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/7/2013

Full Name of Contributor: Jo Ann Casey

Contributor Address: 1000 Madeline Drive, El Paso, TX 79902

Amount of Contribution: \$200

Principal Occupation/Job Title: Business Development

Employer: G.E.

APR 10 13 4:01PM

Date: 3/8/2013

Full Name of Contributor: Veronica Escobar

Contributor Address: 3014 Copper Avenue, El Paso, TX 79930

Amount of Contribution: \$100

Principal Occupation/Job Title: County Judge

Employer: County of El Paso

Date: 3/20/2013

Full Name of Contributor: Miguel Fernandez

Contributor Address: 411 Rim Road, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Business owner

Employer: Transtelco

Date: 3/20/2013

Full Name of Contributor: Kids First Reform EPISD NOW

Contributor Address: 701 North Saint Vrain, El Paso, TX 79902

Amount of Contribution: \$3,000

Principal Occupation/Job Title:

Employer:

Date: 3/23/2013

Full Name of Contributor: Beverly Rebe

Contributor Address: 4324 Buckingham, El Paso, TX 79902

Amount of Contribution: \$50

Principal Occupation/Job Title: Bookkeeper

Employer: Self Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/25/2013

Full Name of Contributor: Melissa O'Rourke

Contributor Address: 6041 Torrey Pines, El Paso, TX 79912

Amount of Contribution: \$500

Principal Occupation/Job Title: Business owner

Employer: Charlotte's Furniture

Date: 3/25/2013

Full Name of Contributor: Marc Cioc-Ortega

Contributor Address: 1201 Cincinnati, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Professor

Employer: UC Santa Cruz

APR 10 13 4:02PM

Date: 3/25/2013

Full Name of Contributor: Charles Ambler

Contributor Address: 1125 East Baltimore Drive, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Professor

Employer: UTEP

Date: 3/25/2013

Full Name of Contributor: Joanne Burt

Contributor Address: 1089 Los Jardines Circle, El Paso, TX 79912

Amount of Contribution: \$50

Principal Occupation/Job Title: President

Employer: The Gwinn Company LLC

Date: 3/25/2013

Full Name of Contributor: Laurence Sears

Contributor Address: 1528 Reynolds, El Paso, TX 79903

Amount of Contribution: \$25

Principal Occupation/Job Title: Adjunct Faculty

Employer: EPCC

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/25/2013

Full Name of Contributor: Julie Tarwater

Contributor Address: 3919 O'Keefe, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Program Officer

Employer: El Paso Community Foundation

APR10 13 4:02PM

Date: 3/25/2013

Full Name of Contributor: Marina Monsisvais

Contributor Address: 2209 Pittsburg Avenue, El Paso, TX 79930

Amount of Contribution: \$100

Principal Occupation/Job Title: Business owner

Employer: Barracuda PR

Date: 3/25/2013

Full Name of Contributor: Ted and Jacque Weymeyer

Contributor Address: 6102 Sierra Valle Lane, El Paso, TX 79912

Amount of Contribution: \$20

Principal Occupation/Job Title: Retired

Employer:

Date: 3/25/2013

Full Name of Contributor: John Byrd

Contributor Address: 818 Baltimore, El Paso, TX 79902

Amount of Contribution: \$25

Principal Occupation/Job Title: CEO

Employer: Cinco Puntos Press

Date: 3/25/2013

Full Name of Contributor: Richard E. Pearson

Contributor Address: 915 Kern, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Business owner

Employer: Squirrel Productions

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/25/2013

Full Name of Contributor: Lauren Pace

Contributor Address: 5108 Prince Edward Avenue, El Paso, TX 79924

Amount of Contribution: \$20

Principal Occupation/Job Title: Bartender

Employer: Camino Real

APR10 13 4:02PM

Date: 3/25/2013

Full Name of Contributor: Martin Bartlett

Contributor Address: 3703 Cambridge, El Paso, TX 79930

Amount of Contribution: \$20

Principal Occupation/Job Title: Public Relations

Employer: El Paso Water Utilities

Date: 3/25/2013

Full Name of Contributor: Deborah Kastrin

Contributor Address: 3940 Falmingo, El Paso, TX 79902

Amount of Contribution: \$200

Principal Occupation/Job Title: Business owner

Employer: Kasco Ventures, Inc

Date: 3/25/2013

Full Name of Contributor: Richard Pineda

Contributor Address: PMB 442, 500 West University, el Paso, TX 79968

Amount of Contribution: \$25

Principal Occupation/Job Title: Professor

Employer: UTEP

Date: 3/25/2013

Full Name of Contributor: Melissa McElroy

Contributor Address: 1106 Kelly Way, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Nurse Practioner

