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

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

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			F ACCOUNT # /Ethics Commission Filan	
			15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAJENCIES HAVE BEEN MADE WITHOUT THE CANDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE  X GENERAL	Campaign Treasurer  Committee address		
	SPECIFIC	4625 Round Rock Dr. El Paso, TX 79		
		COMMITTEE CAMPAIGN TREASURER NAME	APRII 13 4:4	
additional pages		Wilfred R. Garza		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		4625 Round Rock Dr. El Paso, TX 79	9924-1012	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ .00	
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 850.00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEN	MIZED \$208.70	
	4. TOTAL POLITICAL EXPENDITURES		\$208.70	
CONTRIBUTION BALANCE	5. TOTAL I	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$741.30	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 AY OF THE REPORTING PERIOD	THE \$ 00.00	
18 AFFIDAVIT				
			perjury, that the accompanying report	
HOTARY PURICO	MARY C CAB	me under Iffle 15 Election Code	information required to be reported by	
	My Commission			

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said 108 F.

by the said  $\frac{1681 + Barrios}{1000}$ , this the , 20  $\frac{13}{1000}$ , to certify which, witness my hand and seal of office.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The			4 Total C-1	edule A.
	Instruction Guide explains how to complete this	form.	1 Total pages Sch	eaule A:
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
Joel F.	Barrios			·
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
22/27/2012	Russell Wiggs		contribution (\$)	description (if applicable)
03/27/2013	6 Contributor address; City; State; Zip Code	. <b></b>	\$100.00	
	9477-B Dyer El Paso, TX 79924			
	21.7 2 2 you 111 100, 111 7 7 7 2	1 0107		APR11 13
9 Principal occ	pation / Job title (See Instructions)	40 5 1 10		of Texas, complete Schedule T)
• Fincipal occi	padon 7 Job due (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_	)	Amount of	In-kind contribution
	Mounce, Green, Myers, Safi, Paxs	on & Galatzar	contribution (\$)	description (if applicable)
03/28/2013	Contributor address; City; State; Zip Code	VII & Gaiatzai	·  .	
	100 N. Stanton, Suite 1000	\$500.00	1 	
	, ,			 
	El Paso, TX 79901-1	463	(If travel outside	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
2/04/2012	Wilfred R. Garza		contribution (\$)	description (if applicable)
03/04/2013	Contributor address; City; State; Zip Code		\$250.00	! 
	Tributation desired only, care, zip code		Ψ250.00	1
	4625 Round Rock Dr. El Paso, TX	79924_10112		
	4625 Round Rock Dr. El Paso, TX	79924-10112		.*  -
D				    of Texas, complete Schedule T)
Principal occu	4625 Round Rock Dr. El Paso, TX	79924-10112  Employer (See		   of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)		Instructions)	
***	upation / Job title (See Instructions)			of Texas, complete Schedule T)  In-kind contribution description (if applicable)
	upation / Job title (See Instructions)		Amount of contribution (\$)	In-kind contribution
	pation / Job title (See Instructions)  Full name of contributor		Amount of	In-kind contribution
	pation / Job title (See Instructions)  Full name of contributor		Amount of contribution (\$)	In-kind contribution
Date	pation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  N/A	In-kind contribution
Date	pation / Job title (See Instructions)  Full name of contributor		Amount of contribution (\$)  N/A	In-kind contribution description (if applicable)
Date Principal occu	Full name of contributor  uut-of-state PAC (ID#_ Contributor address; City; State; Zip Code	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside Instructions)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Date	pation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside	In-kind contribution description (if applicable)
Date Principal occu	Papation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  In-kind contribution
Date Principal occu	Full name of contributor  uut-of-state PAC (ID#_ Contributor address; City; State; Zip Code	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside Instructions)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  In-kind contribution
Date Principal occu	Papation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  In-kind contribution
Date Principal occu	Papation / Job title (See Instructions)  Full name of contributor	Employer (See	Amount of contribution (\$)  N/A  (If-travel outside Instructions)  Amount of contribution (\$)  N/A	In-kind contribution description (if applicable)  of Texas, complete Schedule T)  In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

N/A

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

City; State; Zip Code

Pledgor address;

Principal occupation / Job title (See Instructions)

) (TDD 1-800-735-2989)
SCHEDULE E
ages Schedule E:
UNT # (Ethics Commission Filers)
\$ N/A APRIL 13
9 Loan Amount (\$)
10 Interest rate
11 Maturity date
d into political account
19 Amount Guaranteed (\$)
N/A
Loan Amount (\$)
N/A Interest rate
interestrate
Maturity date
1
d into political account
Amount Guaranteed (\$)
N/A
1

### **POLITICAL EXPENDITURES**

P.O. Box 12070

### SCHEDULE F

					·····	_
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist Office Overhead/R	ntract Labor ising Expense	Loan Repayme Transportation I Contributions/D Candidate/O	nt/Reimbursement Equipment & Related Expense lonations Made By Officeholder/Political Committee a category not listed above)	
	The Instruction Guid		•	•	a category flot listed above)	1
1 Total pages Schedule F:	2 FILER NAME	- anpitation to	- Indiana		JNT # (Ethics Commission Filers)	-
- remi pages concusto	JOEL F. BARRIOS			<b>3</b> A0000	SIVE # (Ethics Commission Fliers)	
4 Date	5 Payee name		***	<u> </u>	<del>,</del>	
03/11/2013	PRINT-IT					
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			A.T. T. 1 - 1 - 1	, , , , ,
\$129.90	3239 N. ZARAGOZA,	STE. B. EL	PASO, TX	79938	APRII 13	3  4:41
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)	1
OF EXPENDITURE	Printing Expense		Political	Signs		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e ·	Office sough		Office held	
Date	Payee name		**************************************			=
03/20/2013	WESTSTAR BANK					
Amount (\$)		state; Zip Code		***************************************		
\$78.03	P.O. BOX 99100 EL 1	PASO, TX 79	9999-9100			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)	
OF EXPENDITURE	CHK Order Harland Cl	larke	check/sta	mp/depos	sit slips	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	9	Office sough	nt	Office held	
Date	Payee name					=
	N/A					
Amount (\$)	Payee address; City; S	tate; Zip Code			/	_
N/A						
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)	_
OF EXPENDITURE		.K			•	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	J A	Office sough	ht	Office held	-
Date	Payee name			***************************************	**************************************	=
	N/A					
Amount (\$)		State; Zip Code				$\dashv$
N/A						
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	op of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/		е	Office sough	ht	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 Accounting/Banking Legal Services

Consulting Expense Food/Beverage Expense Solicitation/Fundraising Expense

Travel In District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	JOEL F. BARRIOS	
4 Date	5 Payee name	
03/15/2012	GO DADDY .COM	######################################
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.17	14455 North Hayden Road Suite 219	
Reimbursement from political contributions intended	Scottsdale. AZ. 85260	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	OTHER	Internet Domain Name
Date	Payee name	
02/27/2013	Postal Annex #2021	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.00	10710 Gateway North Ste-B5	
Reimbursement from political contributions intended	El Paso, TX 79924	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Legal Services	Notary
Date	Payee name	
03/16/2013	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.63 Reimbursement from	4530 Woodrow Bean	
political contributions intended	El Paso, TX 79924	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expenses	Printing paper/Ink
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	AA	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
		explains how to complete this f	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	JOEL F. BARRIOS		HPRII 13
4 Date	5 Business name		****
0 A	- D : 11 O'' O'		
<b>6</b> Amount (\$)	7 Business address; City; Sta	ate; Zip Code	
N/A	N/A		
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE	·		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sou	ght Office held
expenditure to benefit C	<b>ОН</b>		j
Doto	Pusing a parameter		
Date	Business name		
Amount (\$)	Prosinger address City City	1. 7. 0.1.	-/
Amount (\$)	Business address; City; Sta	ate; Zip Code	
75.T / A	N/A		
N/A	IN/A		
PURPOSE	Category (See categories listed at the top	of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C		Office sou	ght Office held
		<del></del>	
Date	Business name	V	
Amount (\$)	Business address; City; Sta	ate; Zip Code	
N/A	) NI/A		
1 <b>V</b> /A	N/A		
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF		·	,
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C		Office sou	ight Office held
Date	Business name		
Amount (\$)	Business address; City; St	ate; Zip Code	
27/4			
N/A	N/A		
PURPOSE	Category (See categories listed at the to	n of this schedule) Description	On (If travel quitide of Texas, complete Schodule T)
/ OF	Caregory (See Caregories listed at the to	por una soriedura) Descriptio	on (If travel outside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct		Office sou	ight Office held
/ expenditure to benefit C			

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense

**Printing Expense** 

Solicitation/Fundraising Expense Travel In District

Salaries/Wages/Contract Labor

Travel Out Of District

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

Fees Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule I: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) JOEL F. BARRIOS 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code APR11 13 4:42PM N/A N/A (a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.) 8 **PURPOSE EXPENDITURE** Date Pavee name Amount (\$) Payee address; City; State; Zip Code N/A N/A Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) **PURPOSE** OF **EXPENDITURE** Date Pavee name Amount (\$) Payee address; City:/ State; Zip Code N/A N/A Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) **PURPOSE** OF **EXPENDITURE** Date Payee name Amount (\$) City; State; Zip Code Payee address; N/A N/A Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) PURPOSE EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Т	The Instruction Guide explains how to complete this form.			
FILER NAM	1E	3 ACCOUNT# (E	thics Commission Filers)	
JOEL	F.BARRIOS			
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 Co.	de	N/A	
	7 Purpose for which amount is received		APR11 13	
Date	Name of person from whom amount is received		Amount (\$)	
N/A	Address of person from whom amount is received; City; State; Zip Co	de	N/A	
Date	Purpose for which amount is received  Name of person from whom amount is received		Amount	
			(\$)	
N/A	Address of person from whom amount is received; City; State; Zip Co	de	N/A	
	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 Co		N/A	
	Purpose for which amount is received	·		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:
2 FILER NAME JOE	L F. BAR	RIOS	3 ACCOUNT # (Ethics Commission Filers)
		r Labor Organization / Pledgor / Payee	
5 Contribution / Expend	diture reported	on:	
☐ Sc	hedule A	Schedule B Schedule C Sche	edule D Schedule F Schedule G
Sc	hedule H	Schedule N COH-UC COH	
6 Dates of travel	7 Name of	person(s) traveling	
N/A	8 Departure	e city or name of departure location	
	<b>6</b> Destination		
	Destination	on city or name of destination location	
10 Means of transporta	tion	11 Purpose of travel (including name of conference	ce, seminar, or other event)
Name of Contributor /	Corporation or	Labor Organization / Pledgor / Payee	
Contribution / Expendi	ture reported o	n:	√ <b>↑</b>
☐ So	hedule A	Schedule B Schedule C Sche	edule D Schedule F Schedule G
☐ Sc	hedule H	Schedule N COH-UC COH	H-T PAC-C PAC-E
Dates of travel	Name of pe	erson(s) traveling	
N/A	Departure o	eity or name of departure location	
N/A	Departure o	city or name of departure location	
N/A		city or name of departure location	
	Destination	city or name of destination location	
N/A  Means of transportation	Destination		s, seminar, or other event)
Means of transportatio	Destination	city or name of destination location	s, seminar, or other event)
Means of transportation  Name of Contributor /	Destination on Corporation or	city or name of destination location  Purpose of travel (including name of conference,	e, seminar, or other event)
Means of transportation  Name of Contributor /  Contribution / Expend	Destination  Corporation or	city or name of destination location  Purpose of travel (including name of conference,  Labor Organization / Pledgor / Payee	· · · · · · · · · · · · · · · · · · ·
Means of transportation  Name of Contributor /  Contribution / Expend	Destination Corporation or	city or name of destination location  Purpose of travel (including name of conference,  Labor Organization / Pledgor / Payee  On:  Schedule B Schedule C Sche	nedule D
Means of transportation  Name of Contributor /  Contribution / Expend	Destination  Corporation or  Chedule A	City or name of destination location  Purpose of travel (including name of conference, relation / Pledgor / Payee  Day  Schedule B Schedule C Schedule C COH-UC COH-	nedule D
Means of transportation  Name of Contributor /  Contribution / Expend	Destination  Corporation or  Chedule A	city or name of destination location  Purpose of travel (including name of conference,  Labor Organization / Pledgor / Payee  On:  Schedule B Schedule C Sche	nedule D
Means of transportation  Name of Contributor /  Contribution / Expend	Destination  Corporation or  liture reported or  chedule A  Name of pe	City or name of destination location  Purpose of travel (including name of conference, relation / Pledgor / Payee  Day  Schedule B Schedule C Schedule C COH-UC COH-	nedule D
Means of transportation  Name of Contributor  Contribution / Expend  So  Dates of travel	Destination  Corporation or  Chedule A  Chedule H  Name of pe	City or name of destination location  Purpose of travel (including name of conference, relation / Pledgor / Payee  Din:  Schedule B Schedule C Schedule C Schedule N COH-UC COHerson(s) traveling	nedule D Schedule F Schedule G
Means of transportation  Name of Contributor  Contribution / Expend  So  Dates of travel	Destination  Corporation or  Iture reported or  Chedule A  Chedule H  Name of periods  Departure of	city or name of destination location  Purpose of travel (including name of conference, relation / Pledgor / Payee  Con:  Schedule B Schedule C Schedule C COHerson(s) traveling  city or name of departure location	nedule D Schedule F Schedule G