Employer: William Beaumont Hospital

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/25/2013

Full Name of Contributor: Evelina Ortega

Contributor Address: 1201 Cincinnati, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Attorney

Employer: Evelina Ortega Law Office

Date: 3/25/2013

Full Name of Contributor: Judy Wendt

Contributor Address: 10 Goodwin Drive, El Paso, TX 79902

Amount of Contribution: \$200

Principal Occupation/Job Title: CEO

Employer: LaserTech

APR10 13 4:02PM

Date: 3/25/2013

Full Name of Contributor: Joel Guzman

Contributor Address: 1210 Los Angeles, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Project Manager

Employer: Hunt Communities

Date: 3/25/2013

Full Name of Contributor: Jo Ann Bernal

Contributor Address: 10651 Janway, El Paso, TX 79935

Amount of Contribution: \$100

Principal Occupation/Job Title: County Attorney

Employer: County of El Paso

Date: 3/25/2013

Full Name of Contributor: Patricia Amezaga

Contributor Address: 10132 Trinidad Drive, El Paso, TX 79925

Amount of Contribution: \$40

Principal Occupation/Job Title: Teacher

Employer: EPISD

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/25/2013

Full Name of Contributor: Catherine Hudak

Contributor Address: 1009 North Florence Street, El Paso, TX 79902

Amount of Contribution: \$50

Principal Occupation/Job Title: Executive Director

Employer: Las Americas

APR10 13 4:02PM

Date: 3/25/2013

Full Name of Contributor: Eileen Karlsruher

Contributor Address: 35 Sun Point Lane, El Paso, TX 79912

Amount of Contribution: \$300

Principal Occupation/Job Title: Business owner

Employer: CSA Design

Date: 3/25/2013

Full Name of Contributor: Karla Frausto

Contributor Address: 2906 Silver Avenue, El Paso, TX 79930

Amount of Contribution: \$50

Principal Occupation/Job Title: Interior Designer

Employer:

Date: 3/26/2013

Full Name of Contributor: Jane Snow

Contributor Address: 4941 Meadowlark, El Paso, TX 79922

Amount of Contribution: \$250

Principal Occupation/Job Title: Corporate Counsel

Employer: Pizza Properties Inc.

Date: 3/26/2013

Full Name of Contributor: Christine Kelso

Contributor Address: 1506 Upson, El Paso, TX 79902

Amount of Contribution: \$50

Principal Occupation/Job Title: Attorney

Employer: Christine Kelso

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 3/26/2013

Full Name of Contributor: Eddie Contreras, Sr.

Contributor Address: 1382 Vista Granada Drive, El Paso, TX 79936

Amount of Contribution: \$50

Principal Occupation/Job Title: Insurance Broker

Employer: Eddie R. Contreras Insurance Broker

APR10 13 4:02PM

Date: 3/29/2013

Full Name of Contributor: Charles McNabb

Contributor Address: 5020 Montoya Drive, El Paso, TX 79922

Amount of Contribution: \$200

Principal Occupation/Job Title: Attorney

Employer: Gordon Davis Johnson Shane, PC

Date: 3/30/2013

Full Name of Contributor: Jacob Navar

Contributor Address: 801 Country Club Road, El Paso, TX 79932

Amount of Contribution: \$40

Principal Occupation/Job Title: Reactor Operator Trainee/ Undergraduate Research Assistant

Employer: Nuclear Engineering Teaching Lab

Date: 4/2/2013

Full Name of Contributor: Katherine Brennand

Contributor Address: 6006 Balcones Court, Apt. 27, El Paso, TX 79912

Amount of Contribution: \$100

Principal Occupation/Job Title: Self Employed

Employer: Investor

Date: 4/3/2013

Full Name of Contributor: Lee Shapleigh

Contributor Address: 817 E. Kerbey Avenue, El Paso, TX 79902

Amount of Contribution: \$150

Principal Occupation/Job Title: Attorney

Employer: County of El Paso

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
FILER NAME: Susannah Byrd

Date: 4/4/2013

Full Name of Contributor: Geoffrey Wright

Contributor Address: 1303 North Cotton, El Paso, TX 79902

Amount of Contribution: \$100

Principal Occupation/Job Title: Architect

Employer: Wright and Dalbin

APR10 13 4:02PM

Date: 4/6/2013

Full Name of Contributor: Daniel Skertchly

Contributor Address: 6505 Green Castle Road, #A, El Paso, TX 79932

Amount of Contribution: \$750

Principal Occupation/Job Title: High School History Teacher

Employer: EPISD

Date: 4/7/2013

Full Name of Contributor: Sharon Miles-Bonart, Ph.D.

Contributor Address: 6524 Loma de Cristo Drive, El Paso, TX 79912

Amount of Contribution: \$50

Principal Occupation/Job Title: Associate Faculty

Employer: University of Phoenix

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:	2 FILER NAME <i>Susie Byrd</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>see attached</i>	
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 (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	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	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)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

APR 13 4:02PM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES
FILER NAME: Susannah Byrd

Date: 3/5/2013
Amount: \$455.00
Payee Name: Coffee Creative
Payee Address: 12049 Meadow Gate, El Paso, TX 79936
Purpose of Expenditure
Category: Advertising Expense
Description: Design work

APR10 13 4:02PM

Date: 3/22/2013
Amount: \$865.65
Payee Name: Coffee Creative
Payee Address: 12049 Meadow Gate, El Paso, TX 79936
Purpose of Expenditure
Category: Advertising Expense, Printing Expense
Description: Design work and printing

Date: 4/1/2013
Amount: \$541.23
Payee Name: Stanton Street
Payee Address: 500 West Overland, El Paso, TX 79901
Purpose of Expenditure
Category: Advertising expense
Description: Voter database

Date: 4/5/2013
Amount: \$763.16
Payee Name: Display Services
Payee Address: 821 North Raynor, El Paso, TX 79930
Purpose of Expenditure
Category: Printing Expense
Description: Yard signs

Date: 4/6/2013
Amount: \$335.58
Payee Name: Joe Vinny and Bronson
Payee Address: 824 Piedras, El Paso, TX 79930
Purpose of Expenditure
Category: Event Expense
Description: Catering

POLITICAL EXPENDITURES
FILER NAME: Susannah Byrd

Date: 4/6/2013

Amount: \$21.62

Payee Name: Home Depot

Payee Address: 7545 North Mesa, El Paso, TX 79912

Purpose of Expenditure

Category: Advertising Expense

Description: Plastic ties for yard signs

Date: 4/8/2013

Amount: \$46.00

Payee Name: US Postmaster

Payee Address: 209 East Mills, El Paso, TX 79901

Purpose of Expenditure

Category: Office Overhead

Description: Postage

APR 10 13 4:02P

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 MS.	FIRST DIANE	MI M.
	NICKNAME	LAST DYE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	9134 MT. SAN BERDU ELPASO TX 79924		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 757-2658	EXTENSION
	6 CAMPAIGN TREASURER NAME		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS.	FIRST DIANE	MI M.
	NICKNAME	LAST DYE	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	9134 MT. SAN BERDU ELPASO TX 79924		
8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 757-2658	EXTENSION
	9 REPORT TYPE		
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year
	02 / 22 / 2013		THROUGH 04 / 01 / 2013
11 ELECTION	Month	Day	Year
	05 / 11 / 2013		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 OFFICESOUGHT (if known) DISTRICT 4 EL PASO INDEPENDENT SCHOOL DISTRICT SCHOOL BOARD SEAT
GOTO PAGE 2			

APR 11 13 1:33 PM

April 11 2013

Date Received

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME DIANE M. DYE 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

APR 11 13 1:33PM

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 0.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00

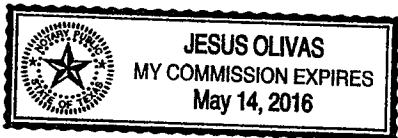
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

Diane M. Dye
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diane M. Dye, this the 10th day of April, 20 13, to certify which, witness my hand and seal of office.

Jesus Olivas
Signature of officer administering oath

Jesus Olivas
Printed name of officer administering oath

Asst. Branch Mgr.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

DIANE M. DYE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

N/A

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

N/A

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

N/A

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

N/A

Amount of contribution (\$)

In-kind contribution description (if applicable)

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

N/A

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor 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

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

APR 11 1:33PM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

DIANE M. DYE

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

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

N/A

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)

APR 13 1:33PM

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

N/A

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#: _____)

N/A

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#: _____)

N/A

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#: _____)

N/A

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

DIANE M. DYE

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

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

N/A

9 Loan Amount (\$)

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

APR 11 13 1:33PM

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

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

N/A

Loan Amount (\$)

Is lender a financial Institution?
Y N

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.