Austin, Texas 78711-2070

# **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

(TDD 1-800-735-2989)

				=
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Etnics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  HS. ROCTO  NICKNAME  REMEDICTO	E suffix	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/	ADDRESS / PO BOX; APT/SLITE#; CITY;  152 New Dream:  AREA CODE PHONE NUMBER	STATE ZIP CODE 19912 SELPASOTX EXTENSION	April 13. 3013 £ Disteriand-delivered of Postmarked  Receipt # Amount	213 1:56PM
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	(915) 329 838 8 MS/MRS/MR Suzanna	MI	Date Processed  Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	aupprix City; atate;	ZIP CODE	
TREASURER ADDRESS (residence or business)	730 Wellesley E	1 Paso TX	79902	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 373_ 231	EXTENSION		
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 [imit	15th day after campaign treasurer appointment (officenoider only) Final report (Atlach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Morati Day		
11 ELECTION	Month ELECTION DATE BLECTION TYPE  Month Day Year Primary  C5/11/2013	Punoff Q	deneral Special	
12 OFFICE	OFFICEHELD (I SITY)  D (Strict 1  + 0.00 P T 1	13 OFFICE SOUGHT (ITKNOWN)  DISTRICT  TO OR		
	EPISD Board Trustee	I EY DU Da	and Trustee	
	GO TO PAG	<b>E</b> 2		·

1:56PM

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

14 C/OH-NAME LOCIO	F. Ber	redicto	15 ACCOUNT# (Ethica Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAN HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE GANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COM MITTEE NAME	APRI2 1		
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,60000		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TO TAL	POLITICAL EXPENDITURES	\$ 907.09		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTS TANDING LOANS AS OF T LY OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
	RETA B. DURA NOTARY PUBLIC and for the State of Tex	Is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
	My commission expire 08-13-2016				
}		Signature of Cano	didate or Officeholder		
AFFIX NOTARY STAM		ne, by the said Rocio Benedi	ich this the		
Sworn to and subs	of Apmil	ne, by the said, to certify which, witness n			
James De	<u>.                                    </u>	GretzB. Quan	notary public		
Śignature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

### SCHEDULE A

13 1:56PM

The	Instruction Guide explains how to complete this	1 Total pages Sch	nedule A:	
2 FILER NAME			3 ACCOUNT# (E	Sthics Commission Filers)
Karin	E benedicto			FIPR12
4 Date	6 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
111	American tederation of	Teachers	contribution (\$)	description (if applicable)
100 13	6 Contributor address; City; State; Zip Code		\$3,000	-
1,0		_		
	4024 Trowbridge El Paso,	17 20903	(if travel outside	of Texas, complete Schedule T)
9 Principal occu	elnoitaurtenl ee®) elit doL \ noiteq	10 Employer (See	lnetructions)	
				1.1
Date	Full name of contributor Out-of-state PAC (IDit.	0 = = = ( = 0 )	Amount of contribution (\$)	In-kind contribution   description (if applicable)
111 .	Mounce Green Myers 30th Contributor address; City; State; Zip Code	taxson401010	an	! 
4/03/12	1	`	2 - 00	 
פון	100 N. Stanton El Paso, T	51 20000	à500°°	1
	100 N. Stanton Eliaso,	12 19999	(if travel outside o	 of Texas, complete Schedule T)
Λ ('. )	pation (Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	David Dodge	•	contribution (\$)	description (if applicable)
4/ 1	Contributor address; City; State; Zip Code		11. 50	
7/02/12			\$1000	
1 113	6531 Brein Dr. El Paso			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		
	ineer			
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
			walling action (a)	The state of the s
	Contributor address; City; State; Zip Code			
			Af travel outside o	of Texas, complete Schedule_T)
Principal occup	pation / Job title (See Instructions)	Employer (See )		
Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
				man drawn /n whitemann)
	Contributor address; City; State; Zip Code	, . , . , . , ,		
			,	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		THE PARTY OF THE P
	ATTACH ADDITIONAL COPIES O			no guilnom o mán
if q	ontributor is out-of-state PAC, please see instr	uction guide forado	utional reporting	tedritametter

13 1:56PM

Texas Ethics C	Commission P.O. Box 12070 Austin, Texa	(as 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
PLED	GED CONTRIBUTIONS			SCHEDULE B
1	The Instruction Guide explains how to complete this	form.	1 Total pages Sched	aule B: APR1:
2 FILER NAM	AE		3 ACCOUNT# (Ethi	cs Commission Filers)
4 TC	OTAL OF UNITEMIZED PLEDGES:	Maximus 2 24464 2000000000000000000000000000000		\$
6 Date	6 Full name of pledgorout-of-state PAC (IDir		8 Amount of pledge (\$)	In-kind description (if applicable)
			<del> </del>	Texas, complete Schedule T)
10 Principal oc	ccupation / Job title (See Instructions)	11 Employer (See I	instructions)	
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	ln-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions)	Employer (See i	netructione)	
Date	Full name of pledgor out-of-state PAC(ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
-	Pledgor address; City; State; Zip Code			- About 5
Principal or	ccupation / Job title (See Instructions)	Employer (See I		Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC(ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
ı	Pledgor address; City; State; Zip Code			
				Texas, complete Schedule T)
Principal oc	ccupation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of pledgor	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of '	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL COPIES OF	E TUIS SCHEDUI F		
	VI IVCU VDDI II GIVVE GOLIES O	L MIND ACTIVISATE	*UA NEESES	

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

13 1:56PM

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	iges Schedule E:
2 FILER NAME			3 ACCOU	NT# (Ethica Commission Filers) APR12
4 TOTA	L 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?	8 Lender address; City; State;	Zip Code	,	10 Interest rate
Y N				11 Maturity date
12 Principal occupati	l. on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	16 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; 6	State; Zip Code	5 4 7 1	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	<del>Liter and A</del>	
Date of loan	Name of lender	] out-of-state PAC (ID#:	)	Loan Amount (\$)
is lender a financial institution?	Lender address; City; State; 2			Interest rate
Y N				Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	<u></u> [	
Description of Colls	steral	Check if personal funds were o	leposited i	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; 5	State; Zip Code	, , , ,	
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
if lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEED uction guide for additional repo		uirements.

(512) 463-5800

### POLITICAL EXPENDITURES

# SCHEDULE F

1:56PM

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule F:	Gifu/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District Travel Out Of District Office Overhead/Rental Expense explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 Date	Kocio E. Kene 5 Payee name	dicto	
4/5/13	Hoover Signs 7 Payee address; Sts	ate; Zip Code	
6 Amount (\$)	r rayee address, Cay, Se	ne, zip code	
\$38400	3500 N. Mesa	Elfaso,TX	79907
8 PURPOSE OF	(a) Category (See categories listed at the top		n (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Gandidate / Office helder name	pense Jun	ns tor Law M
9 Complete ONLY If direct expenditure to benefit C/C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BARIST	
Date 4 8 1 3	Payee name Candid	late COM/Dale	y Professional Services, I
Amount (\$)	Payee address; City; St	ate, zip Gode	
\$173.95	P.O.Box 402, N	lontamery, N'	12549
PURPOSE OF	Category (See categories listed at the top	Of this schedule) Description	n (if travel outside of Texas, complete Schedule T)
EXPENDITURE	Havertismy Dx	pense Wer	os ite designa Naintenan e
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officehol <del>d≰</del> r name H	Office soug	tht Office held
4 a 13	Payee name Vista Print		
Amount (\$)	Payee address; City; Sts	ate; Zip Code	
\$349.14	Vista printicon		
PURPOSE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		nse Irshi	rts for Campaign
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office soug	ht Office <del>hà</del> ld
Date	Payee name		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		) (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office soug	ht Office held
700	ATTACH ADDITIONAL C	opies of this schedule as	NEEDED

13 1:56PM

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

# SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Poiling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundral Travel in District Travel Out of Distr Office Overhead/R	ntract Labor sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethica Commission Filers)
4 Date	6 Payee name		and a state of the	APR12
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this achedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories liated at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	of this schedule)	Description	(if travel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this achedule)	Description	(Iftravel outside of Texas, complete Schedule T)
······································	ATTACH ADDITIONAL CO	PIES OF THIS SC	HEDULEASN	EEDED

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

SCHEDULE H

				J	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fundri Food/Beverage Expense Travel Out Of Dis Printing Expense Office Overhead/6  The Instruction Guide explains how to	ontract Labor Loar alsing Expense Tran Cont strict C Rental Expense OTH	n Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By sandidate/Officeholder/Political Committee ER (enter a category not listed above)		
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	1	
4 Date	§ Business name	•			
6 Amount (\$)	7 Business address; City; State; Zip Code		APRI2	13	1:57PM
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Iftrav	el outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 trave	al outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 (Iftrave	el outside of Texas, complete Schedule T)		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 scriedule)		ol outside of Texas, complete Scriedule T)		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED		

Austin, Texas 78711-2070

SCHEDULE !

(TDD 1-800-735-2989)

13 1:57PM

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Travel in District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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 # (Ethica Commission Filers)
4 Date	5 Payee name	APRI
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 achedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee addreas; 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 S	CHEDULE AS NEEDED

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

P.O. Box 12070

### SCHEDULE K

		1 Total pages Scho	edule K:	
2 FILER NAME	Instruction Guide explains how to complete this form.		thics 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		1 持行権	: <del>12</del> 13 1:57PM
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom smount is received; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,		i i
	Purpose for which amount is received			
Date	Name of person from whom amount is received	·····	Amount (\$)	
	Address of person from whom smount 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

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•		ł i					E	
-	L	м	~	u	u	L	<b>E</b>	- 6

The Instr	uction Guid	e explains how to	complete this for	m.	1 Total pages Schedule	· T:	
2 FILER NAME					3 ACCOUNT# (Ethics	Commission Filers)	
4 Name of Contributor	/ Corporation	or Labor Organizat	ion / Pledgor / Payes	÷			
5 Contribution / Expend	diture reporte	d on:					
	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
sc	hedule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E	
6 Dates of travel	7 Name	of person(s) travelin	g				
	& Departs	ure city or name of d	eparture location			A	PR12 13 1:57PM
	9 Destina	tion city or name of	destination location	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second s		<del>mico.</del>
10 Means of transportal	tion	11 Purpose of trav	vel (including name	of conference, se	minar, or other event)		
Name of Contributor /	Cornoration	or Labor Organizatio	n / Pladgor / Paves				TOTOLOGICA.
Name of Commontory	Corporation	or Euror Organizatio	ii / t iaagat / t kijaa				***************************************
Contribution / Expendit	ture reported	on:					
Sci	hedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G	
Sc	hedule H	Schedule N	COH-UC	COH-T	PAC-C	PAC-E	
Dates of travel	Name of	person(s) traveling					
	Departure	city or name of dep	arture location	•		<del> </del>	
	Destinatio	n city or name of de	atination location				
Meana oftransportation	n	Purpose of travel	(including name of	conference, semi	nar, or other event)		***************************************
Name of Contributor /	Corporation of	ı or Labor Organizatio	n / Pledgor / Payee				
Contribution / Expendi	ture reported	on:				_	
Sch	nedule A	Schedule B	Schedule C	Schedule		Schedule G	
Sct	nedule H	Schedule N	COH-UC	COH-T	PAC-C	PAC-E	-
Dates of travel	Name of p	person(s) traveling					
	Departure	city or name of depa	arture location				
	Destination	n city or name of des	atination location				
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	~	A TRANSPORTED PROPERTY.	· · · · · · · · · · · · · · · · · · ·		37 1 1 COM		