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: 1	2 FILER NAME DIANE M. DYE	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-------------------------------------	----------------------------------------

4 Date	5 Payee name N/A
--------	----------------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
---------------	----------------------------------------

APR 11 13 1:33PM

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

Date	Payee name N/A
------	--------------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

Date	Payee name N/A
------	--------------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

Date	Payee name N/A
------	--------------------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

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: 1	2 FILER NAME DIANE M. DYE	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------------------	--------------------------------------------	-----------------------------------------------

4 Date	5 Payee name N/A
---------------	-----------------------------------

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

APR 11 13 1:34PM

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 N/A
------	--------------------------

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

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 N/A
------	--------------------------

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

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 N/A
------	--------------------------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1	2 FILER NAME DIANE M. DYE	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-------------------------------------	----------------------------------------

4 Date	5 Business name N/A
--------	-------------------------------

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 N/A
------	-----------------------------

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 N/A
------	-----------------------------

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 N/A
------	-----------------------------

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
------------------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APR 11 13 1:34PM

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: 1	2 FILER NAME DIANE M. DYE	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name N/A	
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 N/A	
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 N/A	
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 N/A	
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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APR 11 13 1:34PM

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: **1**

2 FILER NAME
DIANE M. DYE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

N/A

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

APR11 13 1:34PM

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

N/A

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 (\$)

N/A

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 (\$)

N/A

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

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: **1**

2 FILER NAME
DIANE M. DYE

3 ACCOUNT # (Ethics Commission Filers)

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

APR 11 13 1:34PM

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
N/A

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
N/A

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

APR 11 13 1:34PM

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

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI Robert G.	OFFICE USE ONLY Date Received APR 11 13 1:33PM Date Hand-delivered or Postmarked April 11, 2013 EA Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Bob Geske		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3500 OKeefe El Paso TX 79902		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 588-2432		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Anita		
	NICKNAME LAST SUFFIX Gacharna		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 629 Bristol El Paso TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 581-3497		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 01 / 2013 04 / 01 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 2013	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) EPISD TRUSTEE DISTRICT 1

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

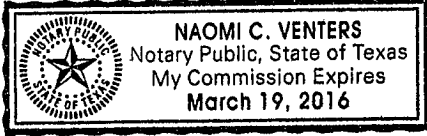
14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
--------------	-----------------------------------------

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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)	\$ 1400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1400.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Robert Geske
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Geske, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

Naomi C. Venters Naomi C. Venters Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: /

2 FILER NAME *Robert GESKE* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>3/12/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Gorman</i>	7 Amount of contribution (\$) <i>\$1,000.00</i>	8 In-kind contribution description (if applicable) <div style="text-align: right;">APR 11 13 1:33PM</div>
6 Contributor address; City; State; Zip Code <i>1606 Dede Ln El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>3/12/13</i>	Full name of contributor, <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bryan Morris</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>652 moondale Dr. El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>3/21/13</i>	Full name of contributor, <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Elias</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4009 Santa Anna El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	

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

Date <i>3/28/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Irma + Albert Saucedo</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4300 OKeefe El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI P.
	NICKNAME	LAST Lamonica	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 10456 Orpheus Dr.	APT / SUITE #;	CITY; STATE; ZIP CODE El Paso, TX 79924
	AREA CODE (915)	PHONE NUMBER 474-1149	EXTENSION
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR Mrs.	FIRST Deborah	MI K
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST CUILTY	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 10424 Gaius	APT / SUITE #;	CITY; STATE; ZIP CODE El Paso, TX 79924
8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 490-4697	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 02	Day 21	Year 201304
11 ELECTION	Month 05	Day 11	Year 2013
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Trustee for District 5	

APR 9 13 11:46AM
April 9, 2013 EQ

GO TO PAGE 2

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

APR 9 13 10 46AM

2 FILER NAME

James P. Lamonica

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/17/2013

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

Kathleen Lamonica Krochock

7 Amount of
contribution (\$)
\$100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
1630 Burning Trail CT., Wheaton, IL 60189

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self Employed

Date
04/17/2013

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

Joseph P. Lamonica JR

Amount of
contribution (\$)
\$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
8615 NE 121st PL, Kirkland, WA 98033

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
None

Date
03/20/2013

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

Kids First - Reform EPISD

Amount of
contribution (\$)
\$3,000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
701 N. St. Vrain Street, El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Political Action Committee

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of
contribution (\$)
\$

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)
\$

In-kind contribution
description (if applicable)

(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

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

James P. Lamonica

3 ACCOUNT # (Ethics Commission Filers)

4 Date
02/22/2013

5 Full name of contributor out-of-state PAC (ID#: _____)
Carolyn M. Legorreta

7 Amount of
contribution (\$) \$100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
2715 Pershing Dr., El Paso, TX 79903

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

High School Principal

10 Employer (See Instructions)

EPISD

Date
02/24/2013

Full name of contributor out-of-state PAC (ID#: _____)
Bryan R. Morris

Amount of
contribution (\$) \$200.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
652 Moondale Dr., El Paso TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

R B M Engineering, Inc

Date
02/27/2013

Full name of contributor out-of-state PAC (ID#: _____)
James P. Lamonica

Amount of
contribution (\$) \$250.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
10456 Orpheus Dr., El Paso, TX 79924

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

None

Date
02/27/2013

Full name of contributor out-of-state PAC (ID#: _____)
Patrick Y. Brown

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
1413 Crown Ridge Dr., El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Head Football Coach

Employer (See Instructions)

EPISD

Date
03/04/13

Full name of contributor out-of-state PAC (ID#: _____)
Megan B. Skipworth

Amount of
contribution (\$) \$100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
7221 Copper Nail LN, El Paso, TX 79934

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

EPISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
James P. Lamonica

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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME
Kids First -- Reform EPISD

APR 9 13 10:46AM

COMMITTEE ADDRESS
701 N. St. Vrain St., El Paso, Texas 79902

COMMITTEE CAMPAIGN TREASURER NAME
Juana Padilla

COMMITTEE CAMPAIGN TREASURER ADDRESS
701 N. St. Vrain St., El Paso, Texas 79902

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$3,950.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00

4. TOTAL POLITICAL EXPENDITURES \$4135.03

CONTRIBUTION
BALANCE

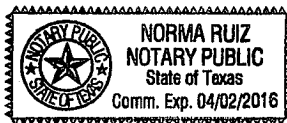
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$3950.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$0.00

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.



James P. Lamonica
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James Patrick Lamonica, this the 9th day of April, 20 13, to certify which, witness my hand and seal of office.

Norma Ruiz
Signature of officer administering oath

Norma Ruiz
Printed name of officer administering oath

Norma Ruiz
Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

APR 9 13 10:46AM

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:	2 FILER NAME James P. Lamonica	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-----------------------------------	----------------------------------------

4 Date 02/24/2013	5 Payee name Picture Me Portrait Studio
----------------------	--------------------------------------------

6 Amount (\$) 77.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4530 Woodrow Bean El Paso, TX 79924 Transmountain Rd.
----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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

Date 03/07/13	Payee name PrizmPoint Graphix
------------------	----------------------------------

Amount (\$) 900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8888 Dyer St, El Paso, TX 79904 Suite 215
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Downpayment for signs and cards
------------------------	-------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

Date 03/19/2013	Payee name Branders.com
--------------------	----------------------------

Amount (\$) 312.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 8430 Pasadena, CA 91109
---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

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

Date 03/29/2013	Payee name Branders.com
--------------------	----------------------------

Amount (\$) 70.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 8430 Pasadena CA 91109
--------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

APR 9 13 10:46AM

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:		2 FILER NAME James P. Lamonica		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/07/13		5 Payee name PrizmPoint Graphix			
6 Amount (\$) 1,344.56		7 Payee address; City; State; Zip Code 8888 Dyer St, El Paso, TX 79904 Suite 215			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Final payment for sign and cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/29/2013		Payee name Party Bowl			
Amount (\$) 214.34		Payee address; City; State; Zip Code 5900 Luckett CT El Paso, TX 79932			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Helium for the Balloons	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/29/2013		Payee name James P. Lamonica			
Amount (\$) 900.00		Payee address; City; State; Zip Code 10456 Orpheus Dr El Paso, TX 79924			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Reimbursement		Description (If travel outside of Texas, complete Schedule T) For downpayment to PrizmPoint Graphix	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/28/2013		Payee name Office Depot			
Amount (\$) 315.28		Payee address; City; State; Zip Code 1838 Joe Battele El Paso, TX 79936 Blvd			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Flyers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 MR. CHARLES N. NICKNAME LAST SUFFIX Chuck TAYLOR JR.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Post Office BOX 4443 EI PASO, TEXAS 79914	Date Received APR 11 13 10:27AM	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 757-2335	Date Hand Delivered or Postmarked April 11, 2013 EA	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. CHARLES N. NICKNAME LAST SUFFIX Chuck TAYLOR JR	Receipt # Amount	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4501 CROTON CIRCLE EI PASO, TEXAS 79924	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 757-2335	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 11 / 2013 04 / 10 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 2013	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 OFFICESOUGHT (if known) TRUSTEE District #5 EI PASO INDEPENDENT School District	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2


14 C/OH NAME Charles N. Taylor, Jr 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.

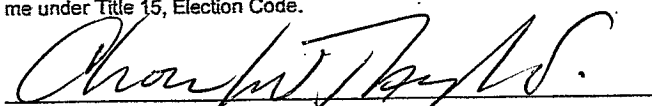
<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
-------------------------------------------	-----------------------------------------------------------------------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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 540.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 625.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 550.00

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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Taylor DL 08734097, this the 11 day of April, 2013, to certify which, witness my hand and seal of office.