CANDIDATE / OFFICEHOLDER REPORT:

Austin, Texas 78711-2070

# FORM C/OH - FR

(TDD 1-800-735-2989)

**DESIGNATION OF FINAL REPORT** 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. Lunderstand that designating a 1:57PM report as a final constitution of political expenditures in connection with my candidacy. Lunderstand 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 FILER WHO IS NOTAN OFFICEHOLDER \*\* Complete A & B below only if you are not an officeholder. \*\* **CAMPAIGN FUNDS** A. 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. В. **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

Revised 09/28/2011

www.ethics.state.tx.us

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

	& IOIAL		COVER SHEET PG 2
14 C/OH NAME	Hredo!	'Fred" Borrego 11	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	APR11 13 11
	SPECIFIC		
	* · · · · · · · · · · · · · · · · · · ·	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
	;		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s (\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS  THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2125.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	ZED \$
-	4. TOTAL	POLITICAL EXPENDITURES	\$ 265,21
CONTRIBUTION BALANCE	5. TOTAL F OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	
OUTSTANDING LOAN TOTALS	6. TOTAL I	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT			
	ALEJANDR MY COMMISSIC DECEMBER	is true and correct and includes all in me under Title 15, Election Code.  ON EXPIRES  18, 2013	perjury, that the accompanying report information required to be reported by
	scribed before	me, by the said Alfredo Soweg i	this the
	,	A Ric>	No try Pible-
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A	P. F.
2 FILER NAME	Alfredo "Fred" Bo	meg0	3 ACCOUNT # (Ethics Co	mmission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#:			n-kind contribution cription (if applicable)
32012	6 Contributor address; City; State; Zip Code HUS Bonds EIT	Paso, TX 79903	50.00	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	(If travel outside of Texas, nstructions)	complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:_	)		n-kind contribution ription (if applicable)
03-20-13	JOE ROSALES  Contributor address; City; State; Zip Code  8528 Minecla El	PASO, TX 79925	200.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside of Texas, nstructions)	complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:			n-kind contribution ription (if applicable)
	4006 Clifton El	PASO, TX	(If travel outside of Tours	complete Cabadala Ti
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of Texas, astructions)	complete Schedule 1)
<sub>Date</sub> 63-20-13	Full name of contributor   out-of-state PAC(ID#:_  SONNY DUYAN  Contributor address; City; State; Zip Code	Paso, TX		-kind contribution ription (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of Texas, structions)	complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#			-kind contribution ription (if applicable)
マスーノ ヤーづ	Contributor address; City; State: Zip Code	1	( Y )	
03-20-13		PASO, TX 79902	(If travel outside of Texas,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

		e .	i		
The	Instruction Guide explains how to complete this	s form.	1 Total page	s Schedule A:	APR11 15
2 FILER NAME	Alfredo "Fred" Bo	0660	3 ACCOUNT	# (Ethics Commission File	ers)
4 Date 0320-13	5 Full name of contributor out-of-state PAC (ID#_  Pass Ales Law Firm  6 Contributor address; City; State: Zip Code		7 Amount of contribution		
	6 Contributor address; City; State; Zip Code	PASO, TX 79902	250	0	
Principal occup	I pation / Job title (See Instructions)	10 Employer (See		tside of Texas, complete Sch	hedule T)
Date	Full name of contributor Unit-of-state PAC(ID#:_		Amount of contribution		
13-13	Contributor address; City; State; Zip Code 1183 Upper Camyon Pic	E1920, TX 79912	150,		
Principal occur	pation / Job title (See Instructions)	Employer (See	(If travel out	side of Texas, complete Sch	nedule T)
Pate	Full name of contributor		Amount of contribution		
	Contributor address; City; State; Zip Code		:		-
Ì					
Principal occup	pation / Job title (See Instructions)	Employer (See	(If travel out	side of Texas, complete Sch	nedule T)
Principal occup	pation / Job title (See Instructions)  Full name of contributor	Employer (See	Instructions) Amount of	In-kind contril	bution
		Employer (See	Instructions)	In-kind contril	bution
Date	Full name of contributor out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code	Employer (See	Amount of contribution	In-kind contri (\$) description (if ap	bution pplicable)
Date	Full name of contributor out-of-state PAC (ID#:	Employer (See	Amount of contribution	In-kind contril	bution pplicable)
Date	Full name of contributor out-of-state PAC (ID#:_Contributor address; City; State; Zip Code contributor / Job title (See Instructions)		Amount of contribution	In-kind contril (\$) description (if ap	bution oplicable) sedule T)
Date Principal occup	Full name of contributor  Out-of-state PAC (ID#:		Amount of contribution  (If travel out	In-kind contril (\$) description (if ap	bution oplicable) sedule T)

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

www.ethics.state.tx.us

Revised 09/28/2011

# **POLITICAL EXPENDITURES**

# SCHEDULE F

				i
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Of Printing Expense Office Ov	Wages/Contract Labor Loan/Fundraising Expense Tra District Control of District Ut Of District Verhead/Rental Expense OT	n Repayment/Reimbursement nsportation Equipment & Related Expense ttributions/Donations Made By Candidate/Officeholder/Political Committee	1 13 11:
1 Total pageş Schedule F:	The Instruction Guide explains  2 FILER NAME	now to complete this form.	2 4000197 # (5)	
1	Alfredo Fred	Borrego	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03-20-203	5 Payee name 5 Points Is	01218		
3 65. 21	7 Payee address; City; State; Zip (	El Paso, TX	799	
8 PURPOSE OF	(a) Category (See categories listed at the top of this sched	-	vel outside of Texas, complete Schedule T)	
EXPENDITURE	Event Expense	tund	raiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name  Alfredo" Fred" Borrego	Office sought EPISD Trustee	Office held  SAME	
Pate	Payee name			
Amount (\$)	Payee address; City; State; Zip (	Code		
PURPOSE	Category (See categories listed at the top of this sched	dule) Description (If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip (	Code		
PURPOSE OF	Category (See categories listed at the top of this sched	due) Description (If tr	vel outside of Texas, complete Schedule T)	
EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 sched	Description (If tr	evel outside of Texas, complete Sechedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

# **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 SUSANNAN	MI	OFFICE USE ONLY  Date Received	
	NORMAME SICE BYV	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	April 10 2013 g	13 4:01Ph <u>C</u>
ADDRESS  change of address	El Paso, Texa	W 79930	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (915) 204 - 9513	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR SUSANNA	М	Date Imaged	
NAME	(Subje) Poyrd	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#;	CITY: STATE: Xas 799.	ZIPCODE	
	E1 7080, (E)	1911	<i></i>	_
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 204-9813	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment	
	July 15 8th day before election	Exceeded \$500 limit	(officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	/ <del>20</del> 13	
11 ELECTION	ELECTION DATE  Month  Day  Year  Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (IF any) City Council Rep, District 2	13 OFFICE SOUGHT (if known)	Tostee, strict 3	
GO TO PAGE 2				
				1

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME	nsie	Byrd		15 ACCOL	JNT # (Ethics Commission Filers)	=
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. <i>THESE EXPENDIT</i>	TIONS ACCEPTED OR POLITICAL EXPENDITURE FURES MAY HAVE BEEN MADE WITHOUT THE E REQUIRED TO REPORT THIS INFORMATION O	E CANDIDATE'S OR	OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME			APR:	- 10 13 4:01P)
	GENERAL	COMMITTEE ADDRESS	· .			_
	SPECIFIC					
additional pages		COMMITTEE CAMPAIGN	N TREASURER NAME			-
		COMMITTEE CAMPAIG	N TREASURER ADDRESS			_
17 CONTRIBUTION TOTALS			UTIONS OF \$50 OR LESS (OTHER RANTEES OF LOANS), UNLESS ITE		\$	-
	1	POLITICAL CONT	RIBUTIONS ANS, OR GUARANTEES OF LOANS	S)	\$ 7,61500	7
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDIT	URES OF \$100 OR LESS, UNLESS		\$	1
	4. TOTAL	POLITICAL EXPEN	NDITURES		\$3,028	
CONTRIBUTION BALANCE		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.			7		
18 AFFIDAVIT			l swear, or affirm, under pena	alty of periury, t	hat the accompanying report	
	ANA L. QUIJ NOTARY PUBL In and for the State My commission e 06-10-201	IC of Texas expires	is true and correct and includ me under Title 15, Election C	les all information	on required to be reported by	U
AFFIX NOTARY STAN		me by the said	Susaprah	Byex	this the	
1 124	of Ospil		, to certify which, witne	ess my hand	, this the	
Signature of officer adm	ninistering oath	Printed name	e of officer administering oath	Title	of officer administering oath	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

APR10 13 4:01

	0,0		AP:		
The Instruction Guide explains how to c	omplete this form.	1 Total pages Sch	edule A: 9		
2 FILER NAME SUSIE PAY	d	3 ACCOUNT # (E	thics Commission Filers)		
4 Date 5 Full name of contributor out-of-	state PAC (ID#:)  Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9 Principal occupation / Job title (See Instructions)	10 Employer (See	<del></del>	or rexas, complete ochequie 1)		
	f-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)		
	if-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See	1	of Texas, complete Schedule T)		
	e; 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)			
	e; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occupation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

APRIG 13 4:01PM

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.

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 Buckinghom, El Paso, TX 79902

Amount of Contribution: \$50

Principal Occupation/Job Title: Bookkeeper

Employer: Self Employed

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

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 Raynolds, El Paso, TX 79903

Amount of Contribution: \$25

Principal Occupation/Job Title: Adjunct Faculty

**Employer: EPCC** 

2

APRI0 13 4:02PM

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

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** 

APRI0 13 4:02PM

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

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

APRIO 13 4:02PM

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

APRIØ 13 4:02PM

Amount of Contribution: \$200

Principal Occupation/Job Title: CEO

Employer: LaserTech

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

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** 

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

APR10 13 4:02PM

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

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

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

APRIO 13 4:02Ph

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In Description Polling Expense Office Over	/ages/Contract Labor n/Fundraising Expense District t Of District erhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com OTHER (enter a category not listed abo	nmittee
1 Total pages Schedule F:	The Instruction Guide explains h	now to complete this is	3 ACCOUNT # (Ethics Commission	n Filers)
4 Date	5 Payee name	o atac	thed	
6 Amount (\$)	7 Payee address; City; State: Zip-Ci	ode		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedu	(b) Description	n (If travel outside of Texas, complete Schedule T)	HFR 0 13 4:02P
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	ule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ght Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	ule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sou	ght Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip C	code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	ule) Descriptio	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C		Office sou	ght Office held	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE A	S 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

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

1

APRI0 13 4:02PM

## 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

APR10 13 4:02P

1:33PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH

	TEPOR!	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.  1 ACCOUNT (Ethics Commiss	
CANDIDATE / OFFICEHOLDER NAME		Mi OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE-	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 757-2658	Receipt # Amount  Date Processed
CAMPAIGN TREASURER NAME	MS, DIANE	MI Date Imaged  A.  SUFFIX
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY:	STATE; ZIPCODE  79924
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 757-2658	
REPORT TYPE	January 15  30th day before election  Runoff  July 15  8th day before election  Exceeded \$ limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year Month 02/22/2013 THROUGH 04/	Day Year / 01 / 2013
ELECTION	Month Day Year ELECTIONTYPE Primary Runoff	General Special
OFFICE	OFFICE HELD (ifany) 13 OFFICE SOUG	SHT (ifknown)