Victor Hugo Fuentes
Signature of officer administering oath

Victor Hugo Fuentes
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1** APR 11 13 10:27AM

2 FILER NAME
Charles N. Taylor, Jr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **2/11/13**
5 Full name of contributor: **Cephus S. Rhodes**
6 Contributor address: **10720 Adauto Court
El Paso, Texas 79935**

7 Amount of contribution (\$): **\$50.00**
8 In-kind contribution description (if applicable): **N/A**
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): **RETIRED**

10 Employer (See Instructions): **N/A**

Date: **3/10/13**
Full name of contributor: **CHARLESETTA W. FINLEY**
Contributor address: **9913 CAMWOOD DRIVE
EL PASO, TEXAS 79925**

Amount of contribution (\$): **\$25.00**
In-kind contribution description (if applicable): **N/A**
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): **RETIRED**

Employer (See Instructions): **N/A**

Date: _____
Full name of contributor: _____
Contributor address: _____

Amount of contribution (\$): _____
In-kind contribution description (if applicable): _____
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): _____

Employer (See Instructions): _____

Date: _____
Full name of contributor: _____
Contributor address: _____

Amount of contribution (\$): _____
In-kind contribution description (if applicable): _____
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): _____

Employer (See Instructions): _____

Date: _____
Full name of contributor: _____
Contributor address: _____

Amount of contribution (\$): _____
In-kind contribution description (if applicable): _____
(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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME CHARLES N. TAYLOR, JR.		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ APR 11 13 10:27 AM
5 Date of loan 02/11/2013	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES N. TAYLOR, JR.	9 Loan Amount (\$) \$550.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 4501 CROFON CIRCLE EL PASO, TEXAS 79924	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> 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.

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: 1 2 FILER NAME Charles N. Taylor, Jr. 3 ACCOUNT # (Ethics Commission Filers)

4 Date 04/03/2013 5 Payee name All Print

6 Amount (\$) \$227.27 7 Payee address; City; State; Zip Code
7230 GATEWAY Blvd East #D
EL PASO, TEXAS 79915

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

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CHARLES N TAYLOR JR. Office sought TRUSTEE EPISD #5 Office held

Date 04/05/2013 Payee name All Print

Amount (\$) \$43.25 Payee address; City; State; Zip Code
7230 GATEWAY Blvd East #D
EL PASO, TEXAS 79915

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

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name CHARLES N. TAYLOR JR. Office sought TRUSTEE EPISD #5 Office held

Date 04/05/2013 Payee name ESC-Region 19 - School Zone

Amount (\$) \$81.19 Payee address; City; State; Zip Code
6611 BOEING DRIVE
EL PASO, TEXAS 79925

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

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

Date Payee name

Amount (\$) 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)

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

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: 2	2 FILER NAME CHARLES N. TAYLOR, JR.	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------------------	----------------------------------------

4 Date 02/07/2013	5 Payee name Wal Mart
-----------------------------	---------------------------------

6 Amount (\$) \$ 23.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4530 WOODROW BEAM EL PASO, TEXAS 79924	APR 11 13 10:28AM
-----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (if travel outside of Texas, complete Schedule T) Printer Ink (Black)
--------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

Date 02/08/2013	Payee name Costco Wholesale
---------------------------	---------------------------------------

Amount (\$) \$ 20.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6101 GATEWAY WEST BLVD. EL PASO, TEXAS 79925
---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

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

Date 02/09/2013	Payee name EXCHANGE
---------------------------	-------------------------------

Amount (\$) \$ 21.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code FORT BLISS POST EXCHANGE FORT BLISS, TEXAS 79916
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) Printer Ink (color)
------------------------	--------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

Date 02/14/2013	Payee name Office Depot Store 195
---------------------------	---------------------------------------------

Amount (\$) \$ 20.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1111 GERONIMO DRIVE EL PASO, TEXAS 79925
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (if travel outside of Texas, complete Schedule T) Card Stock (Reem)
------------------------	--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2	2 FILER NAME CHARLES N. TAYLOR, JR.	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------------------	----------------------------------------

4 Date 03/27/2013	5 Payee name WAL MART	APR 11 13 10:28 AM
-----------------------------	---------------------------------	--------------------

6 Amount (\$) \$50.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4530 Woodrow BEAM EL PASO, TEXAS 79924
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

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

Date 03/30/2013	Payee name TMO Foundation - Easter Parade (NorthEast)
---------------------------	-----------------------------------------------------------------

Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Post Office BOX 4232 EL PASO, TEXAS 79914
--------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Auto (w/signs) Entry
------------------------	--------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Date 04/06/2013	Payee name LOWES
---------------------------	----------------------------

Amount (\$) \$6.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4531 Woodrow BEAM Trans'mtn EL PASO, TEXAS 79924
-------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 1"x2" Wood Strips for Signs
------------------------	--------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<input type="checkbox"/> Reimbursement from political contributions intended	
------------------------------------------------------------------------------	--

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. OMAR G NICKNAME LAST SUFFIX VILLA	OFFICE USE ONLY Date Received <div style="text-align: right;">APR 11 13 12:00PM</div> Date Hand-delivered or Postmarked April 11, 2013 ELL Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1420 CAMINO ALTO EL PASO, TX 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 240-0763		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. LUIS NICKNAME LAST SUFFIX TALAVERA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 W. YANDELL EL PASO, TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 834-9026		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 26 / 13 4 / 1 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13	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) EPISD BOARD OF TRUSTEES DISTRICT #1	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

OMAR VILLA

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

APR 11 13 12:00PM

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)

\$

4,175.64

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,331.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

2,648.92

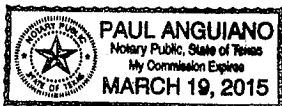
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Omar C. Villa, this the 11th day of April, 2013, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Paul Anguiano

Printed name of officer administering oath

Member State Officer

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **2**

2 FILER NAME **OMAR VILLA** 3 ACCOUNT # (Ethics Commission Filers) **APR11**

4 Date 2/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER VILLA	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1107 E. ROBINSON AVE. EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 2/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS TALAVERA	Amount of contribution (\$) 82.00	In-kind contribution description (if applicable) CITY AMP. PERMIT
Contributor address; City; State; Zip Code 1011 W. YANDELL EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	

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

Date 3/1/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRACY YELLEN	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 925 MC KELLIGON EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	

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

Date 3/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARA HILL	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4111 VISTA CREEK ARLINGTON, TX 76014		(If travel outside of Texas, complete Schedule T)	

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

Date 3/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDON SILVERSTEIN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6900 ROCK CANYON EL PASO, TX 79912		(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
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

APR11 13 12:00PM

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME OMAR VILLA		3 ACCOUNT # (Ethics Commission Filers) APR11 13 12:01PM	
4 Date 3/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHEAL WENDT 6 Contributor address; City; State; Zip Code 10 GOODWIN DR. EL PASO, TX 79902	7 Amount of contribution (\$) 363.44	8 In-kind contribution description (if applicable) LASER PRINTER CARTRIDGES (\$113.44) <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIDS FIRST-REFORM EPISD Now! Contributor address; City; State; Zip Code 701 N. ST. VRAIN EL PASO, TX 79902	Amount of contribution (\$) 3,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELECTRIC UNITED INT'L, LLC Contributor address; City; State; Zip Code 7134 N. LOOP EL PASO, TX 79915	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIE RIVAS-LOPEL Contributor address; City; State; Zip Code 4085 RIVER PARK PLACE EL PASO, TX 79932	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <small>(If travel outside of Texas, complete Schedule T)</small>
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME OMAR VILLA		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ APR11 13 12:01PM
5 Date of loan 2/27/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) OMAR VILLA	9 Loan Amount (\$) 100.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1420 CAMINO ALTO EL PASO, TX 79902	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/19/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) OMAR VILLA	Loan Amount (\$) 322.59
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 1420 CAMINO ALTO EL PASO, TX 79902	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 5	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	----------------------------------------

4 Date 3/4/13	5 Payee name PAYPAL
-------------------------	-------------------------------

6 Amount (\$) 1.75	7 Payee address; City; State; Zip Code 2211 N. FIRST SAN JOSE, CA 95131
------------------------------	---------------------------------------------------------------------------------------

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) TRANSACTION FEE FOR DONATION
--------------------------	---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 3/5/13	Payee name COUNTY OF EL PASO - ELECTIONS DEPT
-----------------------	---------------------------------------------------------

Amount (\$) \$5.00	Payee address; City; State; Zip Code 500 E. SAN ANTONIO EL PASO, TX 79901
------------------------------	-----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POLLING EXPENSE	Description (If travel outside of Texas, complete Schedule T) VOTER LIST - EPISD DIST#1
------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

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

Date 3/7/13	Payee name PAYPAL
-----------------------	-----------------------------

Amount (\$) 3.20	Payee address; City; State; Zip Code 2211 N. FIRST SAN JOSE, CA 95131
----------------------------	-------------------------------------------------------------------------------------

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

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

Date 3/8/13	Payee name REGENCY PRINTING
-----------------------	---------------------------------------

Amount (\$)	Payee address; City; State; Zip Code 2313 N. PIEDRAS EL PASO, TX 79930
-------------	--------------------------------------------------------------------------------------

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

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

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: 5	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers) APR11 13 12:01PM
---------------------------------------	-----------------------------------	-------------------------------------------------------------------