### CANDIDATE/OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

)	OUNT # (Ethics Commission Filers)	15 AC	DYE	ANE M.	
1	TICAL COMMITTEES TO SUPPORT THE OR OFFICEHOLDER'S KNOWLEDGE OR	ICAL EXPENDITURES MADE BY PO ADE WITHOUT THE CANDIDATE'S IIS INFORMATION ONLY IF THEY REC	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR HOLDER. THESE EXPENDITURES MAY HAVE BE ES AND OFFICEHOLDERS ARE REQUIRED TO REPO	THIS BOX IS FOR NOT CANDIDATE / CONSENT. CANDIDAT	NOTICE FROM POLITICAL COMMITTEE(S)
-	COST EXPENDITURES.		COMMITTEE NAME	COMMITTEE TYPE	
1 13			COMMITTEE ADDRESS	GENERAL	
	111 142			SPECIFIC	
-			COMMITTEE CAMPAIGN TREASURER NAM	i	
		S	COMMITTEE CAMPAIGN TREASURER ADD		additional pages
			IOLITICAL CONTRIBUTION	1. TOTALE	CONTRIBUTION
	\$ 0.00	ESS (OTHER THAN , UNLESS ITEMIZED	OL!TICAL CONTRIBUTIONS OF \$50 ( S, LOANS, OR GUARANTEES OF LOA	PLEDGE	TOTALS
	\$ 0.00	ES OF LOANS)	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	2. TOTAL (OTHER	· · · · · · · · · · · · · · · · · · ·
	\$ 0.00	SS, UNLESS ITEMIZED	OLITICAL EXPENDITURES OF \$100 O	3. TOTAL P	EXPENDITURE FOTALS
	\$ 0.00		POLITICAL EXPENDITURES	4. TOTAL F	
	\$ 0.00	S OF THE LAST DAY	DLITICAL CONTRIBUTIONS MAINTAIN RTING PERIOD	5. TOTAL PO	CONTRIBUTION ALANCE
	\$ 0.00	LOANS AS OF THE	RINCIPAL AMOUNT OF ALL OUTSTAN OF THE REPORTING PERIOD	6. TOTAL PE	UTSTANDING DAN TOTALS
					FFIDAVIT
	hat the accompanying report on required to be reported by	t and includes all informati , Election Code.	is true and come under Tit	JESUS OLIVAS COMMISSION EXPI May 14, 2016	MY
	Officeholder	Signature of Candidate or		/SFALAROVE	AFFIX NOTARY STAMP
	, this the	M. Sye	1 4	cribed before m	vorn to and subsc
	and seal of office.	ch, witness my hand	, to certify	100	Tacus L

13 1:33PM

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

=					
_		Instruction Guide explains how to complete this	s form.	1 Total pages Sci	nedule A:
2	FILER NAME	DIANE M. DYE		3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributor  ut-of-state PAC(ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occur	notion / lab till (O		(If travel outside	। of Texas, complete Schedule ਜਿੱਤੇ ਨਿੱਧੀ
_		pation / Job title (See Instructions)	10 Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC(ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)		(If travel outside o	of Texas, complete Schedule T)
		and the last details)	Employer (See I	nstructions)	·
	Date	Full name of contributor  ut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	(If travel outside on structions)	of Texas, complete Schedule T)
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	f Texas, complete Schedule T)
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
<del></del> -	Principal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

PLEDG	SED CONTRIBUTIONS			SCHEDULE B	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule B: 1	
	E M. DYE		3 ACCOUNT # (E	thics Commission Filers)	1
ТОТА	AL OF UNITEMIZED PLEDGES:	다 다 다	다 다	\$	
Date	6 Full name of pledgor out-of-state PAC(ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
			(If travel outside	HPRII	1 13 1:
) Principal occur	pation / Job title (See Instructions)	11 Employer (See II	nstructions)	or rexas, complete scriedule 1)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside o	of Texas, complete Schedule T)	
Date	Full name of pledgor out-of-state PAC (ID#:				
	Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside o	f Texas, complete Schedule T)	
Date					
	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)	
Date .	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Zip Code				
Principal	ation / Job title (See Instructions)	Employer (See Ins		Texas, complete Schedule T)	

lexas Etnics Commi	ssion P.O. Box 12070	Austin, Texas 78711-2070 (5	512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
The	Instruction Guide explains how to	complete this form.	1 Total pag	es Schedule E:
2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers)
DIAN	E M. DYE			(= www commodian ( nors)
4	AL OF UNITEMIZED LOANS:			
1017	TO ONTEMIZED LOANS:	4 4 4 4	다	\$
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; Sta	te; Zip Code		10 Interest rate
ΥN			•	11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instruction	ons)	ici na
14 Description of Col	lateral	15 Check if personal funds v	vere deposited in	nto political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor		1	9 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City	; State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instruction	ns)	
Date of loan	Name of lender  N/A	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; Stat	e; Zip Code		Interestrate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instruction	ıs)	
Description of Colla	ateral	Check if personal funds w	ere deposited int	o political account
none				o political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions	3}	
if lend	ATTACH ADDITIONAL O	COPIES OF THIS SCHEDULE AS N instruction guide for additional	EEDED reporting requi	rements.

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13 1:33PM

## POLITICAL EXPENDITURES

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR ROW of 1	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fund Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	Contract Labor traising Expense t istrict /Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a content of the first of the content of
1 Total pages Schedule F:	2 FILER NAME	onipiete this fori	m.  3 ACCOUNT # (Ethics Commission Filers)
4 Date	DIANE M. DYE 5 Payee name		10.0)
6 Amount (\$)	N/A		
• 74.110dill (\$)	7 Payee address; City; State; Zip Code		APRI
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	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/O	Candidate / Officeholder name H	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 t	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	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 (Iffr	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

					_
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense ict intal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide	explains how to c	omplete this fo	rm.	-
1 Total pages Schedule G:	DIANE M. DYE			3 ACCOUNT # (Ethics Commission Filers	7
4 Date	5 Payee name				
6 Amount (\$)		ite; Zip Code	<u></u>	APR	11
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)	
Date	Payee name				
Amount (\$)		ite; Zip Code	····		+
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)	
Date	Payee name	And the same of th			
Amount (ft)	N/A				_
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Descriptio	1 (If travel outside of Texas, complete Schedule T)	
Date	Payee name				
	AL/A				
Amount (\$)	Payee address; City; Sta	ate; Zip Code			1
Reimbursement from political contributions intended					
PURPOSE GF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)	
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS	NEEDED	1

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In District Polling Expense Travel Out Of I Printing Expense Office Overhea The Instruction Guide explains how	draising Expense  tt  District  d/Rental Expense  CONTROL Repayment/Reimbursement  Transportation Equipment & Related Expense  Contributions/Donations Made By Candidate/Officeholder/Political Committee  OTHER (enter a category not listed above)	I
1 Total pages Schedule H:	DIANE M. DYE	3 ACCOUNT # (Ethics Commission File	rs)
4 Date	5 Business name	APR SPR	111 13 1:34PM
	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/C	Candidate / Officeholder name H	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/O	Candidate / Officeholder name H	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/OI	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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	1
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	-

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## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

		struction	Guide ex	plains how to	o complete this form	OTHER (enter a category not listed above)  1.
1 Total pages Schedule I:	2 FILER NAME DIANE	M.	DYE			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name					APRI SPRI
6 Amount (\$)	7 Payee address;	City	; State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See catego	ories listed at	the top of thi	is schedule)	(b) Description (S	iee instructions regarding type of information required.)
Date	Payee name  N/A					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See catego	pries listed at	the top of thi	is schedule)	Description (Se	ee instructions regarding type of information required.)
Date	Payee name  N/A					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categori	ies listed at th	ne top of this	schedule)	Description (Se	ee instructions regarding type of information required.)
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code	·	
PURPOSE OF EXPENDITURE	Category (See categori	es listed at th	e top of this	schedule)	Description (Se	e instructions regarding type of information required.)
	ATTACH ADI	IANOITIC	COPIE	S OF THIS S	CHEDULE AS NEE	DED

13 1:34PM

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

#### SCHEDULE K

E M. DYE	3 ACCOUNT # (	
Name of name of		Ethics Commission Filers)
Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$)
Purpose for which amount is received		
Name of person from whom amount is received  NA  Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
Purpose for which amount is received		
Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code		Amount (\$)
Purpose for which amount is received		
Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code	.:	Amount (\$)
Purpose for which amount is received		
	Purpose for which amount is received  Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received; City; State; Zip Code  Purpose for which amount is received  Name of person from whom amount is received  Name of person from whom amount is received	Purpose for which amount is received  NAMA  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Name of person from whom amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Address of person from whom amount is received; City; State; Zip Code  Purpose for which amount is received  Almae of person from whom amount is received  Almae of person from whom amount is received  Almae of person from whom amount is received; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT:

P.O. Box 12070

	SIGNATION OF FINAL REPORT	FORM C/OH - FR	
	The Instruction Guide explains how to c Complete only if "Report Type" on page 1 is	omplete this form. marked "Final Report" ••	
1 C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers)	e.
SIGN	ATURE		
	•	APRIL 13	1:3
report	t expect any further political contributions or political expenditures in connects as a final report terminates my campaign treasurer appointment. I also under any campaign treasurer appointment on any campaign expenditures without a campaign treasurer appointment on	erstand that I may not accept any campaign contributions	
		Signature of Candidate / Officeholder	
FILEF	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••		
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.	
	I have unexpended contributions or unexpended interest or income earner not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Elements.	income earned on political contributions to personal contributions and that I may not retain unexpended tributions longer than six years after filing this final I contributions and unexpended interest or income	
В.	ASSETS		
Chec	k only one:	·	
	I do not retain assets purchased with political contributions or interest or o	other income from political contributions.	
	I do retain assets purchased with political contributions or interest or other in I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political contributions of Election Code, $\S$ 254.204.	other income from political contributions to personal	
		Signature of Candidate	
	CEHOLDER plete this section <i>only</i> if you are an officeholder ••		
	I am aware that I remain subject to filing requirements applicable to an officehold am also aware that I will be required to file reports of unexpended control officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ibutions if, after filing the last required report as an	
		Signature of Officeholder	

Texas Etnics Commission	on P.O. Box 12070 Austin, Texas 7	8711-2070 (512) 46	3-5800 (TDD 1-800-735-2989)
	TE / OFFICEHOLDER N 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/MB FIRST  Robert  NICKNAME LAST  Bob Geske	MI G. SUFFIX	OFFICE USE ONLY  Date Received  APRIL 13 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	ADDRESS/POBOX; APT/SUITE#; CITY;  3500 OKeefe EI Pas	STATE; ZIPCODE	April 11. 2013 - 2. Control of Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 588-2432	EXTENSION	Receipt # Amount  Date Processed
6 CAMPAIGN TREASURER NAME	(MS) MRS/MR FIRST Anita  NICKNAME LAST  Gacharna	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#;	CITY; STATE; El PASO TX	ZIPCODE 7990'2
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 581~3497	EXTENSION .	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 [imit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year (02/61/2013 THROUGH	Month Day 64 / 61 /	Year 2013
11 ELECTION	ELECTION DATE Month Day Year Primary  05/11/2013	Runoff	eneral Special
12 OFFICE	OFFICE HELD (ifany)	13 OFFICE SOUGHT (IFKNOWN)	TRUSTEE T /
	GOTOPAGE	2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME		11	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	MPRII 13
	SPECIFIC	OOMINIT TEE ADDICES	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1400.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	
	4. TOTAL	POLITICAL EXPENDITURES	\$ -0 -
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 1400,00
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$
Notary My C	OMI C. VENTERS Public, State of Te commission Expire farch 19, 2016		formation required to be reported by
AFFIX NOTARY STAM		ne, by the said Robert Geske	
Naomie C. Ve	of Apri	1, 20 13, to certify which, witness my	Votary Public
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath

1:33PM

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	(512) 463-5800	SCHEDULE A
The	Instruction Guide explains how to complete th	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Robert GESKE		3 ACCOUNT# (E	ethics Commission Filers)
3/12/13	5 Full name of contributor out-of-state PAC (ID#:  Frank Gorman  6 Contributor address; City; State; Zip Code  1606 Dede Ln FIPaso, 7	× 79902	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)    FPR11 13
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	·	
Date 3/12/13	Full name of contributor, out-of-state PAC(ID#:_Bryan MorrIS  Contributor address; City; State; Zip Code  652 Moondale Dr. El		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	749 <b>£</b> 2 Employer (See I		f Texas, complete Schedule T)
Date 3/21/13	Full name of contributor out-of-state PAC (ID#_ Susan Elias Contributor address; City; State; Zip Code  4009 Santa Anna Ella	so, TX 79902	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date 3/28/13	Full name of contributor out-of-state PAC(ID#:_  Irma + Albert Saucedo  Contributor address; City; State; Zip Code  ## 300 Okeefe El Rso, 7	TX 79902	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
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)
Principal occup	ation / Job title (See Instructions)  ATTACH ADDITIONAL COPIES O	Employer (See In	structions)	Texas, complete Schedule T)
If co	ontributor is out-of-state PAC, please see instru			equirements.

# 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 Mr. James  NICKNAME LAST Lamonica	P. SUFFIX	OFFICE USE ONLY  Date Received  APR 9 13 1
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 10456 Orpheus Dr. El Pa	state; zipcode aso, TX 79924	April 9 2013 & C Date Hand-delivered or Postmarked
change of address			Receipt # · Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915 ) 474-1149	EXTENSION	Date Processed
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	Mrs. Deborah	K	
NAME	NICKNAME LAST Cuilty	SUFFIX	•
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 10424 Gaius	CITY: STATE; El Paso, TX	zipcode 79924
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915 ) 490-4697	EXTENSION	
REPORT TYPE	July 15 Sth day before election 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year 02 / 21 / 201304 THROUGH	Month Day 08	Year / 2013
1 ELECTION	Month Day Year O5 11 2013 ELECTION TYPE	Runoff <b>X</b>	General Special
2 OFFICE	OFFICE HELD'(Ifany)	13 OFFICESOUGHT (if known)	
	en e	Trustee for Distri	
	GOTOPAGI		

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages S	
2 FILER NAME			2	APR 9 13 1
James P. L			3 ACCOUNT #	(Ethics Commission Filers)
4 Date 03/17/2013	5 Full name of contributor  ut-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		1
Principal occu	pation / Job title (See Instructions)		(If travel outside	of Texas, complete Schedule T)
Attorney	pation / Job title (See Instructions)	10 Employer (See Self Employe	Instructions)	
Date 4/17/2013	Full name of contributor	33	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	·		(If travel outside	of Tours
Principal occur Retired	pation / Job title (See Instructions)	Employer (See <b>None</b>	Instructions)	of Texas, complete Schedule T)
Date 3/20/2013	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)
Principal occup	Contributor address; City; State; Zip Code 701 N. St. Vrain Street, El Paso, TX 79 ation / Job title (See Instructions)	9902 Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Political Acti	on Committee	Employer (Gee II	iistructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupa	ation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		A	
			Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			•	
Principal occupa	tion / Job title (See Instructions)	Employer (See Ins	(If travel outside of	Texas, complete Schedule T)

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCI	HED	ULE:	A	10:	46AM

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Sc 2	hedule A:
2 FILER NAME James P. Lan			3 ACCOUNT # (	Ethics Commission Filers)
4 Date 02/22/2013	5 Full name of contributor out-of-state PAC (ID#) Carolyn M. Legorreta  6 Contributor address; City; State; Zip Code 2715 Pershing Dr., El Paso, TX 7990	· · · · · · · · ·	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occu High Schoo	pation / Job title (See Instructions)  Ol Principal	10 Employer (See EPISD		of Texas, complete Schedule T)
Date 02/24/2013	Full name of contributor		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occur Engineer	pation / Job title (See Instructions)	Employer (See R B M Engineeri	Instructions)	of Texas, complete Schedule T)
Date 02/27/2013	Full name of contributor  out-of-state PAC(ID#:_ James P. Lamonica Contributor address; City; State; Zip Code 10456 Orpheus Dr., El Paso, TX 7992		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See I None	(If travel outside o	f Texas, complete Schedule T)
Date 02/27/2013	Full name of contributor out-of-state PAC (ID#:_Patrick Y. Brown  Contributor address; City; State; Zip Code 1413 Crown Ridge Dr., El Paso, TX 79	9912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions) all Coach	Employer (See In EPISD	(If travel outside of nstructions)	Texas, complete Schedule T)
Date 03/04/13	Full name of contributor  out-of-state PAC(ID#_Megan B. Skipworth  Contributor address; City; State; Zip Code 7221 Copper Nail LN, El Paso, TX 799		Amount of contribution (\$)   \$100.00	In-kind contribution description (if applicable)
Principal occupa Teacher	ation / Job title (See Instructions)	Employer (See In	(If travel outside of	Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

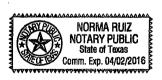
If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#46AM

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

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME James P. Lamonica		1	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEETYPE	COMMITTEE NAME Kids First Reform EPISD	
	<b>X</b> GENERAL		APR 9 13 1
· ·	SPECIFIC	COMMITTEE ADDRESS 701 N. St. Vrain St., El Paso, Texas 79902	
additional pages	•	COMMITTEE CAMPAIGN TREASURER NAME  Juana Padilla	
		COMMITTEE CAMPAIGN TREASURER ADDRESS 701 N. St. Vrain St., El Paso, Texas 79902	
			:
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3,950.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	\$0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$4135.03
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA PRTING PERIOD	° \$3950.00
OUTSTANDING LOAN TOTALS	6. TOTAL PI	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	<sup>E</sup> \$0.00
LOAN TOTALS  18 AFFIDAVIT	LAST DA	Y OF THE REPORTING PERIOD	\$ 0.00



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.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said (

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

Signature of officer administering oath

Title of officer administering oath

### **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

### SCHEDULE G

APR 9 13 10:46AM

	The state of the s		the state of the s		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundit Food/Beverage Expense Travel In District Polling Expense Travel Out Of Die Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor It raising Expense ( strict Rental Expense (	Loan Repayment/Reimbursement  Transportation Equipment & Related Expense  Contributions/Donations Made By  Candidate/Officeholder/Political Committee  DTHER (enter a category not listed above)		
	· ·	domplete tilla fori			
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
	James P. Lamonica				
4 Date	F Davis and				
02/24/2013	5 Payee name Picture Me Portrait Studio				
6 Amount (\$) 77.93	7 Payee address; City; State; Zip Code	<del></del>	<del> </del>		
17.00	4530 Woodrow Bean El Paso, TX 79924	•			
Reimbursement from political contributions intended	Transmountain Rd.				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (ii	f travel outside of Texas, complete Schedule T)		
OF					
EXPENDITURE	Advertising Expense	Photograph fo	or signs and flyers		
Date	Payee name				
03/07/13	PrizmPoint Graphix				
Amount (\$)900.00	Payee address; City; State; Zip Code 8888 Dyer St, El Paso, TX 79904				
Reimbursement from political contributions intended	Suite 215		•		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if	travel outside of Texas, complete Schedule T)		
OF	Advantaine Evenance				
EXPENDITURE	Advertising Expense	Downpayment	for signs and cards		
B.4	P				
Date	Payee name Branders.com				
03/19/2013	Diangers.com				
Amount (\$) 312.78	Payee address; City; State; Zip Code PO Box 8430 Pasadena, CA 91109	)			
Reimbursement from political contributions intended	William State				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	Printed Ballooi	ns l		
		Timed Balloci			
D-4-					
Date	Payee name Branders.com				
03/29/2013	Dianders.com				
Amount (\$) == · ·	Payon addresses Otto Otto Otto				
Amount (\$) 70.14	Payee address; City; State; Zip Code PO Box 8430 Pasadena CA 91109				
	Tabadella CA 91109				
Reimbursement from political contributions intended					
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)		
OF	Advertising Evnense	Outable Office	as Dellacas		
EXPENDITURE	Advertising Expense Quickie Clips for Balloons				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEI	EDED		

Advertising Expense Accounting Standing Constrainting Expense Accounting Standing Standing Production (Constraint Labor Accounting Standing Standing Production (Constraint) (		EXPENDITURE CATEGORII	ES FOR BOX 8(a)	apr 9 13 19
The Instruction Guide explains how to complete (his form.)  I Total pages Schedule F: Z. FILER NAME James P. Lamonica 3. ACCOUNT # (Entics Commission Filers) James P. Lamonica 5. Payes name PrizmPoint Graphix  3. Account (8) 7. Payes address; City: Stato: Zip Code 888 Dyer St, El Paso, TX 79904 Suite 215  3. PURPOSE CAVENTURE Advertising Expense 6. Candidate / Officeholder name 6. Office sought 6. Description (firered outside of Texas, complete Schedule T) Final payment for sign and cards 6. Candidate / Officeholder name 6. Office sought 6. Description (firered outside Schedule T) 6. Description (firered outside of Texas, complete Schedule T) 6. Description (firered outside of Texas, complete Schedule T) 7. Description To Texas Outside of Texas, complete Schedule T) 7. Descri	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Lo Legal Services Solicitation/Fundraising Expense Travel In District Co Polling Expense Travel Out Of District		Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Total pages Schedule F.   2 FILER NAME   James P. Lamnonica   5 Payse name   Fillery   James P. Lamnonica   5 Payse name   5 Payse name   Fillery   James P. Lamnonica   5 Payse name   Fillery   James P. Lamnonica   5 Payse name   Fillery   James P. Lamnonica   5 Payse name   5 Payse name   Fillery   James P. Lamnonica   5 Payse name   6 Candidate / Officeholder name   6 Candidate / Officeholder name   7 Payse name   7 Pa	1 003		•	
James P. Lamonica  5 Payee name PrizmPoint Graphix  5 Amount (\$) 7 Payee address; City: State: Zip Code 888 Dyer St., El Paso, TX 79904 Suite 215  6 Certifice DMY if direct expenditure to benefit C/OH  Payee address; City: State: Zip Code 3/29/2013  Payee address; City: State: Zip Code Certifice DMY if direct expenditure to benefit C/OH  Payee address; City: State: Zip Code 1/4.34  Payee address; City: State: Zip Code 1/4.35  Payee address; City: State: Zip Code 1/4.36  Payee address; City: State: Zip Code 1/4.37  Payee address; City: State: Zip Code 1/4.36  Purp Cose 2/4.45  Purp Cose 2/4.45  Purp Cose 2/4.45  Purp Cose 2/4.45  Payee address; City: State: Zip Code 1/4.56  Payee address: City: State: Zip Code 1/4.56  Payee name 1/4	1 Total pages Schedule F		to complete this form	
S   Payee name   PrizmPoint Graphix				3 ACCOUNT # (Ethics Commission Filers)
PrizmPoint Graphix   PrizmPoint Graphix   PrizmPoint Graphix   T Payee address; City: State; Zip Code   Sa88 Dyer St, El Paso, TX 79904   Suite 215	4 Date			
1,344.56  8888 Dyer St, Suite 215  PURPOSE Category (See categories listed at the Leo of this schedule)  Purpose Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Payee name Purpose Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Purpose Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Purpose Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Payee name Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Purpose Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Payee name Candidate / Office objects (City: State: Zip Code ospenditure to benefit CiOH)  Payee name James P. Lamonica  Amount (\$) Payee name James P. Lamonica  Purpose Cabogry (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Purpose Cabogry (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Purpose Cabogry (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Purpose Cabogry (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Purpose Cabogry (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Payee name Office Depot  Amount (\$) Payee name Office Depot  Payee name Candidate / Officeholder name Office sought Office held  Purpose Category (See categories fisted at the top of his schedule) Profit (Travel outside of Toxas, complete Schedule T)  Campaign Flyers  Campaign Flyers  Campaign Flyers  Campaign Flyers  Candidate / Officeholder name Office sought Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	03/07/13	PrizmPoint Graphix		·
Advertising Expense  Candidate / Office held	6 Amount (\$) 1,344.56	8888 Dyer St, El Paso, TX 79904		
Advertising Expense    Camplete ONLY if direct expenditure to benefit CIOH   Candidate / Office hold	8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
Date 3/29/2013 Payee name Party Bowl  Amount (\$) Payee address; City; State; Zip Code 5900 Luckett CT El Paso, TX 79932  PURPOSE Category (See categories listed at the top of this schedule) Pelium for the Balloons  Complete QNLY if direct expenditure to benefit C/OH  Payee address; City; State; Zip Code Helium for the Balloons  Candidate / Office held Payee name James P. Lamonica  Amount (\$) Payee address; City; State; Zip Code 10456 Orpheus Dr El Paso, TX 79924  PURPOSE Category (See categories listed at the top of this schedule) Pescription (If revel cutside of Texas, complete Schedule T) Por downpayment to PrizmPoint Graphix  Candidate / Office held expenditure to benefit C/OH  Purpose Category (See categories listed at the top of this schedule) For downpayment to PrizmPoint Graphix  Candidate / Office Depot  Amount (\$) Payee address; City; State; Zip Code office sought Office held expenditure to benefit C/OH  Date 3/28/2013 Payee address; City; State; Zip Code office sought Office held expenditure to benefit C/OH  Date Payee name Office Depot Office Sought Office held expenditure to benefit C/OH  Purpose Category (See categories listed at the top of this schedule) Pescription (If ravel cutside of Texas, complete Schedule T) Candidate of Texas, complete Schedule T) Campaign Flyers  Complete SMLY if direct expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	OF	Advertising Expense		
PURPOSE Category (See categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete QNLV if direct expenditure to benefit C/OH  PURPOSE Category (See categories listed at the top of this schedule)  Description (if travel outside of Texas, complete Schedule T)  Payee name Advertising Expense  Complete QNLV if direct expenditure to benefit C/OH  Payee address; City: State; Zip Code  10456 Orpheus Dr El Paso, TX 79924  PURPOSE Category (See categories listed at the top of this schedule)  Perpenditure to benefit C/OH  Candidate / Officeholder name  Complete QNLV if direct expenditure to benefit C/OH  Candidate / Office Depot  Candidate / Office Depot  Accomplete QNLV if direct expenditure to benefit C/OH  Candidate / Office Depot  Candidate / Office Depot  Purpose Office Depot  Payee address; City: State; Zip Code  Candidate / Office Depot  Candidate / Office Depot  Payee name Office Depot  Purpose Category (See categories listed at the top of this schedule)  Purpose Office Depot  Purpose Office Depot  Category (See categories listed at the top of this schedule)  Purpose Office Depot  Camplete QNLV if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Camplete QNLV if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Camplete QNLV if direct expenditure to benefit C/OH  Advertising Expense  Candidate / Officeholder name  Office sought  Office sought  Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	9 Complete ONLY if direct expenditure to benefit C	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held
PURPOSE Category (See categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Complete QNLV if direct expenditure to benefit C/OH  PURPOSE Category (See categories listed at the top of this schedule)  Description (if travel outside of Texas, complete Schedule T)  Payee name Advertising Expense  Complete QNLV if direct expenditure to benefit C/OH  Payee address; City: State; Zip Code  10456 Orpheus Dr El Paso, TX 79924  PURPOSE Category (See categories listed at the top of this schedule)  Perpenditure to benefit C/OH  Candidate / Officeholder name  Complete QNLV if direct expenditure to benefit C/OH  Candidate / Office Depot  Candidate / Office Depot  Accomplete QNLV if direct expenditure to benefit C/OH  Candidate / Office Depot  Candidate / Office Depot  Purpose Office Depot  Payee address; City: State; Zip Code  Candidate / Office Depot  Candidate / Office Depot  Payee name Office Depot  Purpose Category (See categories listed at the top of this schedule)  Purpose Office Depot  Purpose Office Depot  Category (See categories listed at the top of this schedule)  Purpose Office Depot  Camplete QNLV if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Camplete QNLV if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Camplete QNLV if direct expenditure to benefit C/OH  Advertising Expense  Candidate / Officeholder name  Office sought  Office sought  Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	Payee name		
PURPOSE OF EXPENDITURE  Candidate / Office held  Payee name Sylvation  Caregory (See categories listed at the top of this schedule) Advertising Expense  Complete QNLY if direct expenditure to benefit C/OH  Payee name James P. Lamonica  Payee address; City; State; Zip Code 10456 Orpheus Dr El Paso, TX 79924  Caregory (See categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Candidate / Office holder name Office sought  Description (If travel outside of Texas, complete Schedule T)  For downpayment to PrizmPoint Graphix  Complete QNLY if direct expenditure to benefit C/OH  Payee name Office Depot  Amount (S) Payee name Office Depot  Advertising Expense  Candidate / Officeholder name Office sought Office held  Advertising Expense  Complete QNLY if direct expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	03/29/2013	Party Bowl		
PURPOSE OF EXPENDITURE  Candidate / Office holder name  Office sought  Office sought  Office hold  Office hold  Payee name  James P. Lamonica  Amount (\$)  Payee address;  City; State; Zip Code  10456 Orpheus Dr El Paso, TX 79924  PURPOSE  EXPENDITURE  Candidate / Office holder name  Office sought  Office sought  Office hold  Office hold  Office hold  Office hold  Office hold  Payee name  Office Depot  Amount (\$)  Payee name  Office Depot  Amount (\$)  Payee address;  City; State; Zip Code  15.28  Payee address;  City; State; Zip Code  15.28  Payee address;  City; State; Zip Code  15.28  Category (See categories listed at the top of this schedule)  Payee name  Office Depot  Candidate / Office holder name  Office sought  Office hold  Description (If travel outside of Texas, complete Schedule T)  For downpayment to PrizmPoint Graphix  Office hold  Office hold  Office hold  Payee address;  City; State; Zip Code  1838 Joe Battele  El Paso, TX 79936  Blvd  PURPOSE  Office Category (See categories listed at the top of this schedule)  Office hold  Office hold  Advertising Expense  Campidg DNLY if direct  expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Amount (\$)	Payee address; City; State; Zip Code		
Advertising Expense Helium for the Balloons  Complete ONLY if direct expenditure to benefit C/OH  Date 3/29/2013  Amount (\$) Payee address; City; State; Zip Code 10456 Orpheus Dr El Paso, TX 79924  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Description (If travel outside of Texas, complete Schedule T) For downpayment to PrizmPoint Graphix  Candidate / Officeholder name  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T) For downpayment to PrizmPoint Graphix  Candidate / Officeholder name  Office sought  Office held  Office held  Payee name  Office Depot  Amount (\$) Payee address; City; State; Zip Code 1838 Joe Battele El Paso, TX 79936  Blvd  PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE  OF Category (See categories listed at the top of this schedule) OF Campaign Flyers  Campaign Flyers  Campaign Flyers  Campaign Flyers  Campaign Flyers  Candidate / Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	214.34	5900 Luckett CT El Paso, TX 79932		
EXPENDITURE   Advertising Expense   Helium for the Balloons    Complete ONLY if direct expenditure to benefit C/OH    Payee name		Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Date 3/29/2013  Payee name 3/29/2013  Amount (\$)  Payee address; City; State; Zip Code 00.00  Purpose Category (See categories listed at the top of this schedule) Reimbursement  Complete QNLY if direct expenditure to benefit C/OH  Payee name Office Depot  Amount (\$)  Payee address; City; State; Zip Code 10.456 Orpheus Dr El Paso, TX 79924  Description (if travel outside of Texas, complete Schedule T) For downpayment to PrizmPoint Graphix  Office held  Payee name Office Depot  Amount (\$)  Payee address; City; State; Zip Code 18.38 Joe Battele El Paso, TX 79936 Blvd  Purpose OF EXPENDITURE  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Campaign Flyers  Campaign Flyers  Complete QNLY if direct expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Advertising Expense	Helium for the	Balloons
James P. Lamonica  Amount (\$) Payee address; City: State: Zip Code 10456 Orpheus Dr El Paso, TX 79924  PURPOSE Category (See categories listed at the top of this schedule) Por Expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held  Payee andress: City: State: Zip Code (Size) Category (See categories listed at the top of this schedule) Por downpayment to PrizmPoint Graphix  Complete ONLY if direct expenditure to benefit C/OH  Payee name Office Depot  Advertising Expense Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Campaign Flyers  Campaign Flyers  Candidate / Officeholder name Office sought Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	Office held
Amount (\$)  Payee address; City; State; Zip Code  O0.00  PURPOSE OF EXPENDITURE  Candidate / Officeholder name  Office Depot  Amount (\$)  Payee address; City; State; Zip Code  Office sought  Office held  Payee name Office Depot  Payee address; City; State; Zip Code  Office Sought  Office held  Payee name Office Depot  Payee address; City; State; Zip Code  1838 Joe Battele El Paso, TX 79936  Blvd  PURPOSE OF EXPENDITURE  Candidate / Officeholder name Office Depot  Office Depot  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Candidate / Officeholder name Office Depot  Office Depot  Office Depot  Office Depot  Category (See categories listed at the top of this schedule) OF EXPENDITURE  Candidate / Officeholder name Office sought Office Schedule T)  Campaign Flyers  Candidate / Officeholder name Office sought Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	Payee name		
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Reimbursement  Complete QNLY if direct expenditure to benefit C/OH  Payee name Office Depot  Amount (\$) Payee address; 15.28  Purpose OF EXPENDITURE  Candidate / Office Depot  Advertising Expense  Category (See categories listed at the top of this schedule)  Attach Additional at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  For downpayment to PrizmPoint Graphix  Office held  Office sought  Office held  Description (If travel outside of Texas, complete Schedule T)  Campaign Flyers  Campaign Flyers  Candidate / Office held  Attach Additional Copies of This schedule Affice held	03/29/2013	James P. Lamonica		
PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule) Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office Depot  Amount (\$)  Payee name OF EXPENDITURE  Category (See categories listed at the top of this schedule) Office Depot  Payee name Office Depot  Advertising Expense  Candidate / Officeholder name Office Depot  Description (If travel outside of Texas, complete Schedule T) For downpayment to PrizmPoint Graphix  Office held  Office sought  Description (If travel outside of Texas, complete Schedule T)  Campaign Flyers  Campaign Flyers  Candidate / Officeholder name Office sought  Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement  Complete QNLY if direct expenditure to benefit C/OH  Payee name Office Depot  Advertising Expense  Candidate / Officeholder name Office sought Office sought Office sought Office held  Office sought Office held  Office held  Office pepot  Description (If travel outside of Texas, complete Schedule T) Campaign Flyers  Campaign Flyers  Candidate / Office held  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	900.00	10456 Orpheus Dr El Paso, TX 79924		
EXPENDITURE  Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Payee name Office Depot  Amount (\$) 15.28  Payee address; City; State; Zip Code 1838 Joe Battele El Paso, TX 79936 Blvd  PURPOSE OF EXPENDITURE  Candidate / Office hold et at the top of this schedule) Advertising Expense  Candidate / Office holder name  Office sought  Office sought  Office hold  Office hold  Office hold  Description (if travel outside of Texas, complete Schedule T)  Campaign Flyers  Campaign Flyers  Candidate / Office hold  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
Date Office Depot  Amount (\$) Payee address; City; State; Zip Code 1838 Joe Battele El Paso, TX 79936 Blvd  PURPOSE OF EXPENDITURE Advertising Expense  Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Reimbursement	For downpaym	ent to PrizmPoint Graphix
Amount (\$) 15.28  Payee address; City; State; Zip Code 1838 Joe Battele El Paso, TX 79936 Blvd  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office Sought  Office Sought  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	Office held
15.28  1838 Joe Battele El Paso, TX 79936  PURPOSE OF Advertising Expense  Complete ONLY if direct expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date 03/28/2013			
OF EXPENDITURE Advertising Expense Campaign Flyers  Complete ONLY if direct expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Amount (\$) 315.28	1838 Joe Battele El Paso, TX 79936		
Advertising Expense Campaign Flyers  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held officeholder name Office SCHEDULE AS NEEDED		Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
expenditure to benefit C/OH  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Advertising Expense	1	
		· · · · · · · · · · · · · · · · · · ·		
	No. of the second secon	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
in othica atata to the	www.ethics.state.tx.us	The second secon		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

				4
The C/OH Instruction (	uide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR. CHARLES  NICKNAME LAST	Mi , Suffix	OFFICE USE ONLY  Date Received	
	Chuck TAYlor	Z JR.	APR1	13 10:27A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address	POST OFFICE BU EI PASO, TEXAS	5 79914	Date Hand delivered or Postmarked  Receipt # Amount	<b>E</b> C
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 757-2335		Date Processed	atin karastanaka
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST CHARLES NICKNAME LAST Chuck TAYLOR	SUFFIX JR	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITI 450   CROHON I El PAGO, TEXA	EH; CITY: STATE:  RCLE  15 79924	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 757-23	extension :		
9 REPORT TYPE	January 15 30th day before election  July 15 Sth day before election		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUG		Year /2013	
11 ELECTION	Month Day Year ELECTION TYPE  Month Day Year Primary	Flunofi	General Special	
12 OFFICE	OFFICE HELD (ifany)	13 OFFICESOUGHT (FINDWAY) TRUSTEE I EL PASO I School I	District #5 WillepandENT Pistrict	
	GOTO	PAGE2		

10:27AM

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

P.O. Box 12070

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	arles 1	V. IAYlor, SR	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)'	CANDIDATE / DESICE	DE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES AU HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAM ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY I	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
<u>.</u>	COMMITTEE TYPE	COMMITTEE NAME	APRII I
\$	GENERAL SPECIFIC	.COMMITTEE ADDRESS	•
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	•
		; 8	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ - O -
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 75.00
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$ O -
•	4. TOTAL	POLITICAL EXPENDITURES	\$ 540.41
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 625.00
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 550,00
18 AFFIDAVIT	VICTOR HUGO FU My Commission April 25, 20	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report Il information required to be reported by Indidate or Officeholder
AFFIX NOTARY STAM	AP / SEAL ABOVE	1   ^	24007
1 (	scribed before	me, by the said have s Taylor DL. E	my hand and seal of office.
Upero Aula Signature of officer adm		Victor Hype fugites  Printed name of officer administering oath	Title of officer administering oath

POLITICAL	CONTRIBUTIONS	
OTHER THA	N PLEDGES OR LOA!	NS

P.O. Box 12070

#### SCHEDULE A

					<del>-</del> i
The Ins	struction Guide explains how to complete this	s form.	1 Total pages Sched	dule A: 1 APRII	13 10:
FILER NAME CHAR	LES N. TAYLOR, JR.	,	3 ACCOUNT # (Eth	ics Commission Filers)	
	Full name of contributor out-of-state PAC(ID#:_ CEPHUS S. RhodES Contributor address; City; State; Zip Code 10720 Adauto Couk	et T	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
Principal occupation	EI PAGO, TEXAS 79 on Job title (See Instructions)	435 10 Employer (See		Texas, complete Schedule T)	
Frincipal occupation	RETURED		VIA		
3 /10/13	Full name of contributor out-of-state PAC(ID#:_ Charlesetth W. Fivi Contributor address; City; State; Zip Code 9913 Camwood Dri	ley	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		9925		Texas, complete Schedule T)	
Principal occupation	on / Job title (See Instructions) RETUREE	Employer (See	instructions)		
				hand a second second second	7
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Date	Full name of contributor  [] out-of-state PAC(ID#:_  Contributor address; City; State; Zip Code				
Date			contribution (\$)		
		Employer (See	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)	
Principal occupation	Contributor address; City; State; Zip Code on / Job title (See Instructions)	Employer (See	contribution (\$)	description (if applicable)  Texas, complete Schedule T)  In-kind contribution	
Principal occupation	Contributor address; City; State; Zip Code on / Job title (See Instructions)  Full name of contributor  ut-of-state PAC (ID#_	Employer (See	contribution (\$)  (If travel outside of instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation	Contributor address; City; State; Zip Code on / Job title (See Instructions)  Full name of contributor  ut-of-state PAC (ID#_	Employer (See	contribution (\$)  (If travel outside of instructions)  Amount of contribution (\$)	description (if applicable)  Texas, complete Schedule T)  In-kind contribution	
Principal occupation	Contributor address; City; State; Zip Code on / Job title (See Instructions)  Full name of contributor	Employer (See	contribution (\$)  (If travel outside of instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)	
Date Principal occupation	Contributor address; City; State; Zip Code on / Job title (See Instructions)  Full name of contributor	Employer (See	contribution (\$)  (If travel outside of Instructions)  Amount of contribution (\$)  (If travel outside of Instructions)  Amount of contribution (\$)	In-kind contribution description (if applicable)  Texas, complete Schedule T)  Texas, complete Schedule T)  Texas, complete Schedule T)	

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

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

				1
	EXPENDITURE CA	TEGORIES FOR BOX	( 8(a)	
Advertising Expense		ilaries/Wages/Contract Labor		
Accounting/Banking	Legal Services Sc	licitation/Fundraising Expens	Transportation Equipment & Related Expense	
Consulting Expense	LUMINDERSISHS CARCING	avel in District	Contributions/Donations Made By Candidate/Officeholder/Political Committee	1
Event Expense		avel Out Of District		1
Fees		fice Overhead/Renial Expen		
,	. The instruction Guide ex	plains how to complete th	his form.	4
			3 ACCOUNT # (Ethics Commission Filers)	
1 Total pages Schedule F:	2 FILER MANE	/Allon -	1k,	_
<u> </u>	Crystones 101	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
14 03 20/3	5 Payee name ARINT		, APRI	13 10:28AM
6 Amount (\$)	7 Payee address; City; State;		L #D	
あっつつ つつ	7230 GATEWAY	15/Va EAST		ł
1 2 1 . L 1	Pil Paris The	10015		
	El PAGO, LES	119 /1/1	)	
8 PURPOSE	(a) Category (See categories listed at the top of	hīs schedule) (b) Descr	ription (If travel outside of Texas, complete Schedule T)	l
8 PURPOSE OF			MOAIAN SIGNS	ļ
EXPENDITURE	HOWERTISING EXI	ENGE CA	70011 10 311103	-
and the control of th	Candidate / Office bolder name	Office	sought / - Forfice held	†
9 Complete ONLY if direct expenditure to benefit C/O		Filler In	TMUSTEE DP150"3	
experionare to benefit 5/5	CVIPTIONES IV VI	19101010.		7
Date/	Payeaname // '/	a.		Į
	Ill Pelvit			
04/05/2013	17/11/10/10	T- Codo /	<i>i</i> , , , , , , , , , , , , , , , , , , ,	
/Amount (\$)	Payee address; City; State	19 JUL EAST	( 47)	1
#10	1230 GATEWAY	DIVA CARDO		
144.75	El Das Til	100 7BG16		
15,00	CI PAGO, IEX	45 1111	)	┪
PURPOSE	Category (See getagories listed at the top of	this schedule) Descri	ription (li travel outside of Texas, complete Schedule T)	
OF	Aluraction Fr	AMILE (	AMARIAN DIANS	ì
EXPENDITURE	HAVBIETISING EX	PONTE CI	Southt Office held	7
Complete ONLY if direct	Candidate / Officeholder name	——————————————————————————————————————	Sought FOIST #5	7
expenditure to benefit C/C	H Charles M.	AUMONIA	I RUSTEE CP+10	_
	0.00000			
Date, /	Pavee name	< 1 / 17	70,000	
1914/18/2013	FSC KEGION 19	- Juho012	ONE	-
01/105/0012	Paves address: City: State	Zip Code		
Amount (5)	6611 BOEING I			
BB 12		2002		
1 VI. 1!	FIMAGIO TEX	AS 19925		_
	Company of the state of the company	this schartilla) Desc	ription (If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (See categories listed at the top of		-/. ~ * * * * * * * * * * * * * * * * * *	
OF EXPENDITURE	Advertismy Exp	DENSE   MIL	STANG FILERS	
EXPENDITORE	1100000	Diffice	e sought Office held	7
Complete ONLY if direct	. Candidate / Officeholderme	Omeo	, 3009	
expenditure to benefit C/C	PH			=
		-		'
Date	Payee name			
. •				-
Amount (\$)	Payee address; City: State	: Zip Code		1
141	-			İ
	` ·			
www.	Category (See categories listed at the top or	this schedule) Desc	cription (If travel outside of Texas, complete Schedule T)	
PURPOSE	Paradini à fose cerationes nateur er au cob o			
OF EVENDITURE				_
EXPENDITURE	The same of the sa	Office	e sought Office held	1
Complete ONLY if direct	Candidate / Officeholder name	Since	er en magerine	
expenditure to benefit C	ОН			-
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	LEAS NEEDED	1
1	Gi idali destinio men			erred.

(TDD 1-800-735-2989)

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	3 ACCOUNT # (Ethics Commission Filers)	
1 Total pages Schedule G:	Chaples N. TAylon, Jr.	
4 Date 02/01/2013	5 Payee name	
6 Amount (\$) # 23,78 Reimbursement from political contributions	7 Payee address; City; State; Zio Code APRII 4530 Woodhow DEAM ELPAGO, TEXAS 78824	13 10:28AM
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Alvantising Expanse Runter Turk (Black)	
Date 02/08/2013	Costa Whole SALE	,
Amount (\$) #20, 37	Payee address: City; State; Zip Code 6101 BHTSWAY WISST BIVE.	de returnit planta primaria
Reimbursement from political contributions intended	El PAGO   TEXAS 79925  Cotocory (See reterrories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete schedule 1)  Advin tising Expanse XEROX PAMER	
Date   02   04   2013	EXMANGE	
Amount (\$)	Payee address: State; State; Zip Code Font 19135 Post Exchange	
political contributions intended .	topt 191185 / E-48 / B  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	
PURPOSE OF EXPENDITURE	Adventising Expense Printer INK (color)	
Date 02/14/2013	Office Depot Stone 195	
Amount (\$)  # 20.02  Reimbursement from	Payer address: City: State: Zip Code  1111 GERONIMO DRIVE  M. A.	
political contributions intended	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)	1
PURPOSE OF EXPENDITURE	Advantising Expense 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 Accounting/Banking Consulting Expense Event Expense Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Travel In District
Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 4 Date APRII 13 10:28AM political contributions intended (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** EXPENDITURE Date Reimbursement from political contributions . intended PURPOSE OF ' Payee name Reimbursement from political contributions intended **PURPOSE** OF **EXPENDITURE** Payee name Date City; State; Zip Code Payee address; Amount (\$) Reimbursement from political contributions intended Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE EXPENDITURE** ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Texas Ethics Commission

### 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	MR. OMAR. NICKNAME LAST	MI G	OFFICE USE ONLY  Date Received	
	VILLA		APRI:	1312:00PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address  5 CANDIDATE/	ADDRESS / PO BOX; APT/SUITE #; CITY;  1420 CAMINO ALTO  EL PASO, Tx 7990  AREA CODE PHONE NUMBER	STATE; ZIP CODE  EXTENSION	April II, 2013 & Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed	
OFFICEHOLDER PHONE	(915) 240.0743		Data Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MR. LWIS NICKNAME LAST TALAVERA	MI ,	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #:  1011 W. YAHOELL  EL PASO, TX 799		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 834-9024	EXTENSION		
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 13	
11 ELECTION	Month Day Year ELECTION DATE Primary	Runoff . X	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (IFKNOWN) EPISD BO TRUSTEES		
	GOTOPA	AGE 2		

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

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Filers)	
DMAR 1	MULA			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC		APR11	13 12:00PM
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		AND		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	N ED \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,175.64	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITER	MIZED \$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,331.08	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 1,331.08 \$ 2,648.92	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD		
18 AFFIDAVIT		I swear, or affirm, under penalty o is true and correct and includes al me under Title 15 Election Code.	f perjury, that the accompanying report I information required to be reported by	
Notary F	ANGUIANO LUDIC, State of Teinas CH 19, 2015	Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAM		me by the said Own Co. V : \\	√ this the	,
3 1 14	scribed before of 12.3	me, by the said Ower Co. VIII		
ZA		Pel Angerano	Monter Sicon Office	
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

			-	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 2
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
OMAR	- VILLA			• • • • • • • • • • • • • • • • • • • •
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution description (if applicable)
2/28/13	CHRISTOPHER VILLA  6 Contributor address; City; State; Zip Code		contribution (\$)	description (ii applicable)
	1107 E. ROBINSON AVE.			! 
	EL PASO, TX 79902		(If travel outside	i of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/26/13	Contributor address; City; State; Zip Code		82.00	CITY AMP. PERMIT
	EL PASO, TX 79902		/If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		Total, complete concession,
Date	Full name of contributor  ul-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/13	Contributor address; City; State; Zip Code 925 Mc KEW60H		250.∞	 
	EL PASO, TX 79902		(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/13	Contributor address; City; State; Zip Code 4111 VISTA CREEK		50.00	
	ARLINGTON, TX 76014			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/7/13	Contributor address; City; State; Zip Code		100.12	Cookington (ii approadic)
	EL PASO, TX 79912			
			(If travel outside )	of Texas, complete Schedule T)

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

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
			3 ACCOUNT # /F	thics Commission Filers)
2 FILER NAME			3 ACCOUNT # (E	uncs Commission Filers)
	VILLA		7 American	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/13/13	6 Contributor address; City; State; Zip Code		363.64	LASER PRINTSE
	10 GOODWIN DE.			(\$113·44)
	EL PASO, TX 79902		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#:	)	Amount of	In-kind contribution
	KIDS FIRST-REFORM ER	PISD HOW!	contribution (\$)	description (if applicable)
3/20/13	Contributor address; City; State; Zip Code		3,000.€	
	701 H. ST. VRAIN			
	EL PASO, TX 7990Z		(If travel outside (	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		, ronds, complete solution in
	Full name of contributor		Amount of	In-kind contribution
Date		/	contribution (\$)	description (if applicable)
3/19/13	ELECTRIC UNITED INT'L, Contributor address; City; State; Zip Code	LLC.	1500.00	
	7134 N. Loop		150.00	
	EL PASO, TX 79915			
		T =	1	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
7/2/10	MULIE RIVAS-LOPEL		contribution (\$)	description (if applicable)
3/26/13	Contributor address; City; State; Zip Code		30.00	
	4085 RIVER PARK PURCE			
	EL PASO, TX 79932		(If Issued outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	r rexas, complete ochedule ()
			*	
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			1	
	Contributor address; City; State; Zip Code		1	
	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code	Employer (See		of Texas, complete Schedule T)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

te this form.	\$ \$ \$ \\ \frac{10}{11}\$ e deposited into p	(Ethics Commission Filers)  RPR11  can Amount (\$)  con Amount (\$)  nterest rate  Maturity date
out-of-state PAC (ID#:  p Code  13 Employer (See Instructions)  15 Check if personal funds were	\$ \$ \$ \\ \frac{10}{11}\$ e deposited into p	fiFRI! oan Amount (\$)  OOO · OO Interest rate  Maturity date  political account
out-of-state PAC (ID#:  p Code  13 Employer (See Instructions)  15 Check if personal funds were	9 L 10 I 11 I	oan Amount (\$)  OO · · · ·  Interest rate  Maturity date  political account
out-of-state PAC (ID#:  p Code  13 Employer (See Instructions)  15 Check if personal funds were	9 L 10 I 11 I	oan Amount (\$)  OO · · · ·  Interest rate  Maturity date  political account
p Code  72_  13 Employer (See Instructions)  15 Check if personal funds were	10 1 11 1 e deposited into p	Interest rate  Maturity date  political account
13 Employer (See Instructions)  15 Check if personal funds were	11 I	Maturity date
13 Employer (See Instructions)  15 Check if personal funds were	11 I	Maturity date
13 Employer (See Instructions)  15 Check if personal funds were	e deposited into p	political account
15 Check if personal funds were	e deposited into p	
	19 A	mount Guaranteed (\$)
21 Employer (See Instructions)		
out-of-state PAC (ID#:		S 7 7 . 5 9
	11	nterest rate
2	7	Naturity date
Employer (See Instructions)		
Check if personal funds were	e deposited into p	olitical account
	A	.mount Guaranteed (\$)
		tate; Zip Code  Employer (See Instructions)

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)
Advertising Expense		es/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicita	ation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel	In District Contributions/Donations Made By
Event Expense	3 · · · · · · · · · · · · · · · · · · ·	Out Of District Candidate/Officeholder/Political Committee
Fees	• •	Overhead/Rental Expense OTHER (enter a category not listed above)
Total and a Cabadala Er		ins how to complete this form.  3 ACCOUNT # (Ethics Commission Filers)
Total pages Schedule F:	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics Commission Fliers)
Date 3/4/13	5 Payee name PAY PAL	
Amount (\$)		ip Code APRI1 13 12
1.75	SAN JOSE, CA 95/31	111 114 4 4 4 4
PURPOSE OF	(a) Category (See categories listed at the top of this sc	
EXPENDITURE	FEES	TRANSACTION FEE FOR DONATION
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	Description of the second of t
'3/5/13 Amount (\$)	Payee address; City; State; Zi	o - ELECTIONS DEPT
Amount (\$)	SOO E. SAN ANTINIO	p 0000
\$5.00	EL PASO, TX 79901	1
PURPOSE	Category (See categories listed at the top of this sci	
OF EXPENDITURE	POLLING EXPENSE	VOTER LIST - EPISD DIST#
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 3/7/13	Payee name PAYPAL	
Amount (\$)	Payee address; City; State; Zig	p Code
	ZZII M. FIRST	
3.20	SAN JOSE, CA 95/3/	ı
PURPOSE	Category (See categories listed at the top of this sch	
OF EXPENDITURE	FEES	TRANS. FEE FOR DONATION
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
3/8/13	REGENCY PRINTING	
Amount (\$)	Payee address; City; State; Zit Z313 N. PIEDRAS	p Code
	EL PASO, TX 79930	
PURPOSE	Category (See categories listed at the top of this sch	
	PRINTING EXPENSE	PUSH CARDS/DOURHANGERS
OF EXPENDITURE	1 ICHITHO DATENCE	7 (10)
OF	Candidate / Officeholder name	Office sought Office held

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

(512) 463-5800

### POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

#### Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Food/Beverage Expense Consulting Expense Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: OMAR VILLA APRII 13 12:01PM 5 Pavee name 4 Date OFFICE DEPOT 7 Payee address; City; State; Zip Code 1111 GEBOHIMO 94.32 EL PASO, Tx 79925 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE PAPER/SUPPLIES FOR MAILINGS ADVERTISING EXPENSE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3/21/13 COSTCO Amount (\$) Pavee address: City; State; Zip Code 6101 GATELUAY WEST 45.75 EL PASO, TX 79925 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF ADVERTISING EXPENSE STAMPS FOR MILLINGS EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 3/25/13 Amount (\$) FACEBOOK Payee address; DEPT. 415 City; State; Zip Code 13.40 PO BOX 10005 PALO ALTO, CA 94303 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF FACEBOOK AD FEES EXPENDITURE ADVERTISING EXPENSE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name 3/26/13 PAYPAL City; State; Zip Code Amount (\$) Payee address; 2211 N. FIRST 1.17 SAN JOSE, CA 95131 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF TRANS. FEE FOR DOMATION FEES **EXPENDITURE** Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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P.O. Box 12070

to the Million and a	EXPENDITURE CATEGORIES	• •	n	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fund		oan Repayment/Reimbursement ansportation Equipment & Related Expen	200
Accounting/Banking Consulting Expense	Food/Beverage Expense Travel In District		ansportation Equipment & Related Expendential Contributions/Donations Made By	150
Event Expense	Polling Expense Travel Out Of Di		Candidate/Officeholder/Political Commi	ittee
Fees	, + 9 p	3.00.100	THER (enter a category not listed above	. 1
rees	The Instruction Guide explains how to	•		
Total pages Schedule F:	<del></del>		3 ACCOUNT # (Ethics Commission F	Filers)
5	OMAR VILLA			
Date 7 /a /a	5 Payee name			
3/29/13	FAST SIGNS 7 Payee address; City; State; Zip Code			
Amount (\$)	4224 N. MESA STE F		F	APR11 13 12:
57.37	EL PASO, TX 79902			
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tr	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGH	h banner	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/29/13	KMART		and the state of t	
Amount (\$)	Payee address; City; State; Zip Code			
33.48	ELPASO, TX 79912			
PURPOSE OF	Category (See categories listed at the top of this schedule)	1	ravel outside of Texas, complete Schedule T)	
EXPENDITURE	EVENT EXPENSE	CAMOY) SW	PPLIOS-CAMPAIGH 3/	130
Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held	
Date	Payee name			
3/29/13	KRISPY KREME			
Amount (\$)	Payee address; City; State; Zip Code			
32.96	EL PASO, TX 79917			
PURPOSE			ravel outside of Texas, complete Schedule T)	
OF	Category (See categories listed at the top of this schedule)		CAMPAIGH EVENT	
EXPENDITURE	EVENT EXPENSE	Office sought	Office held	-SPE
Complete ONLY if direct expenditure to benefit C/C		Office sough	Office reco	
Date	Payee name			
3/7/13	VERIZON			
Amount (\$)	Payee address; City; State; Zip Code			- Parameter - Para
50.00	I VERIZON WAY			1
20	BASKING RIDGE, NJ 07970	•		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tre	ravel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Office overhead	INTERMET		
Complete ONLY if direct expenditure to benefit Ca		Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	
			D	

Texas Ethics Commission

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/	s/Contract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fund	ndraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District		
Event Expense	Polling Expense Travel Out Of D	District	
Fees	Printing Expense Office Overhead  The Instruction Guide explains how to		
Total pages Schedule F:	·	3 ACCOUNT # (Ethics Commission Filers)	
Total pages concurs.	OMAR VILLA		
1 Date	5 Payee name		
3/29/13	INTERNATIONAL BANK	APRII 13	3 12:0
3 Amount (\$)	7 Payee address; City; State; Zip Code		
14.00	1801 S. ZND - P. D. BX /?	700	
19.	MCALLEH, TX 78505		
B PURPOSE	(a) Category (See categories listed at the lop of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ACCOUNTING / BANKING	MONTHLY BANK SUC. CHARLE	
Gomplete ONLY if direct	0 11111 1015 11111 1111	Office sought Office held	
expenditure to benefit C/0			
Date	Payee name		
3/30//3 Amount (\$)	STARBUCKS		
Amount (\$)	Payee address; City; State; Zip Code		
56.07	2300 N. MESA		
36.01	EL PASO, TX 7990Z		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	FVENT EXPENSE	OFFEE   CAMPAIGN EVENT 3/30-MISS. HILLS PACK	
Complete ONLY if direct expenditure to benefit C/0		Office sought Office held	
Date	Payee name		
3/3/13	INTuiT		
Amount (\$)	Payee address; City; State; Zip Code		
71 9/2	305 WALNUT, SUITE 300		
21.96	REDWOOD CITY, CA 94043		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ADVERTISING EXPENSE	WESSITE HOSTING FEE	
	Caralidate / Official alder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C			
Date	Payee name		
4/1/13	FACEBOOK		
Amount (\$)	Payee address; City; State; Zip Code		
-	DEPT. 415		
6.08	PO BOX 10005		
(v	PALUALTO, CA 94303		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	ADVERTISING EXPENSE	FACEBOOK AD FEES	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/O Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	Contract Labor Loan Repayment/Reimburser raising Expense Transportation Equipment & F Contributions/Donations Mad strict Candidate/Officeholder/Po	Related Expense e By Slitical Committee		
	The Instruction Guide explains how to				
1 Total pages Schedule F:	2 FILER NAME OMAR VILLA	3 ACCOUNT # (Ethics	Commission Filers)		
4 Date 4/1/13	5 Payee name OMAE VILLA				
6 Amount (\$) 422.59	7 Payee address; City; State; Zip Code 1470 CAMINO ALTO EL PASO, TX 79902		APRII 13 12:01PN		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		ce 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/O	Candidate / Officeholder name H	Office sought Offi	ce 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/C	Candidate / Officeholder name H	Office sought Offi	ce 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/0	Candidate / Officeholder name DH	Office sought Offi	ce held		
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### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

				4
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Ful Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor Loa ndraising Expense Tra ict Cor District ad/Rental Expense OTI	in Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
1	OMAR VILLA			
	5 Payee name			
4 Date	<u> </u>		92211	13 12:01PM
3/19/13	REGENCY PRINTING		112 112 1	
6 Amount (\$) 372.59	7 Payee address; City; State; Zip Code 2313 N. PIEDRAS			
Reimbursament from political contributions intended	EL PASO, TX 79930			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)	
OF EXPENDITURE	PRINTING EXPENSE	PUSH CARD	s/Docrhangers	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended			- Annual	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code	-		
Reimbursement from political contributions intended	·			

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Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

PURPOSE OF EXPENDITURE