4 Date 3/14/13	5 Payee name OFFICE DEPOT
--------------------------	-------------------------------------

6 Amount (\$) 94.32	7 Payee address; City; State; Zip Code 1111 GERONIMO EL PASO, TX 79925
-------------------------------	--------------------------------------------------------------------------------------

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

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

Date 3/21/13	Payee name COSTCO
------------------------	-----------------------------

Amount (\$) 45.75	Payee address; City; State; Zip Code 6101 GATEWAY WEST EL PASO, TX 79925
-----------------------------	----------------------------------------------------------------------------------------

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

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

Date 3/25/13	Payee name FACEBOOK
------------------------	-------------------------------

Amount (\$) 13.40	Payee address; City; State; Zip Code DEPT. 415 PO BOX 10005 PALO ALTO, CA 94303
-----------------------------	---------------------------------------------------------------------------------------------------

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

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

Date 3/26/13	Payee name PAYPAL
------------------------	-----------------------------

Amount (\$) 1.17	Payee address; City; State; Zip Code 2211 N. FIRST SAN JOSE, CA 95131
----------------------------	-------------------------------------------------------------------------------------

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

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

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: 5	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	----------------------------------------

4 Date 3/29/13	5 Payee name FAST SIGNS
--------------------------	-----------------------------------

6 Amount (\$) 57.37	7 Payee address; City; State; Zip Code 4224 N. MESA STE F EL PASO, TX 79902	APR 11 13 12:01PM
-------------------------------	-------------------------------------------------------------------------------------------	-------------------

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

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

Date 3/29/13	Payee name KMART
------------------------	----------------------------

Amount (\$) 33.40	Payee address; City; State; Zip Code 655 SUNLAND PARK EL PASO, TX 79912
-----------------------------	---------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) CANDY/SUPPLIES - CAMPAIGN EVENT 3/30
------------------------	--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

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

Date 3/29/13	Payee name KRISPY KREME
------------------------	-----------------------------------

Amount (\$) 32.96	Payee address; City; State; Zip Code 7640 N. MESA EL PASO, TX 79912
-----------------------------	-----------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) DOUGHNUTS / CAMPAIGN EVENT 3/30 - MISSION HILLS PE
------------------------	--------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

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

Date 3/7/13	Payee name VERIZON
-----------------------	------------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code 1 VERIZON WAY BASKING RIDGE, NJ 07920
-----------------------------	------------------------------------------------------------------------------------------

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

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

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: 5	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	----------------------------------------

4 Date 3/29/13	5 Payee name INTERNATIONAL BANK	APR 11 13 12:01PM
--------------------------	-------------------------------------------	-------------------

6 Amount (\$) 14.00	7 Payee address; City; State; Zip Code 1801 S. 2ND - P.O. Box 1700 MCALLEN, TX 78505
-------------------------------	----------------------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description (If travel outside of Texas, complete Schedule T) MONTHLY BANK SVC. CHARGE
--------------------------	-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

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

Date 3/30/13	Payee name STARBUCKS
------------------------	--------------------------------

Amount (\$) 56.07	Payee address; City; State; Zip Code 2300 N. MESA EL PASO, TX 79902
-----------------------------	-----------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) COFFEE / CAMPAIGN EVENT 3/30 - MISS. HILLS PARK
------------------------	---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

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

Date 3/3/13	Payee name INTUIT
-----------------------	-----------------------------

Amount (\$) 21.96	Payee address; City; State; Zip Code 305 WALNUT, SUITE 300 REDWOOD CITY, CA 94043
-----------------------------	-------------------------------------------------------------------------------------------------

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

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

Date 4/1/13	Payee name FACEBOOK
-----------------------	-------------------------------

Amount (\$) 6.08	Payee address; City; State; Zip Code DEPT. 415 PO BOX 10005 PALO ALTO, CA 94303
----------------------------	---------------------------------------------------------------------------------------------------

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

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

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: 5	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	----------------------------------------

4 Date 4/1/13	5 Payee name OMAR VILLA
-------------------------	-----------------------------------

6 Amount (\$) 422.59	7 Payee address; City; State; Zip Code 1420 CAMINO ALTO EL PASO, TX 79902
--------------------------------	-----------------------------------------------------------------------------------------

APR 11 13 12:01PM

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

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

Amount (\$)	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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

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

Amount (\$)	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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

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

Amount (\$)	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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

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 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: 1	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	-----------------------------------	----------------------------------------

4 Date 3/19/13	5 Payee name REGENCY PRINTING
--------------------------	-----------------------------------------

6 Amount (\$) 322.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2313 N. PIEDRAS EL PASO, TX 79930
------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

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) PUSH CARDS/DOORHANGERS
--------------------------	---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED