SUPERINTENDENT'S OFFICE

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

	1 ACCOUNT#	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.  (Ethics Commission Filers)	2 Total pages med.
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  MR. Joel F  NICKNAME LAST SUFFIX  BARNIOS	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 603-9452	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MR. W. I fired R.  NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE;  4625 Round Rock El Paso, Tx.  AREA CODE PHONE NUMBER EXTENSION	ZIP CODE 7992 4
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 821-0470	
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Da Month Da O 1 / 0 1 / 1 1 0 7 / 1 4	•
11 ELECTION	BLECTION DATE BLECTION TYPE  Month Day Year Primary Runoff	General Special
12 OFFICE	OFFICE HELD (If any) F.P. I. S.D. 13 OFFICE SOUGHT (IF KN  Boar J of TRUSTEE DIST. 5  SAMM	,
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFIC Name	
ECEIVI	Address / PO Box: Apt. / Suite #; City; State; Zip Crite) GARCLU  @ 3:4	iver 7/14/11 Lap.m. BD
JUL 1 4 2011	GO TO PAGE 2	
www.ethics.state.tx.us	1	Revised 04/21/2010

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

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	,		ACCOUNT # (Ethics Commission Filers)			
15 C/OH NAME	oeL.	F. BARRIOS	6 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		noone				
		COMMITTE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI	ZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$			
19 AFFIDAVIT						
	MARIA I. JACK	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 F January 12, 2		6			
		Signature of Cano	didate or Officeholder			
AFFIX NOTARY STAM		<b>,</b> , , , ,				
	L .	me, by the said <u>hell thirrins</u> , 20 <u>11</u> , to certify which, witness m	, this the ny hand and seal of office.			
Signature of officer admi	you know	Maria T. Jackson Admi	ingstrative Assistant			
Signature of officer admi	mistering datri	. Thirted harme of officer administering oath	Title of officer administering oath			

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this	form 1 Total pag	es Schedule A:
2 FILER NAME	3 ACCOUN	IT # (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#	7 Amount contribution	
6 Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·	outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:_	Amount contribution	
Contributor address; City; State; Zip Code		
	(If travel or	utside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution	
Contributor address; City; State; Zin Code	·	
	· ·	utside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#_	) Amount of contribution	
Contributor address, City; State; Zip Code		
	(If traval or	utside of Tayon, complete Schodule T\
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	utside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#_	) Amount of contribution	of In-kind contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code		
		utside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES C	THIS SCHEDULE AS NEEDED	

P.O. Box 12070

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B:
2 FILER NAME	<u> </u>		3 ACCOUNT # (E	thics Commission Filers)
4 TOT	AL OF UNITEMIZED PLEDGES: ⇒	<del>+</del> + +	⇔ ⇔	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See In		,
Date	Full name of pledgor out-of-state PAC(ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		`   	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	,			
Date	Full name of pledgor out-of-state PAC(ID#	<i>y</i>	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		   	
		,		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of pledgor ut-of-state PAC (ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address: City; State; Zip Code		 	
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of pledgor   out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	f Texas, complete Schedule T)
Frincipal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
lf c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

P.O. Box 12070

LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 ТОТА	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; Zi	ip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral		
none		-	18 Amount Guaranteed (\$)
15 GUARANTOR INFORMATION	16 Name of guarantor	/ (/)	16 Amount Gaarantood (4)
not applicable	17 Guarantor address; City; St	ate; Zip Code	
19 Principal Occupat	on (See Instructions)	20 Employer (See Instructions)	<u>.</u>
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City, State; Zi	ip Code	Interest rate
Y N			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable		ate; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEE!	 DED
If len	der is out-of-state PAC, please see instru		

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	4)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C	Contract Labor	Loan Repayment/R	eimbursement
Accounting/Banking	Legal Services	Solicitation/Fundr	• •		ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donat	
Event Expense	Polling Expense	Travel Out Of Dis			eholder/Political Committee
Fees	Printing Expense	Office Overhead/	•	•	itegory not listed above)
	The Instruction Guid	e explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT	# (Ethics Commission Filers)
1 18mm kmg = =					/
4 Date	5 Payee name				
4 Date	5 Fayee Hame				
	Cibe S	Code			
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code			
	1				
	1				
	The standard state of the standard standard state of the standard stand		T D = - substing		
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule 1)
OF EXPENDITURE	1				
EXPENDITORL					
9 Complete ONLY if direct	Candidate / Officeholder name	<b>э</b>	Office sough	ht /	Office held
expenditure to benefit C/O	JΗ				
	т				
Date	Payee name				
Amount (\$)	Payee address; City; S	State; Zip Code			
Allouit (4)	1 dyou day,	tato,	/		
	1				
	1				
	The state of the s		A Secretarion	The state of Taylor	to a company of the second second
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF	1		[4]		
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name	₹ /	Office sough	ht	Office held
expenditure to benefit C/O	Н	\ /			
	1	<del>] /</del>			
Date	Payee name				
	1				
Amount (\$)	Payee address; City; St	tate; Zip Code			
Amount (4)	Payes audioss,	ate, Air och			
			T =tst		· · · -
PURPOSE	Category (See pategories listed at the to	p of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE					
EXPENDITURE	l				
Complete ONLY if direct	Candidate / Officeholder name	<b>3</b>	Office sough	ht	Office held
expenditure to benefit C/O	ЭН /				
Date	Payee name				
	1				
1 (0)	City: S	Tin Code			
Amount (\$)	Payee address; City; St	tate; Zip Code			
/	1				
/	1			•	
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Texas	s, complete Schedule T)
OF	1				
EXPENDITURE				·	
Complete ONLY if direct	Candidate / Officeholder name	<u> </u>	Office sough	ht	Office held
expenditure to benefit C/C			<del>-</del>		
CAPOIIGICAL III.					
	ATTACH ADDITIONAL C	OPIES 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 Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out of District Expense Out of District Expense Office Overband	aising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Strict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/	,
	The Instruction Guide explains how to	<u> </u>
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		<u> </u>
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; Cjtý; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

#### SCHEDULE H

	EXPENDITURE	CATEGORIES	EOR BOX 8/a)		
Advantaine Funence			• •	Laan Danaumant/Da	:b
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Re	
• •	Legal Services	Solicitation/Fundra	iising Expense		ment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	1-1-1	Contributions/Donati	ons Made By nolder/Political Committee
Event Expense	Polling Expense	Travel Out Of Dist			
Fees	Printing Expense	Office Overhead/R	kentai Expense	OTHER (enter a cate	egory not listed above)
	The Instruction Guide	explains how to	complete this for	m.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT #	(Ethics Commission Filers)
Total pages contours in				<b>3</b> 7.0000111 7	(Zumos Commiscion ( more)
4 Date	5 Business name				
6 Amount (\$)	<b>7</b> Business address; City; Sta	ate; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas,	complete Schedule T\
8 PURPOSE OF	(a) Catogory (Goodategorios noted at the top	7 of time concurry	(b) Bescription	(II traver outside of Texas,	complete outleadie 1)
EXPENDITURE					
			<u> </u>		
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	t /	Office held
expenditure to benefit C/O	H				
				_/	
Date	Business name			/	
	·		/	/	
Amount (\$)	Business address; City; Sta	ate; Zip Code			
•					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	(If travel outside of Texas,	complete Schedule T)
OF		/_	i		
EXPENDITURE		/ ()	ſ		
Ot-t- ONIIV II disease	Candidate / Officeholder name	-/-	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O		\ / '	Office sought	•	Office field
experience to belieff C/O	П	\ /			
		<del>]/</del>			
Date	Business name				
A	Business address. City Sta				
Amount (\$)	Business address; City; Sta	ite; Zip Code			
PLIPPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas,	complete Schedule T)
PURPOSE OF					
EXPENDITURE					
			<u> </u>		
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	н /				
<u> </u>					
Date	∕Business name				
****					i
Amount (\$)	Business address; City; Sta	ite; Zip Code			
.,					
					i
			<del></del>		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas,	complete Schedule T)
/ OF					J
EXPENDITURE					
Committee ONIV 17 - 17 - 1	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct			Onice sought		Office field
expenditure to benefit C/O	п				
	ATTA OLI ADDITIONAL CO		CHEDII E ACA	'EEDED	
	ATTACH ADDITIONAL CO	7415 OF 11115 S	CHEDULE AS N	MEENEN	i

#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES I Salaries/Wages/Con Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense	Loan Repayment/Reimburse Transportation Equipment & Contributions/Donations Mac Candidate/Officeholder/P OTHER (enter a category no	Related Expense de By olitical Committee
	The Instruction Guid	e explains how to c	omplete this for	m.	
1 Total pages Schedule I:	2 FILER NAME		<u> </u>	3 ACCOUNT # (Ethics	s Commission Filers
<b>4</b> Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			/
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description (	(See instructions regarding type o	f information required.)
Date	Payee name			<del>/</del>	
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule	Description (	See instructions regarding type of	information required.)
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(See instructions regarding type o	f information required.)
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(See instructions regarding type o	f information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

CRE	EDITS (optional)	SCHEDULE <b>K</b>
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER	NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Co	ode
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Co	Amount (\$)
	Reason for credit	
· .	ATTACH ADDITIONAL COPIES OF THIS SCHEE	DULE AS NEEDED

	NTRIBUTION OR POLITICAL EXPEND L OUTSIDE OF TEXAS	ITURE SCHEDULE T
The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Payee	
	iture reported on:  nedule A Schedule B Schedule C Schedule nedule H Schedule N COH-UC COH-T	D Schedule F Schedule G PAC-C PAC-E
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
,	9 Destination city or name of destination location	
10 Means of transportat	ion 11 Purpose of travel (including name of conference, se	minar, or other event)
Name of Contributor / (	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
	nedule A Schedule B Schedule C Schedule  Schedule H Schedule N COH-UC COH-T	D
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
;	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor / 0	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
	sedule A Schedule B Schedule C Schedule	
	edule H Schedule N COH-UC COH-T  Name of person(s) traveling	PAC-C PAC-E
Dates of travel		
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
V	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instructio	n Guide explains ho	w to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR  MICKNAME	AHredo	MI SUFFIX	OFFICE USE ONLY	Υ
4 CANDIDATE/	Fred ADDRESS / PO BOX:	Borrego			
OFFICEHOLDER MAILING ADDRESS	4020	APT/SUITE#: CITY	STATE; ZIP CODE	Date Hand-delivered or Postmarked	
change of address	EIPA	so, TX 70	7903	Receipt # Amount	·
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( ) (5)	PHONE NUMBER	EXTENSION	Date Processed	<del></del>
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Alfredo	) MI	Date Imaged	
	Fred	Bornege	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO F	OBOX PLEASE), APT / STITE /	#: CITY: STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION .		
9 REPORTTYPE	January 15  July 15	30th 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)	r
10 PERIOD COVERED	Month Day 05/05/6	Year THROUGH	H O6/30		
11 ELECTION	Month ELECTION DATE	Year	Runoff X	General Special	
12 OFFICE	OFFICE HELD (If any)	rustee #3	13 OFFICE SOUGHT (If kno	trustee #3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	CANDIDATES ARE REQU	DITURES ARE CAMPAIGN EXPENDIT IRED TO DISCLOSE THIS INFORMAT	TURES MADE BY OTHERS WITHOUT TI	HE CANDIDATE'S PRIOR CONSENT OR APPRI TION OF THE DIRECT CAMPAIGN EXPENDITU	OVAL.
BY OTHER INDIVIDUALS	Name				
DECE!		Suite #: City. State: Zip C	Code		
JUL 1 4	2011	GO TO PA	GE 2 Re	cercel 7/14/11 3:3/pm. Bl	
<b>UPERINTENDE</b>	NT'S OFFICE	•	<b>_</b>	Revised 04/21	1/2010

# CANDIDATE / OFFICEHOLDER REPORT: STOTAL & TOTAL S

# FORM C/OH

SOFFORI	- CIALS	COVER SHEET PG 2
15 C/OH NAME	1 Gredo "Fred" Borrego 10	ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE COMMITTEE TYPE  COMMITTEE TYPE	AFE'S OF OFFICE US STATE
	GENERAL COMMITTEE ADDRESS	
Ŷ.	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
40 CONTRIBUTION		
18 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
EXPENDITION	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	0 \$
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES	\$ 1732.12
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
19 AFFIDAVIT	l swear, or affirm, under penalty of per	jury, that the accompanying report
M	is true and correct and includes all info MARIA I. JACKSON IY COMMISSION EXPIRES January 12, 2015  is true and correct and includes all info me under Title 15, Election Code.	ormation required to be reported by
	Signature of Canenda	te or Officeholder
	of July 20 11 to certify which, witness my i	this the
Signature of officer admin	Stering oath  Printed name of officer administering oath	Tunustrative Assistant Title of officer administering costs

### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Alfredo "Fred" Borrego	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)	(If travel outside of Texas, complete Schedule T)
10 Employer (See Instructions)	nstructions)
Date  Full name of contributor tul-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Amount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employet (See Ins	(If travel outside of Texas, complete Schedule T)
Date Full name of contributo; out-of-state PAC \D#;	Amount of In-kind contribution
Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$ description (if applicable)
Principal occupation / Job title See Instructions)	structions)
Date  Full name of contributor out-ot-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of In-Aind contribution contribution (\$) description (if applicable)
Phincipal occupation / Job title (See Instructions) Employer (See Ins	
Date Full name of contributor out-of-state PAC (ID#)  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T) tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	S NEEDED onal reporting requirements.

PLEDGED CONTRIBUTIONS	SCHEDULE <b>B</b>
The Instruction Guide explains how to comple	te this form.  1 Total pages Schedule B:
2 FILER NAME Alfredo "Fred" E	3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES:	p p p p p p \$
5 Date 6 Full name of pledgor out-of-state PAC(	pledge (\$) (if applicable)
Oity, State, Zip	
10 Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  11 Employer (See Instructions)
Date Full name of pledgor □ out-of-state PAC(I	pledge (\$) (if applicable)
	Code  (If travel outside of Texas, complete Schedule T)
Principal occupation / Job (the (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-state PaC (III  Pledgor address: City; State; Zip (	pledge (\$) (if applicable)
Principal occupation / Job title (See Instrustions)	Employer (See Instructions)
Date Full name of pledgor □ out-of-state PAC (ID	pledge (\$) (if applicable)
Principal occupation / Job title (See Instructions)	(If travel obside of Texas, complete Schedule T)  Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID)	pledge (\$) (if applicable)
Pledgor address; City; State: Zip C	Code  (If travel outside of Texas, complete Schedole T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIE  If contributor is out-of-state PAC, please see in	ES OF THIS SCHEDULE AS NEEDED  Instruction guide for additional reporting requirements.

(512) 463-5800

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule E:
2 FILER NAME	Alfredo "Fred"	Borrego	3 ACCOUNT # (Ethics Commission Filers)
тота	L OF UNITEMIZED LOANS:	7 0 0	⇒ \$
5 Date o 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	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	***************************************	
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; Oty:	State; Zip Code	
19 Principal Occupat	on (See Instructions)	20 Employer (See Instructions)	
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City State;	Zip Code	◆ Interest rate
Y N	,		Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
GUARANTOR INFORMATION	Name of guarantor		mount Guaranteed (\$)
not applicable		State; Zip Code	
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	1
lf len	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep	

### POLITICAL EXPENDITURES

### SCHEDULE F

(512) 463-5800

			and the second contract of the second contrac	n de la companya de La companya de la companya del la companya de la companya del la companya de
and the second security for the Personal Second	EXPENDITURE	E CATEGORIES FOR B	OX 8(a)	The second secon
Advertising Expense	Gift/Awards, Memorials Expense	Salaries/Wages/Contract La	* *	nUReimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Exp		Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		onations Made By
Event Expense	Polling Expense	Travel Out Of District		Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Exp		a category not listed above:
	<del>,</del>	e explains how to complete	<del></del>	
1 Total pages Schedule F	2 FILER NAME Alfredo	"Fred" Rorr	rego	JNT # (Ethics Commission Filers)
4 Date	5 Payee name A. Waa		<u> </u>	alta - antique y sub site : ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
05-11-11	5 Payee name Air MI	X		
6 Amount (\$)	7 Payee address; City. S	tate; Zip Code	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21164	11400 HOCAS	こ きゅうしょ		
$\sim$ $\sim$ $\sim$	El Daga	LY JOOR I	/_	
na managan, at a see trademarkan and a second se	LITASO,	17 11/21	<u> </u>	anti Mirikati dina dikendap artikalah birah sakturah kelabapkan pendapakan pengangan pengangan 
8 PURPOSE	(a) Category. See categories visted at the to	p of this scheduler (b) De	scription of traveloutside of	Fexas complete Schedule 1)
OF EXPENDITURE	Balloon Heliuw	<b>\</b>		
	Candidate / Officeholder name	_!	ce sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		. One	ce adugiti	Onice neig
The second of th		The state of the s		named Park ( 1974 - 1974 a state o tale o tale ( 1974 - 1974 a state o tale ( 1974 a state o tale ( 1974 a state o tale o
Date	Payee name		1. 1	
05-13-11	MIDert	sons Supe	rmarket	
Amount (\$)	Payee address: City: S	tate: Zip Code	manadamenta amadamenta keel keeli ili ee ee ee ee ee ee alka adameetiin ee	ETRA VITE ET . IL 14 person d IL 140 till till transmitter til till i departmentation ikken sidda kapati vitta d. 200. 1
) - A 2	1	1 ~ 1		,
1500	Chelmon.	t Conter		
1 <b>~</b> *	EI TASO	TX 7990	ング	
PURPOSE	Category (See categories listed at the to	p of this schedule) Des	scription aff travel outside of	fexas, complete Scriedule T)
OF	In it			
EXPENDITURE	TIOII			
Complete ONLY of direct	Candidate / Officeholder name	Offic	ce sought	Office held
expenditure to benefit C/C				The state of the s
Date	Payee name 🐧 🚶	a transmission of the last of	graduatinasionistatis, tras. Andrewyn i tras alay alan is antidat attennism	
OS-13-11	1' mcto			
			and the second of the Anna control of the Anna	
Amount (\$)	Payee address: City: St	ate; Zip Code	<b>.</b> .	
2497	KACCOTH PI	G 17 D	ASO, TX	79900
O1 10'	MANAGETT 1 /3	TE EII	3300/ VI	1,1100
DURDOSE	Category : See categor es : sted at the to	o of this schedule Des	scription (travel outside of	'exes, complete Screaule T)
PURPOSE OF	1	:		
EXPENDITURE	Juice	;		
Complete ONLY if direct	Candidate / Officeholder name	Offic	ce sought	Office held
expenditure to benefit C/C				
entre a company de la company	Annance of the state of the sta	الله و الله الله الله الله الله الله الل	N. BERTHAMAN MARKET STATE STATE OF THE STATE	and the control of th
Date	Payee name			
05-14-11	COSTCC	•		
. Amount (\$)	Payee address; City; St	ate: Zip Code		The second secon
111 92	D. H. DI	LI !	PARO, TX	79900
64, 1	ISASSEIT TI	ace El	1300/11	1,1100
				ner plat terminals should now if their and with the plants with a fine objection and interesting a party terminals of
PURPOSE	Category (See categories listed at the to	p of this screaule. Des	scription (altraveloutside of	exas, complete Schedula Ti
OF	Palling or CAM	wiches !	•	
EXPENDITURE	101mores -			min
Complete ONLY if direct	Candidate / Officeholder name	Offic	ce sought	Office held
expenditure to benefit C.	DH .			
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDL	JLE AS NEEDED	The same of the sa
				1

EXPENDITURE CATEGORIES FOR BOX 8(a)

# POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contribut ons/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) form.
1 Total pages Schedule F:	2 FILER NAME ALTRED	o"Fred" Borre	3 ACCOUNT # (Ethics Commission Filers)
4 Date OS-10-11	5 Payee name On line	BAllooms	7
6 Amount (\$)	7 Payee address; City; Sta	T	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top  CAMPALEN Decora	1.	n (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office soug	ght Office held
Date Q\$-\0-\\	Payee name Costo	-0	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
296.33	BASSETT PI	ace ElPas	30, TX 79905
PURPOSE OF EXPENDITURE	Category (See categories listed at the top CAMPAIGN Food & Dri	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	tht Office held
Date 05-10-11	Payee name VA/er	~O *	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	70003
55.85	Trowbridge +	t Pershina El	Paso, TX 79903
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ht Office held
Date 05-11-11	Payee name JP M	organ Chase	
Amount (\$)		ate; Zip Code 30, TX 799	as
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule) Description	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	NEEDED

### POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

Advertising Expense Accounting Banking	Gift/Awards-Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundral	intract Labor	Loan Repayment/Rein	nbursement nent & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense Printing Expense	Travel In District Travel Out Of District Office Overhead/R		Candidate/Officend OTHER (enter a categories)	older/Political Committee
	The Instruction Guide				•
1 Total pages Schedule F	2 FILER NAME Alfredo	"Fred" I	porred (		Ethics Commission Filers)
4 Date OS-14-1\	5 Payee name VA/er	0	S		
10,36	7 Payee address: City: Sta	Pershina	a El F	ASO, TX	79903
8 PURPOSE OF EXPENDITURE	(a) Category -See categories ested at the top	of this schedule:	(b) Description	of travel butside of Faxasi o	rimplate Scriedule Ti
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	it .	Office held
Date OS-14-11	Payee name NenA	SAW	vanjeo	0	
Amount (\$)	Payee address: City: Sta	ate; Zip Code	~	_,	
40.00	357 Milton	El	Paso,	TX 199	118
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Description	if travel outside of Texas. co	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date 05-14-1	Payee name · MAQIC	PAN			Vin all his beautiful to the read of the second to the second second second second second second second second
Amount (S)	Payee address: City: Sta	te: Zip Code	El Pasc	, TX 70	1932
PURPOSE OF EXPENDITURE	Category (See categor as issed at the top	of this schedule.	Description	of ravel ourside of Texas loc	ompiete Schedule ()
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	The tag part of the control of the c	Office sough	t	Office held
Date	Payee name \ \\\.	$\mathcal{D}$ .	1.		
06-18-11	Beltna	N'S Tr	INTING		
373.46	Payee address: City: Sta 6800 Alamed	A EI	PARO, T	T 7990	as
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top	of this schedule;	Description	of travel outside of Texas ico	omplete Schedula *:
Complete ONLY if direct expenditure to benefit CrC	Candidate / Office <del>holder</del> name ਹਮ	and the grant annual control of the second o	Office sough	t	Office held
and the state of the second section of the second second section of the second second section	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULEAS	NEEDED	N November 1 and 12 inches also are presented and an extended

Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070

POLITICAL EXPENDITURES

#### SCHEDULE F

a consequence of the second conference of the second conference where we	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense	· · · · · · · · · · · · · · · · · · ·	es/Contract Labor Loan Repayment'R	•
Accounting/Banking, Consulting Expense	t.egal Services Solicitation/Fu Food/Beverage Expense Travel In Dist		pment & Related Expense tions Made By
Event Expense	Polling Expense Travel Out Oil	f District Candidate/Office	enolder/Political Committee
Fees	•		tegory not listed acove)
	The Instruction Guide explains hov	<del></del>	
1 Total pages Schedule F	2 FILER NAME Altredo Fred"	Polices 3 ACCOUNT	# (Ethics Commission Filers)
4 Date	5 Payee name	Ander	•
06-18-11			
6 Amount (\$)	7 Payee address; City. State: Zip Code		
71.03	4020 Trombridge	EI PARO, TX	19903
8 PURPOSE	(a) Category See categories listed at the top of this schedule.	(b) Description of travel outside of Texas	s complete Schedule :
OF EXPENDITURE	(GACA)INO		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C			<del>.</del>
A CONTRACTOR OF THE PROPERTY O	Pavee name	A ALEXANDER OF THE THE PARTY OF	**
Date \	rayee name	\	
A	Payee address: City: State; Zip Code		
Amount (\$)	rayed address City, State, Zip Code	`\	
			\
PURPOSE \	Category (See categories listed at the too of this schedule)	Description (If travel of taxes	complete Schedule T)
OF EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н \		· \
	Payee name		
Date	T ayou name		
Amoun (\$)	Payee address: City: State; Zip Code	, '	\ ·\
		\.	\ \
\	\ \	\ .	\ \
PURPOSE	Category (See categories listed at the top of this schedule)	Description : ( vavel outside of Texas	complete Screaule T;
OF EXPENDITURE		\;	\
	Condition (Office bolder and )	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Citide Heid
Pate	Payee name.		
		\	
Amount (S)	Payee address: City: State; Zip Code		
\	\ \	\ \	\
\		\	\
PURAOSE	Category (See categories listed at the top of this schedule)	Description of traveloutside of Texas	complete Scredula T-
οÀ			
EXPENDITURE			
Complete ONLY if direct expenditure to benefit Cit	Calididate / Officeholder name Эн	Office sought	Office held
	ATVACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED	

Austin, Texas 78711-2070

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

### SCHEDULE G

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	ontract Labor Lo sising Expense Tr Co trict	pan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/F  The Instruction Guide explains how to	•	THER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Alfredo "Fred" B	alieco	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
Reimbursement from political contributions intended			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If I	travel outside of Texas, complete Schedule T)
EXPENDITURE			
Date	Payee Name		
Amount (\$)	Payee address: City; State; Zip Code		
Reimbursement from political contributions inlended			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE			
			<b></b>
Date	Payee name		
Amount (\$)	Payee address; City; State Zip Code	\ \	7
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 EXPENDITURE			
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 to	ravel outside of Texas, complete Schedule 1
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	EDED .

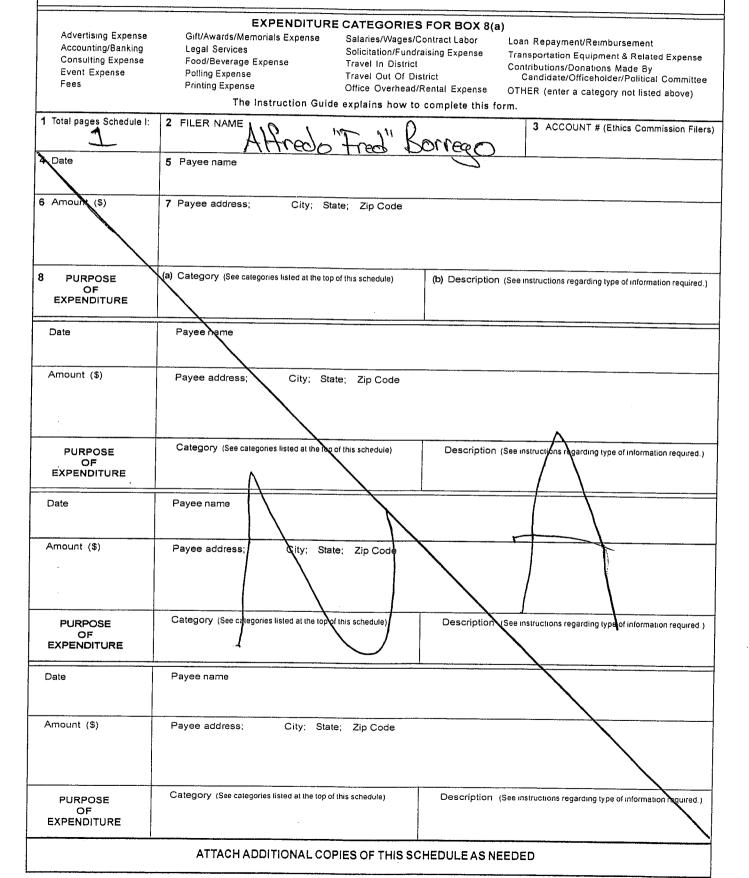
# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES FOR BOX 8(a	3)
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Loan Repayment/Reimbursement
Consulting Expense	Food/Beverage Expense	Travel In District	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donations Made By
Fees	Printing Expense	Office Overhead/Rental Expense	Candidate/Officeholder/Political Committee
	- ·		OTHER (enter a category not listed above)
4 7.44	The histraction Guide	explains how to complete this f	orm.
1 Total pages Schedule H:	2 FILER NAME	115-17	3 ACCOUNT # (Ethics Commission Filers)
1 1	Month	) trod france	C7
4 Date	5 Business name	2 1.60 23.17	30
1.2	3 Dusiness Hairle		
6 Amount (\$)	7 Business address; City: Stat	te; Zip Code	
	7 Dubiness address, City, Star	te; zip Code	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF		(2) 20001112(011	(in travel obtaine of rexas, complete Schedule T)
EXPENDITURE	1		
O Complete ONLY if direct	Condidate (Official)		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht Office held
expenditure to benefit C/C	DH N		
Date	Business name		
Amount (\$)	Pusinger ad		
, (v)	Business address; City; State	e; Zip Code	
PURPOSE	Category (See categories lister at the top of	(this sehed de)	
OF	The same and a same and a same same same same same same same sa	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE			1
Complete ONLY if direct	Candidate / Officeholder name	Office sough	t / Office held
expenditure to benefit C/O	н /\		
			<del>                                     </del>
Date	Business name		
A			
Amount (\$)	Business addless; City; State	; Zip Code	
			\
			\
			\
PURPOSE	Category (See categories listed at the top of	Non-coloradadas 500 in 197	
OF	adiogoty (ode categories instends file top of	this schedule) Description (	(If travel oulside of Texas, complete Schedule T)
EXPENDITURE			
	<u> </u>		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		Since held
Date	Business name		
Amount (\$)	Business address; City; State;	Zip Code	
	·		
1			
[			
	0-1		
PURPOSE	Category (See categories listed at the top of the	nis schedule) Description (I	f travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office 25	
expenditure to benefit C/OH		Office sought	Office held
	ATTACH ADDITIONAL COR	IES OF THIS SCHEDULE AS N	EEDED
	W. WOLLYDDLIJOHWE CON	PRO OF TURB SOMEDUTE VS M	ECHEN

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !



P.O. Box 12070

ד	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NAM	ME Alfredo" Fred" Borreso	3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	Reason for credit	
Date	Payor tame Payor address: City: State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State: Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
	Reason for credit	
Oate	Payor name  Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDE FOR TRAVEL OUTSIDE OF TEXAS	SCHEDULE T
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME Altredo "Fred" Borrego	3 ACCOUNT # (Ethics Commission Filers)
Name of Contributor / Corporation or Labor Organization / Pledgory Page	
5 Convibution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
6 Dates of travel 7 Name of person(s) traveling	
Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of person(s) traveling	^
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)
A Control of Control o	
Name of Contributor / Corporation or Jabor Organization / Pledgdr / Payee	,
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-E
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

1			
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	M9/MRS/MR FIRST	MI MI	OFFICE USE ONLY
OFFICEHOLDER	Mario	T50/A	Date Received
NAME	NICKNAME LAST	CHECK	Date Neceived
	AND THE LAST	SUFFIX	
	CASTANON	WIIIAMS	·
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING			Date Hand-delivered or Postmarked
ADDRESS			Date Hand-delivered of Positian Red
change of address	9009 EL DORADO 6/1	136/1/9/925	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(98) 253-3613	•	54.6 / 10003004
6 CAMPAIGN	MS MRS MR FIRST	MI	Date Imaged
TREASURER ' NAME	(BRMLA)		
NAIVIE	NICKNAME LASI	SUFFIX	
ı	NUA NO		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE;	ZIP CODE
TREASURER			
ADDRESS (residence or business)	111/1	218	
,	4413 BENUS	C/Mso /X	19903
8 CAMPAIGN	, AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(915) 5/12-1122		
9 REPORT TYPE			4 Cib day of the same in the s
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 158th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	THROUGH	1/2/	/
	1 01 (1D1)	4 30	2018
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Primary	Runoff	General Special
12 OFFICE '	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	IRUSTEL MISTRICT Z	JAME	
14 NOTICE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE	DEC MADE BY OTHERS WITHOUT THE	CANDIDATE'S DRICE CONCENT OF ADDRESS
OF DIRECT CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
EXPENDITURE	1		
BY OTHER	Name		
INDIVIDUALS CONTRACTOR			
	Address (PO BOX) Apt. 7"Suite#; City; State; Zip Cod	de 🥎	
		Received	7/13/11
additional pages		Received 0 4:53 pm	$\Rightarrow M$
JUL	1 3 2011    <b>U</b> /	C 4.30 Pox	' NH
		, >= 0	•
	GO TO PAG	∍E 2	
THE STATE OF			

WOUPERINTENDENT'S OFFICE

Revised 04/21/2010

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

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	RIOTSELA	Enstadon Williams	6 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	M CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS .			
ı		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	,		
18 CONTRIBUTION TOTALS		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)	\$ 3185		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED \$		
		POLITICAL EXPENDITURES  DITIONS MAINTAINED AS OF THE LAST DA	\$ 1599,19		
BALANCE '	OF REPO	ORTING PERIOD  RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH	2782,40		
19 AFFIDAVIT	LAST DA	Y OF THE REPORTING PERIOD			
	MARIA I. JACKSON MY COMMISSION EXPIF January 12, 2015	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAMI	P/SEAL ABOVE	Signature of Candi	date or Officeholder		
Sworn to and subs	scribed before r	ne, by the said Morin Iseh Castanon, 20 11, to certify which, witness my	i '		
Signature of officer admin	nistering oath	Maria Lacison  Printed name of officer administering oath	Administrative Assistant Title of officer administering oath		

#### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:			
The instruction during explains now to complete this form.			ď			
2 FILER NAME MARIE I SELD LASSANING WILLIAMS			3 ACCOUNT# (E	thics Commission Filers)		
4 Date	5 Full name of contributor out_of-state PAC (ID#:		7 Amount of	8 In-kind contribution		
1/24/11	Linds Marlock		contribution (\$)	description (if applicable)		
	6 Contributor address; City; State; Zip Code	MOX 1911	500-	 		
			(If travel outside	of Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)			
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution		
1/24/11	BIXALINE LEWIGURIA		contribution (\$)	description (if applicable)		
1/0///	Contributor address; City; State; Zip Code		761			
	1464 LOST PORSE IVINE		200			
·	11 DAD 18 20903	•	, .	of Tanana annual state Catacidata Ta		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date 1/2////	Full name of contributor   pul-of-state PAC (ID#:	<i>y</i>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code			125-			
	PIPALO TY DAGIN		(If travel outside o	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	***************************************	, ,		
	•					
Date // 2/.//	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
1/24/1/	Contributor address; City, State; Zip Code	1	100-			
	The Shart aller		, ,			
	E11430 1X 19924			of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)			
Date	Full name of contributor   out-of-state PAC (ID#:_	)	Amount of	In-kind contribution		
1/1/2	Rush Milliami	į	contribution (\$)	description (if applicable)		
1/24/11	Contributor address; City State; Zip Code		101-			
	A BRIOTE MAGGE		,			
Principal occur	pation / Job title (See Instructions)	Employer (See, I		f Texas, complete Schedule T)		
i iliopai oodu	The state of the s					

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

P.O. Box 12070

#### SCHEDULE A

Schedule A	rm. 1 Total pages Sche	The Instruction Guide explains how to complete this
F (Ethics Commission Filers)	3 ACCOUNT # (Eth	FILER NAME  MANIE ZGLAR CHUMNON
	contribution (\$)	Date  5 Full name of contributor out-of-state PAC (ID#_  1/21/1/ 6 Contributor address; City, State; Zip Code  39511111111111111111111111111111111111
In-kind contribution	Amount of	
	contribution (\$)	Date  Full name of contributor    DK KUSNES     Contributor address   City   State   Zip Code     SSZ & Missioch     CL MO TX 04/13
	Employer (See Instructions)	Principal occupation / Job title (See Instructions)
In-kind contribution description (if applicable)	Amount of contribution (\$)	Date   Full name of contributor
	Amount of contribution (\$)  (If travel outside of contribution (\$)  (Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#
	Amount of contribution (\$)	Date Full name of contributor out-of-state PAC (ID#)  AND
oute	contribution  (If travel  Employer (See Instructions)	Date Full name of contributor out-of-state PAC (ID#

(512) 463-5800

# 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 Schedule A:
2 FILER NAME	Mmn Isela Costamon	3 ACCOUNT # (Ethics Commission Filers)
4 Date //2////	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) description (if applicable)
	6 Contributor address. City State. Zip Code 3432 MONTA 1044  NO DO (NTX 1) GAIN	(If travel outside of Texas, complete Schedule T)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See Instructions)
Date	Full name of contributor   Joui-of-state PAC (ID#_	Amount of In-kind contribution contribution (\$) description (if applicable)
1/24/11	Contributor address: City: State; Zip Code	JOS I DESCRIPTION
Principal occur	EIMOUTX 14425 pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
		) Amount of In-kind contribution
Date	Lydin Listanon	contribution (\$)   description (if applicable)
- 1/2 <i>(</i> ///-	Contributor address City, State; Zip Code	25-
Principal occup	bation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Date	Full prame of contributor   out-of-state PAC (ID#_ UNAVALUAL DLIVAL GRAP	Amount of In-kind contribution description (if applicable)
724/1/	Contributor address: City. State: Zip Code	25-1
Principal occu	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Date /	Full name of contributorout-or-state PAC (ID#_	Amount of In-kind contribution contribution (\$) description (if applicable)
1/24/11	Contributor address: City: State; Zip Code	
Principal	pation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
i ilioparoccu		
		NET HIS SOUTH IT AS NITEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this	form.
2 FILER NAME / MAN TILL / MANNEW (1)	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAG (ID#_	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6 Contributor address; City: State: Zip Code	Sot
9 Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T).  10 Employer (See Instructions)
Date   Full name of contributor   out-of-state PAC (ID#_	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address: City, State; Zip Code	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code  2004 FROWK FROM	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#_	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City, State: Zip Code  CHE BUST LIMINA	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)
Date Full name of contributor/out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code  2861 TAY/OR	
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)

P.O. Box 12070

#### SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME MAIN THAN MI	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PV (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
6/ POSO, TEXAS	(if travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) En	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
SU SUN FORD LAN EL ANSO TX 19912	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) description (if applicable)
Contributor address, City; State; Zip Gode  1812 N. CANANALI  1999 N. T. 1990	(If travel outside of Texas; complete Schedule T)
Principal occupation / Job title (See Instructions)  En  Date Full, name) of contribytor	nployer (See Instructions)  Amount of In-kind contribution
Contributor address: City: State: Zip Code	contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

#### SCHEDULE A

The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A:
2 FILER NAME MAIN TSUN CASHINI	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor up of state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
1841 SSAG SWALLOW LAD	(If travel outside of Texas; complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date  Full name of contributor  out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code  S804 JULIA IR  LL DAS TIL 1997	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC(ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address: City; State: Zip Code:	25-1 see 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)     Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City, State; Zip Code	100-
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T)  Employer (See Instructions)

P.O. Box 12070

### SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME AMAIN I LAND LANDON WILLIAM	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor   Quit-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
2 II SMITH IN THE THEORY OF THE PRINCIPLE OF THE PRINCIPL	(If travel outside of Texas, complete Schedule T)  See Instructions)
	) Amount of In-kind contribution
Date Full name of contributor Qui-of-state PAC (ID#	
Contributor address; City; State; Zip Code  UNU WEST WHI	16
Principal occupation / Job title (See Instructions) Employer (S	(If travel outside of Texas, complete Schedule T)  See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address: City; State; Zip Code	75-
Principal occupation / Job title (See Instructions)  Employer (	(If travel outside of Texas, complete Schedule T)  See Instructions)
Date Full name of contributory out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City: State; Zip Code  4420 Shall Willows	100-
Principal occupation / Job title (See Instructions)  Employer (	(If travel outside of Texas, complete Schedule T)  See Instructions)
Date Full name of/contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address: City, State; Zip Code  G013 // G1/ G1/ G1/ G1/ G1/ G1/ G1/ G1/ G1/	50-
Principal occupation / Job title (See Instructions)  Employer (	(If travel outside of Texas, complete Schedule T)  See Instructions)

#### SCHEDULE A

The I	nstruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Mag Isela Cashanon	Milmas	3 ACCOUNT# (E	thics Commission Filers)
4 Date //24/11	5 Full name of contributor out-of-state PAC (ID#_    SMINING   Contributor addressy   City   State,   Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	E/MSD/JS/1993} ation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date //	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/28///	Contributor address; City; State; Zip Code		35-	in a gardenic seed
Principal occup	ation / Job title (See Instructions)	Employer (See	and the comment of the property of the propert	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
//39/11	Contributor address; City; State; Zip Gode:	7	50	No. of the Control of
Principal occup	ation / Job title (See Instructions)	Employer (See	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	of Texas, complete Schedule T)
Date	Full name of contributor     out of state PAC (ID#_	essence timb	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/26/11	3829 Old Clarify	B.	JS/	of Toyon complete Schedule Ti
Principal occup	ation / Job title (See Instructions)	Employer (See	CONTRACTOR WORLD COMMAND CONTRACTOR OF THE PROPERTY OF THE PRO	of rexas, complete scriedure in
Date ,	Full name of contributor 🔃 out-of-state PAC (ID#_	The state of the s	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address, City; State: Zip Code		1991 TOWN	
Principal occup	nation / Job title (See Instructions)	Employer (See	and the second s	of Texas, complete Schedule T)

_	PLEDGED CONTRIBUTIONS SCHEDULE B				
	The Instruction Guide explains how to complete this form.			1 Total pages Sche	dule B:
2	FILER NAME	MARIA Isoha Castonia	a Milina	3 ACCOUNT # (Eth	nics Commission Filers)
4	ТОТА	AL OF UNITEMIZED PLEDGES:	⇒ ⇔ ⇔	\$ \$	\$
5	Date	6 Full name of pledgor out-of-state PAC (ID#:	1	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	•	7 Pledgor address; City; State; Zip Code		.    -     (If travel outside of	f Texas, complete Schedule T)
,10	Principal occu	pation / Job title (See Instructions)	11 Employer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				(If travel outside of	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of pledgor		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
				. ;	
Principal occupation / Job title (See Instructions) Employer (See In		<del></del>	Texas, complete Schedule T)		
	Filicipal occu	pation 7 300 title (Gee manachons)	Employe, (eee n		
	Date	Full name of pledgor	)	Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code			
	Principal occu	pation / Job title (See Instructions)	Employer (See I	L	Texas, complete Schedule T)
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		Pledgor address; City; State; Zip Code		[	
	1			(If travel outside of	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	
ı	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

(TDD 1-800-735-2989)

Texas Ethics Commission

LOANS	•		SCHEDULE <b>E</b>		
The	Instruction Guide explains how to comp	olete this form.	tal pages Schedule E:		
2 FILER NAME	Main Ischa Costa	?	COUNT.# (Ethics Commission Filers)		
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	NA	,	11 Maturity date		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	lateral	1			
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)		
not applicable	17 Guarantor address; City;	State; Zip Code			
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)			
Date of loan	Name of lender · [	out-of-state PAC (ID#:	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate		
YN			Maturity date		
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)			
- Description of Colla	ateral · · · · · · · · · · · · · · · · · · ·				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)			
If len	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

### POLITICAL EXPENDITURES

SCHEDULE F

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

Advertising Expense Accounting/Banking : Consulting Expense Event Expense Fees

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

P.O. Box 12070

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)

	i ne instruction Guide explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME THE SULA SING	MANUAR WILLIAM	# (Ethics Commission Filers)
4 Date 1/54/5/	Theha (ninaven W	illingu .	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
88-	Postal OFFICE	1	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas	, complete Schedule T)
EXPENDITURE	E44NT EXPLANTE	INVINITIONS	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office holder name DH	Office sought	Office held
Date ///////	Payee name / MIChALL RANGARCH	1	
Amount (\$)	Payee address; City; State; Zip Code		
75.41	3320 Sagranumbo G	1 Maso Tx 14936	Z)
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
EXPENDITURE	PRINNING EXP	INWANSIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date /-28-//	LELLO CANTANDAL CH	Illiams Andala	
Amount (\$)	Payee address; City; State; Zip Code	<u>(</u> ,	-
595.88	9201 Cotoway Wes	<i>f</i>	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
EXPENDITURE	EULAT EXPENSE		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 3/18/11	Bayee name Bank of The Wh	M5T	
Amount (\$)	Payee address; City; State; Zip Code		
15.90	SOON MASO ELM	MOTE 19499	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas	, complete Schedule T)
EXPENDITURE	BCCTING   BONKING	I	and the second s
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES

## SCHEDULE F

		CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense	Loan Repayment/Reimburs Transportation Equipment 8	
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Ma	ade By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of District Office Overhead/Rental Expense	Candidate/Officeholder/ OTHER (enter a category i	
- 1553	and the second of the second o	e explains how to complete this fo		and the second second
1 Total pages Schedule F:	2 FILER NAME	100/2000/11/1//	3 ACCOUNT # (Ethic	s Commission Filers)
1	INDANIA CH	<u> 15 JUUW (NII/IUU</u>	<u> </u>	
4 Date 2/////	5 Payee name	1. Anstholied 11.	nthom.	Employee Colored Section (1994)
	7 Payee address; City; Sta	<i>(f) L-1/N/M/V/Nº [///]</i> ate; Zip Code	MINIP	
8 7 8 8 7 7 2	1 1/1/1/2			
HH.	Survey lost of	E El PASOTX I	IJJV	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Description	(If travel outside of Texas, comple	ite Schedule T)
EXPENDITURE:	EVENT EXPONE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht O	office held
expenditure to benefit C/C				
Date //////	Payee name In	חינוני חר		
	Payee address; City; St.	<i>MCC∫C</i> tate; ∕Zip Code		
Amount (\$)	Payee address, Gity, Gi	ale; / Zip Code		
1011	4120 Tarubno	lue El Paso 7	T 19903	
PURPOSE	Category (See categories listed at the top	of this schedule) Description	i (if travel outside of Texas, comple	te Schedule T)
OF EXPENDITURE	Contaibution			
Complete ONLY if direct	Candidate / Officeholder name	Office sough	ht O	ffice held
expenditure to benefit C/C	H			
Date ////	Payet name	7		
4/8/11	MININ DOLLE	1		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	and the second s	
ma "	1 a. C. Spart	1. MIDNETI	7 1/1/10	
100	44 JUN 1101MT.	6H G1P11012	( /9"//	
PURPOSE OF	Category (See categories listed at the top	of this schedule) Description	i (If travel outside of Texas, comple	te Schedule i )
EXPENDITURE	Contribution	-		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	e Office sough	ht O	ffice held
Date // ///	Payee name	Ann Lo I		
Amount (\$)	Payee address, City, Sta	1///3/7//		
Amount (4)	Payee address, S,	11e, 21p code		
L100-	1359 Limplan	1 # for ElPs	10 TX 1993	T
PURPOSE	Category (See categories listed at the top	of this schedule) Description	(If travel outside of Texas, complet	te Schedule T)
OF EXPENDITURE	HAWERTISING (	54B		The state of the s
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	ht c O	ffice held
	•	OPIES 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 Food/Beverage Expense Polling Expense Printing Expense

P.O. Box 12070

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.
1 Total pages Schedule G:	2 FILER NAME  VIANIA I-GLA COSTANIAN WILLIAM  3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
Reimbursement from political contributions intended	NB
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	,
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
Date	Payee name (
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE '	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gift/Awards/Memorials Expense Legal Services Food/Beverage 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

Polling Expense OTHER (enter a category not listed above) **Printing Expense** The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule H: 5 Business name 4 Date 7 Business address; City; State; Zip Code 6 Amount (\$) (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State; Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date Business address; City; State; Zip Code Amount (\$) Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Business name Date City: State; Zip Code Amount (\$) Rusiness address: Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

#### **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

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.

	The instruction duide explains now to	complete tine form.
1 Total pages Schedule I:	1 FILER NAME TSCHO CASTANUM	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

CREDIT	「S (optional)	SCHEDULE <b>K</b>
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME	Monin Itela Contavan William	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code	8 Amount (\$)
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date '	Payor name Payor address; City; State; Zip Code	Amount (\$)
ı	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date '	Payor name  Payor address; City; State; Zip Code	Amount (\$)
1	Reason for credit  ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS NEEDED

IN-KIND CONTRIE FOR TRAVEL OUT	BUTION OR POLITICAL EXPEND TSIDE OF TEXAS	OITURE SCHEDULE T
The Instruction Gui	de explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME MAKIN Z	Tela Costo wow Williams	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation	on or Labor Organization / Plaggor / Payee	
5 Contribution / Expenditure repor	ted on:	
Schedule A	Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC , COH-T	PAC-C PAC-E
	e of person(s) traveling	
8 Depa	rture city or name of departure location	
9 Desti	nation city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)
Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reports	ed on:	
Schedule A	Schedule B Schedule C Schedule	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel Name of	of person(s) traveling	
Departu ,	ure city or name of departure location	
Destina	tion city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, ser	ninar, or other event)
Name of Contributor / Corporatio	n or Labor Organization / Pledgor / Payee	
Contribution / Expenditure report	ed on:	
Schedule A	Schedule B Schedule C Schedul	e D Schedule F Schedule G
Schedule H	Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel , Name of	of person(s) traveling	
Departu	are city or name of departure location	
	tion city or name of destination location '	
Means of transportation	Purpose of travel (including name of conference, see	minar, or other event)
·	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED

Texas Ethics Commission

# CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

(TDD 1-800-735-2989)

	DES	SIGNATION OF FINAL REPORT	PORIN STOTI - TR
		The Instruction Guide explains how to complete Complete only if "Report Type" on page 1 is market	this form. d "Final Report" ••
1	C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	ATURE	
	report as	expect any further political contributions or political expenditures in connection with as a final report terminates my campaign treasurer appointment. I also understand the any campaign expenditures without a campaign treasurer appointment on file.	/ my candidacy. I understand that designating a at I may not accept any campaign contributions
ı		Si	gnature of Candidate / Officeholder
4	FILER Com	R WHO IS NOT AN OFFICEHOLDER plete A & Bibelow only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	sk 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 po- not convert unexpended political contributions or unexpended interest or income e- use. I also understand that I must file an annual report of unexpended contribution contributions or unexpended interest or income earned on political contributions report. Further, I understand that I must dispose of unexpended political contribu- earned on political contributions in accordance with the requirements of Election Co	arned on political contributions to personal ons and that I may not retain unéxpended I longer than six years after filing this final utions and unexpended interest or income
	, B	ASSETS	•
	B. Chec	ck only one:	
•		I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.
		I do retain assets purchased with political contributions or interest or other income from I may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions.	come from political contributions to personal
			Signature of Candidate
5	OFFIC	CEHOLDER  nplete this section <i>only</i> if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder who I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as an
-			Signature of Officeholder

Austin, Texas 78711-2070

# 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/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Ms. LISA		Date Received
INAIVIE	NICKNAME LAST		
	(OLQ UITT	. ,	
	(S1 & 011 1	•	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING	603 Upson El Pa	SO TX 79902	Date Hand-delivered or Postmarked
ADDRESS	603 Upson El Pa	20 1/ 1/102	•
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed ·
OFFICEHOLDER PHONE	(915) 892-5623		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER	Mrs. Alicia	Z. <sup></sup>	. •
NAME	NICKNAME LAST	SUFFIX	
	Chacon	• •	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #:	CITY; STATE;	ZIP CODE
TREASURER	8937 Old Co	unty Rd.	
ADDRESS (residence or business)	·	79967	
	El Paso TX	· · · · · · · · · · · · · · · · · · ·	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(915) 860 - 893/		
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Bth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year   THROUGH	Month Day	Year
COVERED	01/15/11	01/24/	<i>^ //</i>
11 ELECTION	ELECTION DATE ELECTION TYPE		
IT ELECTION	Month Day Year		Occupied Secretary
	Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known	
	EPISD DISTICT #1		
14 NOTICE			CAMPINATE'S PRIOR COMPENT OF APPROVAL
OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO		
CAMPAIGN EXPENDITURE			
BY OTHER	Name .		
アプラのアース	Apt. / Suite #; City; State; Zip Cod	de	
additional pages			
JUN 2 3 201		•	•
2011 C O CUI			
	GO TO PAC	GE 2	
DERINTENDENTS	SOFFICE	·	2 Pavisad 04/21/2010

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

15 C/OH NAME	15A Colo	guith MUNOZ	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages	,	COMMITTEE CAMPAIGN TREASURER ADDRESS			
			·		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$		IZED \$		
<i>.</i>	4. TOTAL	POLITICAL EXPENDITURES	\$ 2,200:		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$		
19 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
	ARTINEZ-IBARRA SION EXPIRES	Simple on a Con-	Side to an Office helder		
December 15, 2012					
Sworn to and subs	Sworn to and subscribed before me, by the said Lisa Colquitt Munoz, this the				
TO MA	of <u>Sine</u>	, 20 // , to certify which, witness r	my hand and seal of office.  Ankin Rublic		
Signature of officer admi	nistering 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 Schedule A:			
				N/A		
2	FILER NAME	N/A Lisa Colqu	uth HUNOZ	3 ACCOUNT# (E	fnics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
		6 Contributor address; City; State; Zip Code				
				(If travel outside o	of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		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	nstructions)		
			. 1			
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		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	·	or rozac, complete conteate 17	
•	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code				
				. [		
				(If travel outside of Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		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		,	

### 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

(512) 463-5800

PLEDG	ED CONTRIBUTIONS			SCHEDULE <b>B</b>
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAME	Clar Colquit Murs	Z	3 ACCOUNT # (Et	thics Commission Filers)
<b>4</b> TOTA	AL OF UNITEMIZED PLEDGES:	\$ \$	\$ \$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
	4.			
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
			^ount of	In hind description
Date	Full name of pledgor out-of-state PAC (ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,		
	<u>·</u>		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	·	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	,		•
			(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See II	<u> </u>	i levas, complete constant .,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				CT (Inter-Online divide T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	L	f Texas, complete Schedule T)
·				
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			l (If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr			requirements.

P.O. Box 12070

LOANS				SCHEDULE <b>E</b>
The	Instruction Guide explains how to comp	plete this form.	1 Total pa	ges Schedule E:
2 FILER NAME	USA Colquitt W	UNOZ	3 ACCOU	NT # (Ethics Commission Filers)
<b>4</b> TOTA	AL 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 occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral		,	
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code		
19 Principal Occupat	I tion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupat	lion / Job title (See Instructions)	Employer (See Instructions)	ļ	
Description of Coll	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
	l ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE		uirements.

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

P.O. Box 12070

### SCHEDULE H

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Accounting/Banking Legal Services Consulting Expense Food/Beverage Expense Event Expense Polling 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

Fees	Printing Expense Office Overhead/	· · · · · · · · · · · · · · · · · · ·	IER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	5 Business name		<u> </u>
6 Amount (\$)	7 Business address; / City; State; Zip Code		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra-	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
9 Complete <u>ONLY</u> 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		
		T	•
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
EXPENDITURE			
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	Category (See categories listed at the top of this schedule)	Description (If trav	rel outside of Texas, complete Schedule T)
EXPENDITURE			
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 trav	rel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense	Polling Expense Travel Out Of Dis	
Fees	Printing Expense Office Overhead/I	,
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME USE COLOUTH M	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended	,	
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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
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 travel 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 travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

	NTRIBUTION OR POLITICAL EXPEND L OUTSIDE OF TEXAS	ITURE SCHEDULE <b>T</b>
The Instru	oction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	LISA COGUILL MINOZ	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	iture reported on:	
	nedule A Schedule B Schedule C Schedule	
	edule H Schedule N COH-UC COH-T	PAC <sub>7</sub> C PAC <sub>-</sub> E
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportati	on 11 Purpose of travel (including name of conference, se	minar, or other event)
Name of Contributor / (	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
Scr	nedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Sch	nedule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor / 0	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
Sch	edule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Sch	edule H Schedule N COH-UC COH-T	PAC-C PAC-E
Dates of travel	Name of person(s) traveling	. '
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, sem	nar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

### POLITICAL EXPENDITURES

SCHEDULE F

#### **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/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)

	ine instruction Guide explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME COLGUIT - MUNOZ		3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/15/11	5 Payee name Din Fronteras Organi	zing Proje	d
6 Amount (\$) \( \)	7 Payee address; City; State; Zip@ode  201 E 9th Ave	79901	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	7990/	avel outside of Texas, complete Schedule T)
8 PURPOSE OF EXPENDITURE	Fundralser	Annual	Banquet
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/22/11	Payee name Our Lady of the Va	illey Sch	or of
Amount (\$)	Payee address; City; State; Zip Code	J	
\$500.			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	ivel outside of Texas, complete Schedule T)
OF EXPENDITURE	fund raiser	School n	chnovation fund
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date (d23/1)	Payee name EPISD FOUndation		
Amount (\$) <sup>1</sup>	Payee address; City; State; Zip Code  (531 BOEING  Rayo TX 7970		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	evel outside of Texas, complete Schedule T)
EXPENDITURE	toundation	Scholar	ship tund
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	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 tre	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

# **CANDIDATE / OFFICEHOLDER REPORT:**

P.O. Box 12070

FORM C/OH - FR

(512) 463-5800

÷	DES	BIGNATION OF FINAL REPORT	
		The Instruction Guide explains how to co •• Complete only if "Report Type" on page 1 is	mplete this form. marked "Final Report" ••
í	C/OH N	LESA Colquit - Ulinoz	2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	ATURE	
٠	report a	expect any further political contributions or political expenditures in connect s a final report terminates my campaign treasurer appointment. I also under any campaign expenditures without a campaign treasurer appointment on f	stand that I may not accept any campaign contributions
ŀ		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:	
	$\square$	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 not convert unexpended political contributions or unexpended interest or in 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 Electrical contributions in accordance with the requirements.	ncome earned on political contributions to personal contributions and that I may not retain unexpended ibutions longer than six years after filing this final 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	ther 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 of Election Code, § 254.204.	other income from political contributions to personal
			Signature of Candidate (
5		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 office of a malso aware that I will be required to file reports of unexpended contributions, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as an
		· -	Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

					****		
The C/OH Instruction	Guide explains	how to comp	lete this form.	1 ACCOUNT (Ethics Commissi		2 Total pages f	lled:
3 CANDIDATE/	MS/MRS(MR)	FIF	ST		√il	OFFIC	E USE ONLY
OFFICEHOLDER	Λ.	<u> </u>	<b>-</b>	` [			
NAME	HILL.	IV	A	4	رـــ	Date Received	`,
	NICKNAME	LA			SUFFIX		
	1, 1	1	\ \				
	David		100 ap				
4 CANDIDATE!	ADDRESS / PO BO	X; APT / SULTE	# CITY:	STATE;	ZIP CODE		
4 CANDIDATE / OFFICEHOLDER			· f +				
MAILING	260	un 10	int Lan	<b>e</b>		Date Hand-delivere	i or Postmarked
ADDRESS							
change of address	FI H	180 /ex	(as 799	912.		Receipt #	Amount
Untaringe or passivos ,	<del> </del>	<del></del>					•
5 CANDIDATE/	AREA CODE	PHONE NU	MBER	EXTENSION		Date Processed	
OFFICEHOLDER	(915)	500	4 539=	₹			
PHONE		ت ن	1 001			D-I- I	
6 CAMPAIGN	MS MRS MR	FIR	ST	ı	MI .	Dale Imaged	
TREASURER	Mrs.	`12.	ra	•		X	-
NAME	NICKNAME	LA				***************************************	
	Del	•	Host	`			
			1/60/C	-8°	.,	W II	
7 CAMPAIGN		(NO PO BOX PLEA		•	STATE;	ZIP CODE	
TREASURER	1100	Tuch	444	\$1Pase 7	7 7	9912	
ADDRESS (residence or business)	6100	ITHEI	Cray 5	2114301	^ /	, , , ,	
(residence or duamess)		•					
8 CAMPAIGN	AREA CODE	PHONE NU	MBER	EXTENSION		i	
TREASURER							
PHONE	(915)	58	7 52	16			
9 REPORTTYPE	,	pannany .		·		15th day after	campaign treasurer
	January 15	30th	day before election	Runoff	I		officeholder only)
•	July 15	[ 8th	lay before election	Exceeded \$	500 limit	Final report (#	Attach C/OH - FR)
	2		,	LI	į		
10 PERIOD	Month Da	/ Year		Month	Day	Year	
COVERED	05 /09	12411	THROUGH	0.4	/30/	9011	
	, , , , , ,	/ 20 11		O <sub>B</sub>	/ වර /	601)	
A CI COTIONI	ELECTIC	NIDATE	ELECTION TYPE				
11 ELECTION	Month Da						
	05 /14	13011	Primary	Runoff	$\nabla$	General	Special
			·				
12 OFFICE	OFFICE HELD (if a	ny)	-	13 OFFICE SOL	JGHT (if known)		
	APISD	Trus	tee				
	<del> </del>						
14 NOTICE	DIRECT CAMPAIGN	EXPENDITURES AF	RE CAMPAIGN EXPENDI	TURES MADE BY OTHER	S WITHOUT THE	CANDIDATE'S PRIOR	CONSENT OR APPROVAL.
OF DIRECT CAMPAIGN	CANDIDATES AF	E REQUIRED TO DIS	ICLOSE THIS INFORMAT	TION ONLY IF THEY RECE	IVE NOTIFICATIO	N OF THE DIRECT C	AMPAIGN EXPENDITURE.
EXPENDITURE	·····						
BYOTHER	Name						
INDIXIDUALS IN IT							
	Address / PO Box:	Apt. / Suite #;	City; State; Zip C	Code			
		riphi redition;			<i>U</i>	•	/ /
additional pages	<del> </del>			/	Ucleu	ed 7/	11/11
117	//			·	62 21	20 7/.	$^{\prime}$ $\Omega$ $^{\prime}$
11 - JUL   1 - 2011		AVERAGE TO THE PARTY OF THE PAR			<u> </u>	UPM	1341
1			~~ ~~ ~~				1000
L	<del></del>		GO TO PA	NGE Z			
6 Sp.	TO COLOR						
- FRINTENDENT'S	S UPPIUE		•				Revised 04/21/2010

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	IrA) [	David Dodge 10	3 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDICES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER AUDICOS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,629.48
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2.036,25
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ .
OUTSTANDING LOAN TOTALS		RÍNCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	* \$0.00
19 AFFIDAVIT		I swear, or affirm, under penalty of point is true and correct and includes all in the me under Title 15, Ejection Code.	perjury, that the accompanying report information required to be reported by
M	MARIA I. JACKSON Y COMMISSION EXPIRES January 12, 2015	Lavee	idate or Officeholder
AFFIX NOTARY STAM			
. 43		me, by the said <u>Ira David Dodge</u> , 20 <u>11</u> , to certify which, witness m	, this the y hand and seal of office.
Signature of officer adm	ACK 1500 Wistering oath	Maria 1. Success Printed name of officer administering path	Alministrative Assistant Title of officer administering oath

Austin, Texas 78711-2070

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

(TDD 1-800-735-2989)

•				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A.
2 FILER HAME	A) Done Dodge		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/11/11	Jery & David M 6 Contributor address; City: State; Zip Code 442 Crown Toint Dn	laveus	\$6.00	
	ET 1850 TX 799/2	γ	(If travel outside	i of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See )		
				In-kind contribution
Date .	Full name of contributor Dout-of-state PAC (ID#	·	Amount of contribution (\$)	description (if applicable)
5/n/	Contributor address; City; State) Zip Code	foers the the	500	
(4)	6400 Solewan East		300	· ·
	50 Roso TV 79908		(if travel outside o	of Texas, complete Schedule T)
Principal occur	Centrol (Sea Instructions)	Employer (See I	nstructions)	
	Full name of contributor   out-of-state PAC (ID#:_	1	Amount of	In-kind contribution
Date	Assections Professional S	ATPERAC	contribution (\$)	description (if applicable)
16/11	Contributor address; City; State: Zip Code 30 F East Huntland Drive	5 <del>1</del> c 300	5000	
	auster Tepas 78752-3792	<b>\</b>	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/	Go Direct Marley Sorvice	<u></u>		1
/13/11	Contributor address; City; State; Zip Code 8400 Doerns Drive		79.48	1
	EQ Paso TX 79925		(If travel outside	of Texas, complete Schedule T)
Principal occur <b>Duk</b>	pation / Job title (See Instructions)	Employer (See	Referred	eroner poignet
Dale	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/	Contributor address; City; State: Zip Code		#	
106/11	6080 Surely Drin		5009	[
	ER PAROTY 7990	-2	(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
UG-		1 4 6 0 10	a TV C VECTIM	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(512) 463-5800

# POLITICAL CONTRIBUTIONS

P.O. Box 12070

Contributor address: City: State: Zip Code    Principal occupation / Job title (See Instructions)   10	T	he Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A.
Contributor address: City: State: Zip Code   Contribution (\$)   description (if application of the policy of the	FILER NAM		160	3 ACCOUNT# (E	thics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor	Date	5 Full name of contributorout-of-state PAC (ID#:			8 In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Date    Full name of contributor		6 Contributor address; City; State; Zip Code			
Date   Full name of contributor   out-of-state PAC (IDR   Amount of contribution (\$)   description (if application of contributor address; City; State; Zip Code   (if travel outside of Texas, complete Scheder   Contributor address; City; State; Zip Code   (if travel outside of Texas, complete Scheder   Contributor address; City; State; Zip Code   (if travel outside of Texas, complete Scheder   Contributor address; City; State; Zip Code   (if travel outside of Texas, complete Scheder   Contributor address; City; State; Zip Code   Contributor (\$)   Contributor address; City; State; Zip Code   (if travel outside of Texas, complete Scheder   Contributor address; City; State; Zip Code   Contributor (\$)   Contributor (\$)   Contributor address; City; State; Zip Code   Contributor (\$)   Contributor (\$				(If travel outside	 of Texas, complete Schedule T)
Contributor address; City; State; Zip Code    Contributor address; City; State; Zip Code   Contribution (\$)   Contributor address; City; State; Zip Code   Contributor   C	Principal oc	cupation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution of In-kind contribution (figure policy)  Contributor address; City; State; Zip Code  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (IDIK on Instructions)  Date  Full name of contributor out-of-state PAC (IDIK on Instructions)  Employer (See Instructions)  Amount of contribution (fi apple description (if apple of Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor out-of-state PAC (IDIK on Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contributor on In-kind	Date	Full name of contributor			In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor   out-of-state PAC(IDIK:   Contribution (\$)   In-kind contribution (If application of the part of		Contributor address; City; State; Zip Code			
Date    Full name of contributor   out-of-state PAC(ID#:   Amount of contribution (\$)   In-kind contribution (\$)   description (if application of Texas, complete Scheder (If travel outside of Texas, complet	١		•	(if travel outside o	of Texas, complete Schedule T)
Contributor address; City; State; Zip Code  Contribution (\$) description (if apple to contribution (\$) description (if apple to contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$) in-kind contribution (\$) description (if apple to contribution (\$) in-kind contribution (\$	Principal oc	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Date	Full riame of contributor	)		In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC(ID#: Amount of contribution (\$)   description (if apple contributor address; City; State; Zip Code  (If travel outside of Texas, complete Sched Principal occupation / Job title (See Instructions)  Date  Full name of contributor  out-of-state PAC(ID#: Amount of contribution (\$)   In-kind contributor contribution (\$)   Contributor address; City; State; Zip Code  (If travel outside of Texas, complete Sched description (if apple contributor address; City; State; Zip Code  (If travel outside of Texas, complete Sched description (If apple contributor address; City; State; Zip Code		Contributor address; City; State; Zip Code	<i>.</i>		 
Date  Full name of contributor				(If travel outside	l of Texas, complete Schedule T)
Contributor address; City; State; Zip Code  Contributor address; City; State; Zip Code  (If travel outside of Texas, complete Sched Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor out-of-state PAC (ID#	Principal od	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  out-of-state PAC (ID#	Date	Full name of contributor out-of-state PAC (ID#:			In-kind contribution description (if applicable
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC(ID#)  Contributor address;  City; State; Zip Code  (If travel outside of Texas, complete Sched		Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , ,		]
Date  Full name of contributor  out-of-state PAC (ID#)  Contributor address;  City; State; Zip Code  (If travel outside of Texas, complete Sched			-	(If travel outside o	of Texas, complete Schedule T)
Contributor address; City; State; Zip Code  (If travel outside of Texas, complete Sched	Principal oc	ccupation / Job title (See Instructions)	Employer (See	Instructions)	
(If travel outside of Texas, complete Sched	Date	Full name of contributor out-of-state PAC (ID#_			In-kind contribution description (if applicable
		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	i of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal o	ccupation / Job title (See Instructions)	Employer (See	Instructions)	AND

(512) 463-5800

P.O. Box 12070

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	s Schedule B:
2 FILER NAME 3 ACCOUNT	# (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒	\$
5 Date 6 Full name of pledgor out-of-state PAC (ID#:) 8 Amount of pledge (\$	
7 Pledgor address; City; State; Zip Code	
(If travel ou	(side of <b>X</b> exas, complete Schedule T)
10 Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:) Amount of pledgo (\$	f In-kind description ) (if applicable)
Pledgor address; City; State; Zip Code	
	itside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of pledgor out-of-state PAC (ID#:) Amount or pledge (\$	
Pledgor address; City; State; Zip Code	
(if travel ou	lside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	·
Date Full name of piedgor out of-state PAC (ID#: Amount of pledge (\$)	
Pledgor address; Sity; State; Zip Code	   
(if travel ou	itside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of pledgor out-of-state PAC (IDit:) Amount of pledge (\$	
Pledgor address; City; State; Zip Code	
(If travel ou	itside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional repo	

## POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE	CAT	EGOR	IES	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

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

(512) 463-5800

Fees	Printing Expense Office Overhead/F	
	The Instruction Guide explains how to	
1 Total pages Schedule F:	2 FIRENAME David Dodg	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/16/2011	5 Payage name David Dodge	
6 Amount (\$)	7 Payee address: City: State; Zip Code	
500,00	El Pares TX 79912	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	tartial payment on 2007 Loan	dor advertising Keuel Op
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Ófficeholder пате Н	Office sought Office held
Date 14 May 2011 Amount (\$)	The Francis Resturent	
Amount (\$)	Payee address; City State; Zip Code	
457.16	EQ PASO [X 799/A	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Election night part	1
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	/ Office sought Office held
5-13-11	Payed name Depol	
Amount (\$)	Payee address; City; State; Zip Code  Narth Mosu	
11.01	El 8980 TX 79912	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	advertising	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought U Office held
5/13/2011	Godirect Mail W	Carleling
Amount (\$)	Payee address; City; State; Zip Code	7
307.03	8400 Osemon 20 8000 TX 79912	· .
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Clanorlesing	Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought Q Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

Loan Repayment/Reimbursement

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

### POLITICAL EXPENDITURES

P.O. Box 12070

Gift/Awards/Memorials Expense

## SCHEDULE F

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraising Expense Travel in District	Transportation Equipment & Related Expense Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)
	The Instruction Guide	e explains how to complete this	
1 Total pages Schedule F:	2 FILER NAME DAL	ad Dodge	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/1/2011	5 Pave name Dod	5C	
6 Arnount (\$)	7 Payee address; City; St	ate; Zip Code	·
500.00	56 Sun Point A EIPASO TV 7		
8 PURPOSE	(a) Category (See categories listed at the to	of this schedule) (b) Description	OFT (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Adventising Bopens	Final.	Mar 2007 Loan Repagnal
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held I
Date 6/1/2011	Payee name David De	dge	
Amount (\$)		ate; Zip Code	
B31.09	56 Sun Toin	thane	
	BI IAROTX 1	9912	
PURPOSE	Calegory (See categories listed at the to		on (Ittravel outside of Texas, complete Schedule T) rsement for Bledionday
OF EXPENDITURE	Event Expense	Keim bu Gasoli	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	5) ) (	ght Office held / rus ree
Date 6 - 9 - 2011	Payee name	recotion Found	£.
Amount (\$)	Payee address; City; St	ate: Zip Code	(e (LOV)
<b>₽</b>	6531 Doeing	171	•
"114,38	/	` ~~~~	
	El Tow lex	<u>~ - / -                                </u>	on (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	( Camprigh
EXPENDITURE	Contribution / co	nation leave	d (zeroed ) Alabourt
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee pegne		
5/12/2011	Keuel Gron	<b>Ф</b>	
Amount (\$)		ate; Zip Code	
11017	6006 W Mesa	Suite 502	
115.67	El spec 1x 7	9812	
PURPOSE	Category (See categories listed at the to	p of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF			(DEC) (WOL)
EXPENDITURE	aspertucion	1	
	Candidate / Officeholder name	Office sou	ight Office held

### (TDD 1-800-735-2989)

SCHEDULE G

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

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.				
1 Total pages Schedule G:	2 FIXER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee-name	76		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name			
Amount (\$)	Payee address; City; State Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories lighted at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
Date	Payee name			
Amount (\$)	Payer address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See calegories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

SCHEDULE H

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Giff/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 H:	2 FILER NAME David Do		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	(	
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidale / 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	el outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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 trave	sl outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business dame		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	ol outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
/	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

Loan Repayment/Reimbursement

Austin, Texas 78711-2070

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District

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

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
ী Total pages Schedule I:	2 FILER NAME  BUILDED  3 ACCOUNT # (Ethics Commission Filer
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  (b) Description (See instructions regarding type of information required
Date, .	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

(512) 463-5800

P.O. Box 12070

	NTRIBUTION OR POLITICAL EXPEND L OUTSIDE OF TEXAS	TURE SCHEDULE T
The Instri	uction Guide explains how to complete this form.	1 Total pages Schedula T:
2 FILER NAME	IrA David Dodge	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor	Corporation or Labor Organization / Pledgor / Payee	
	iture reported on:  nedule A Schedule B Schedule C Schedule  nedule H Schedule N COH-UC COH-T	D Schedule F Schedule G PAC-C PAC-E
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportat	ion 11 Purpose of travel (including name of conference, se	ninar, or other event)
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expendit	ure reported on:	
	nedule A Schedule B Schedule COH-T	D Schedule F Schedule G PAC-C PAC-E
Dates of travel	Name of person(s) traveling	,
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, semi	nar, or other event)
Name of Contributor /	Corporation of Labor Organization / Pledgor / Payee	
Contribution / Expendi	ture reported on:	
	negfule A Schedule B Schedule C Schedule  nedule H Schedule N COH-UC COH-T	D Schedule F Schedule G
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	n Purpose of travel (including name of conference, semi	nar, or other event)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission filers) 00000001			2 PAGE# 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mrs. Patricia  NICKNAME LAST Patty Hughes	MI 	OFFICE USE ONLY  Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; 6812 Imperial Ridge Dr. El Paso, TX 79912	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 CAMPAIGN TREASURER	Ms/MRs/MR FIRST Mrs. Lori	MI	Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
	Gaman		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 1144 Wind Ridge El Paso, TX 79912	SUITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 585-9848	EXTENSION	
8 REPORT TYPE	January 15 30th day before e	 	15th day after campaign treasurer appointment (officeholder only)  X Final report (Attach C/OH - FR)
		Month Day	Year
9 PERIOD COVERED	1	ROUGH 06/30/20	
10 ELECTION	Month Day Year ELECTION DATE  05/14/2011 Prin	TYPE nary Runoff X	General Special
11 OFFICE	OFFICE HELD (if any) EPISD Board of Trustees District 6	12 OFFICE SOUGHT (if known	)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign Candidates are required to disclose this information	expenditures made by others without the car on only if they receive notification of the dire	andidate's prior consent or approval. ect campaign expenditure.
BY OTHER	Name		
DECE	Additional App. / Suite #; City; State;	Zip Code Received p 3:44 p.m	7/14/11 Bal
		D PAGE 2	
SUPERINTEND	ENT'S OFFICE		

Cianatura of officer administering anth

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

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Hugh	es, Patricia (Mrs.)		15 ACCOUNT # 00000001	(Ethics Commission filers)
16 NOTICE FROM  This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures to support the candidate of officeholder information only if they receive notice of such expenditures			These expenditures may are required to report this	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
additional pages	committee campaign treasurer address			
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THIS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	HAN IZED \$	0.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	875.00
EXPENDITURE TOTALS	3. TOTAL I	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	EMIZED \$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	507.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LY OF THE REPORTING PERIOD	S \$	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.  PETE ARMENDARIZ MY COMMISSION EXPIRES July 7, 2014  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  PETE ARMENDARIZ , this the				
1		tify which, witness my hand and seal of office.		
Cianatura of officer admi	injetering eath	Drint name of officer administrating ooth	Title of officer od	miniatarina aath

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

### SCHEDULE A

	The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 1/1	Report: 3/6	
2	FILER NAME	AME Hughes, Patricia (Mrs.)			(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#A&A Custom Engravers-Valdez	7 Amount of contribution (\$)	In-kind contribution     description (if applicable)     Campaign T-Shirts	
	05/09/2011	6 Contributor address; City; State; Zip Code 1214 McRae El Paso. TX 79925		\$225.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	
<del></del>	Date	Full name of contributor ☐ out-of-state PAC (ID≭ Alamnzan, Sandra & Robert	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/16/2011	Contributor address; City; State; Zip Code 8937 Parkland El Paso, TX 79925		\$50.00	
		LIT 455, 17(100m)		(If travel outside of	Texas, complete Schedule T)
<del></del>	Principal occup	ation,/ Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2011	Contributor address; City; State; Zip Code 305 E. Huntland Dr., #300 Austin, TX 78752-3792		\$500.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# McCormick, Edward (Mr.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2011	Contributor address; City; State; Zip Code 5525 N. Stanton, Apt. D27 El Paso, TX 79912		\$100.00	
		'		(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
		· · · · · · · · · · · · · · · · · · ·			

## **POLITICAL EXPENDITURES**

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

**EXPENDITURE CATEGORIES** 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.

1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 1/1 Re			00000001
4 Date	5 Payee name		
05/14/2011	Ardovino's Pizza		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$331.32	865 Resler		
,	El Paso, TX 79912		•
8	(a) Category (See Categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
PURPOSE OF	Event Expense	Election Night Returns	Party
EXPENDITURE			
			Office holds
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH	•		
Date	Payee name	Market State of the State of th	
05/12/2011	Processing Plus		
Amount (\$)	Payee address City; State; Zip Code		
\$157.50	6412 La Cadena		!
φ 157.50	El Paso, TX 79912		,
	Category (See Categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Printing Expense	Thank you notes; Poll S	Signage
		1	
OF EXPENDITURE			
OF EXPENDITURE			
EXPENDITURE  Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
EXPENDITURE			Office held:
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date	Candidate / Officeholder name Payee name		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011	Candidate / Officeholder name Payee name Wells Fargo		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$)	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr.		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$)	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code		Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$)	Candidate / Officeholder name  Payee name Wells Fargo  Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912	Office sought:	
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule)	Office sought:  Description (If travel outs	Office held:
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07	Candidate / Officeholder name  Payee name Wells Fargo  Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912	Office sought:	
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule)	Office sought:  Description (If travel outs	,
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07  PURPOSE OF EXPENDITURE	Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule) OTHER - Postage	Office sought:  Description (If travel outs Stamps	,
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Candidate / Officeholder name  Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule)	Office sought:  Description (If travel outs	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07  PURPOSE OF EXPENDITURE  Complete ONLY if	Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule) OTHER - Postage	Office sought:  Description (If travel outs Stamps	ide of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH  Date 06/30/2011  Amount (\$) \$19.07  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure	Payee name Wells Fargo Payee address City; State; Zip Code Doniphan Dr. El Paso, TX 79912  Category (See Categories listed at the top of this schedule) OTHER - Postage	Office sought:  Description (If travel outs Stamps	ide of Texas, complete Schedule T)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

#### **EXPENDITURE CATEGORIES**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial 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.

1 PAGE# Schedule: 1/1 Report: 5/6		ort: 5/6	2 FILER NAME Hughes, Patricia (Mrs.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 06/30/20	1	Payee name	ud Foundation	1	
6 Amount (\$) \$300	.00	Payee addres 8601-E N. M El Paso, TX	s City; State; Zip Code Iesa, #140 ( 79932		
8 PURPOSE OF EXPENDITU		Contribution	e Categories listed at the top of this schedu s/Donations Made By fficeholder/Political Committee	ule) (b) Description (See instructions regardle) Donation to Youth Supportion	<del> /</del>
Date 06/30/20	11	Payee name EPISD Educ	eation Foundation		
Amount (\$) \$373	3.22	Payee addres 6531 Boeing El Paso, TX	Dr.		
PURPOSE OF EXPENDITU		Contribution	e Categories listed at the top of this schedu s/Donations Made By officeholder/Political Committee	ule) Description (See instructions rega Grant/Scholarship Fund	arding type of information required.)

TDD 1-800-735-2989

# **CANDIDATE/OFFICEHOLDER REPORT:**

FORM C/OH - FR

	DES	IGNATION OF FINAL REPORT	
7	The Instru	uction Guide explains how to complete this form. ete only if 'Report Type' on page 1 is marked 'Final Report' **	Page 6 of 6
1 (	C/OH NAI	ME Hughes, Patricia (Mrs.)	2 ACCOUNT # (Ethics Commission filers)
			0000001
3 \$	a report	URE  t expect any further political contributions or political expenditures in connection  t as a final report terminates my campaign treasurer appointment. I also unde  utions or make any campaign expenditures without a campaign treasurer app	erstand that I may not accept any campaign
			Signature of Candidate / Officeholder
		VHO IS NOT AN OFFICEHOLDER te A & B below only if you are not an officeholder **	
,	۸.	CAMPAIGN FUNDS	
	Check	only one:	
		I do not have unexpended contributions or unexpended interest or income e	arned from political contributions.
		I have unexpended contributions or unexpended interest or income earned ff convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longer that understand that I must dispose of unexpended political contributions and uncontributions in accordance with the requirements of Election Code, § 254.2	e earned on political contributions to personal use. I s and that I may not retain unexpended contributions an six years after filing this final report. Further, I expended interest or income earned on political
ı	3.	ASSETS	
	Check	only one:	
		I do not retain assets purchased with political contributions or interest or other	er income from political contributions.
		I do retain assets purchased with political contributions or interest or other in may not convert assets purchased with political contributions or interest or o use. I also understand that I must dispose of assets purchased with political Election Code, § 254.204.	ther income from political contributions to personal
			Signature of Candidate
		HOLDER te this section only if you are an officeholder **	
	X	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended cont as an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ributions if, after filing the last required report

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS/MRS MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Kussell	L	Date Received
	NICKNAME LAST	SUFFIX	
	Wiggs		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
MAILING ADDRESS	5.0	T. 22. 1.	Date Hand-delivered or Postmarked
change of address	9004 Virgo Lane ElPaso	» IX 1990 Y	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
PHONE	(915) 757-0798		
6 CAMPAIGN	MS / MRS MR FIRST	MI	Date Imaged
TREASURER NAME	Mr. Kodney		
	NICKNAME LAST	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER	STREET ADDRESS (NO FO BOX FLEAGE), ALT 7 SOILE #,	OITI, OTATE,	211 0002
ADDRESS (residence or business)	3220 Sards	El Paso TX	7990V
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	1101
TREASURER	(045)		
9 REPORTTYPE	755-0286		
9 REPORTITE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	01/15/2011 THROUGH	07/15/	2011
44 ELECTION	ELECTION DATE ELECTION TYPE		
11 ELECTION	Month Day Year	Runoff	General Special
	05/09/09 - Cillian	L Kulloli A	Gerteral Opecial
12 OFFICE	OFFICE HELD (if any) FPISO	13 OFFICE SOUGHT (if known)	)
	Board of Trustees District 4		
14 NOTICE OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU		
CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO	N ONLY IF THEY RECEIVE NOTIFICATIO	ON OF THE DIRECT CAMPAIGN EXPENDITURE.
EXPENDITURE BY OTHER	Name		
INDIVIDUALS			
	Apt. / Suite #; City; State; Zip Coo	le	
andi ional pages	<del></del>		
	2011		
J L			Received 4/11/11
	GO TO PAC	žE 2 /"	www. 1/1////
SUPERINTENDEN WWW.ethics.state.tx.use	NT'S OFFICE	(é	9:35 Revised 04/21/2010
			. 1100 acm. BW

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

15 C/OH NAME	lu 55ell	Wiggs	16 ACCOUNT # (Ethics Commission Filers)				
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	SPECIFIC	COMMITTEE ADDRESS					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME					
ddonaonal pages		COMMITTEE CAMPAIGN TREASURER ADDRESS					
18 CONTRIBUTION TOTALS	1. TOTAL   PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	AN \$ -				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$						
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	MIZED \$				
	4. TOTAL	POLITICAL EXPENDITURES	\$ &				
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 500.00				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -C				
19 AFFIDAVIT	LISA JANE RAY MY COMMISSION EXPIRE August 9, 2012	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  The Manager of the companying report  And the companying report  The company				
AFFIX NOTARY STAM		Pussell L	Wiggs this the				
Sworn to and sub	\ 0 .	me, by the said, 20, to certify which, witness					
Signature of officer adm	koy inistering oath	Printed name of officer administering oath	Title of officer administering oath				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / MS/MRS/MR FIRST MI OFFICEHOLDER NAME GERALD	OFFICE USE ONLY
NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING	
ADDRESS Grange of Address 5403 Joe Herrea El Paso TX 79928	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE  AREA CODE PHONE NUMBER  EXTENSION  (915)  731-1471	Receipt #   Amount
6 CAMPAIGN TREASURER NAME  MS/MRS MR  GENAL  FIRST  MI  SUBSTITUTE  MI  SUBSTI	Date Imaged
Cheek	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)  TEASORESS (NO POBOX PLEASE); APT/SUITE#, CITY; STATE;  TREASURER ADDRESS (Residence or business)	ZIP COOE 99 24
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (915) 731-1471	
9 REPORTTYPE January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED Month Day Year THROUGH OT 15	Year 7011
11 ELECTION    Column   Column	General Special
12 OFFICE OFFICE HELD (il any)  13 OFFICE SOUGHT (if known of the control of the	י שואדרונק א
14 NOTICE OF DIRECT CAMPAIGN  Direct campaign expenditures are campaign expenditures made by others withou candidates are required to disclose this information only if they receive notification	t the candidate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	•
DECEMANDES / FO Box, Apt / Sulte #: City; State; Zip Code	
JUL   2011	Daniel a alulu
GO TO PAGE 2	received 1/11/11
JPERINTENDENT'S OFFICE	Received 7/11/11  Prevised 06/27/2098  Prised 06/27/2098

P.O. Box 12070 Austin, Texas 78711-2070

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

5 C/OH NAME	Gera	LA	Ch	eek		16 AC	COUNT	# (Ethics (	Commission Filers)
7 NOTICE FROM POLITICAL	This box is for no candidate / officehold Candidates and officehold candidates.	otice of politic	xpenditures may .	have been made w	ithout the candida	ate's or officeh	older's kı	nowledge o	r consent.
COMMITTEE(S)	COMMITTEE NAME								
	GENERAL ·	COMMITTEE	ADDRESS						
	SPECIFIC								
additional pages		COMMITTEE	CAMPAIGN TREAS	SURER NAME			-,		
		COMMITTEE	CAMPAIGN TREAS	SURER ADDRESS					
3 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL ( ES, LOANS,	CONTRIBUTIO OR GUARANT	NS OF \$50 OR LI EES OF LOANS)	ESS (OTHER THE UNLESS ITEM	HAN HZED	\$	Ø	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$	Ø	,	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED					\$ /	8		
•	4. TOTAL	POLITICA	AL EXPENDIT	rures		,	\$	8	
CONTRIBUTION BALANCE		POLITICAL ( ORTING PE		NS MAINTAINED	AS OF THE LA	ST DAY	ق ا	79.	17
OUTSTANDING LOAN TOTALS	6. TOTAL I	PRINCIPAL . AY OF THE	AMOUNT OF A REPORTING P	LL OUTSTANDIN ERIOD	G LOANS AS (	OF THE	ل ه	8	
AFFIDAVIT				I swear, or affinite is true and correction me under Title	ect and include	s all informa			
oran Piloto, C	LÀUDIA MORALES			Me	Ch.	<u>k</u>			
	Notary Public, State of Texas My Commission Expires JUNE 28, 2014				Signature of	Candidate o	Officeh	older	
Sworn to and subscrib	bed before me, by			LD CHE		, this	the _	Coth	day
of	0 (1 , to cer	tify which, ⁄\		hand and seal	of office.	NATA	v Dati	RIT C	STATEOF
1 Medile C	Iministering oath	<u></u>	LAUDTA	ficer administerir				ministerin	

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

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
		N/A	( NO+ A+	This Time)
The Instruct	ion Guide explains how to complete this form.		1 Total pages this S	chedule B:
2 FILER NAM	E		3 ACCOUNT# (Ethic	cs Commission (ilers)
4 TOTA	LOF UNITEMIZED PLEDGES: ⇒	라 라 라	<b>⇔</b> ⇔	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			•
		11 Employer (See I		f Texas, complete Schedule T)
10 Principal occur	oation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
			pleage (4)	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instruc-	Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of piedgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; ZIP Cod	·	/If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date	Full name of pledgor oul-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
. ,	Pledgor address; City; State; Zip Cod			   . 
		•_	(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See	Instructions)	
lf (	ATTACH ADDITIONAL COPIE	ES OF THIS FORM /	AS NEEDED additional reporting	requirements.

LOANS			SCHEDULE E
		NA (not at-	Inis Time)
The Instruction	Guide explains how to complete this	s form.	s Schedule E:
FILER NAME	•	3 ACCOUNT	# (Ethics Commission filers)
	rald Cheek		
	L OF UNITEMIZED LOANS:		\$
Date of loan	7 Name of lender	out-of-slate PAC (ID#:	) 9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N	•	,	11 Maturity date
Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Collate    none	eral .		
GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip Code	
Principal Occupation	and the second s	20 Employer	
Date of loan	Name of lender	oul-of-state PAC (ID#:	) Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	
Description of Collate	eral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	
		Employer .	

(512) 463-5800

	CAL EXPENDITURES FROM PERSONAL FUNDS	At This		Time)			
The instruc	tion Guide explains how to complete this form.	Total pages Scheo	dule G:	<b>1</b>			
2 FILER NAM	2 FILER NAME Gerald Cheek 3 ACCOUNT # (E						
4 Date	5 Payee name		8	Amount (\$)			
•	6 Payee address; City; State; Zip Code						
	7 Purpose of expenditure (See instructions regarding type of information required	d.)		Reimbursement from political contributions intended			
Doto	(If travel outside of Texas, complete Schedule T)			Amount			
Date	Payee name  Payee address; City; State; Zip Code		•	, . (\$)			
		,		Reimbursement			
	Purpose of expenditure (See instructions regarding type of information required .  (If travel outside of Texas, complete Schedule T)	a.;	LJ	from political contributions intended			
Date	Payee name			Amount			
•	Payee address; City; State; Zip Code			(\$).			
				and the second second			
	Purpose of expenditure (See instructions regarding type of information require	d.)		Reimbursement from political contributions			
	(If travel outside of Texas, complete Schedule T)			intended >			
Date	Payee name			Amount . (\$)			
•	Payee address; City; State; Zip Code						
	Purpose of expenditure (See instructions regarding type of information require	ed.)		Reimbursement from political contributions intended			
	(If travel outside of Texas, complete Schedule T)						
Date .	Payee name		•	Amount (\$)			
	Payee address; City; State; Zip Code		-				
	Purpose of expenditure (See instructions regarding type of information require	d.)		Reimbursement from political contributions intended			
	(If travel outside of Texas, complete Schedule T)  ATTACH ADDITIONAL COPIES OF THIS FORM AS	NEEDED					

PAYME	NT FROM POLITICAL CONT	RIBUTIONS		SCHEDULE <b>H</b>
TOAB	USINESS OF C/OH	N/A (Not	AT Th	15 Time)
The Instruct	tion Guide explains how to complete this form.		1 Total pages Scho	edule H:
2 FILER NAME	Gerald Cheek		3 ACCOUNT # (EI	hics Commission (ilers)
4 Date	5 Business name .			7 Amount (\$)
	6 Business address; City; State; Zip Code			
	·	•		
8 Purpose of payi required.)	ment (See instructions regarding type of information	9 Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH ·· Office sought Office held
	· · · · · · · · · · · · · · · · · · ·		·	
(If travel outside	of Texas, complete Schedule T)			<u> </u>
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
,				
Dunana of nov	most /See instructions regarding two of information			
required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH **  Office sought Office held
(If travel outside	of Texas, complete Schedule T)	and the state of t		
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
Purpose of payr required.)	ment (See instructions regarding type of information	<ul> <li>Complete</li> <li>Candidate / Officeho</li> </ul>	e if direct expenditure Ider name	to benefit C/OH ·· Office sought Office held
·				•
· (If travel outside	of Texas, complete Schedule T)			
Date	Business name			Amount (\$)
	Business address; City State; Zip Code			
•				
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
(If travel outside	of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM A	AS NEEDED	

Texas Ethics C	Commission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5	800 1-800-325-8506
NIONI D	OLITICAL EXPENDITURES		courbin r I
		!	SCHEDULE !
IAIV	N/	A (Not A	H This Time
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedu	le l:
<del> </del>		3 ACCOUNT# (Ethics	Commission Flore)
2 FILER NAM	Gerald Cheek	3 ACCOUNT # (Emiss	COMMission alers)
4 Date	5 Payee name		3 Amount (\$)
	6 Payee address; City; State; Zip Code		
•	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure (See instructions regarding type of information require	red.)	·
	<u> </u>		-
Date	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Payee address, City, State, Zip Code		
	Purpose of expenditure (See instructions regarding type of information requir	red.)	
Date	Payee name		Amount
•	Payee address; City; State; Zip Code		<b>(</b> \$)
•	. was to the state of the state		<u></u> .
	Purpose of expenditure (See instructions regarding type of information requir	red.)	
	·		
Date	Payee name		Amount
Date			(\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information requir	red.)	
	·	•	
Date .	Payee name		Amount
Date .	```		(\$)
	Payee address; City; State; Zip Code		
i	•		
	Purpose of expenditure (See instructions regarding type of information requir	red.)	
	·		
			•

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

CREDI	ΓS (optional)		schedule <b>K</b>
	N/A (NO	+ A+ Th	is Time)
The Instruc	edule K:		
2 FILER NAMI	Gerald Cheek	3 ACCOUNT# (EL	hics Commission filers)
4 Date	5 Payor name		8 Amount (\$)
	6 Payor address; City; State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount · (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		. Amount (\$)
	Payor address; City; State; Zip Code		
•	a and a day of the second of t		
*	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address, City, State, Zip Code		·
,	Reason for credit	· · · · · · · · · · · · · · · · · · ·	
Date	Payor name .		Amount · (\$)
,	Payor address; City; State; Zip Code		
		·····	
	Reason for credit	· .	· -
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	

IN-KIND CO FOR TRAVE				EXPENI			schedule T
The Instruction	Guide explai	ns how to comp	olete this form.	w	1 Total pa	ges Schedule T:	
2 FILER NAME G	erald	Che	EK		3 ACCO	UNT # (Ethics C	Commission filers)
4 Name of Contributor	/ Corporation o	r Labor Organiza	ion / Pledgor / Payee		,		
5 Contribution / Expend	diture reported	on:					
☐ Sc	hedule A	Schedule B	Schedule C	Schedul	le D	Schedule F	Schedule G
Sci	hedule H	Schedule N	□ сон-ис	СОН-Т		PAC-C	PAC-E
6 Dates of travel	7 Name of	person(s) travelin					
	8 Departure	city or name of c	leparture location				
	9 Destination	on city or name of	destination location				
10 Means of transportat	tion	11 Purpose of tra	vel (including name o	of conference, s	seminar, or o	ther event)	
Name of Contributor /	Corporation or	Labor Organizatio	on / Pledgor / Payee				
Contribution / Expendit	ture reported or	n:	***************************************				
· □ Sch	hedule A	Schedule B	Schedule C	Schedul	e D	Schedule F	Schedule G
☐ Sci	hedule H	Schedule N	Сон-ис	□ сон-т		PAC-C	PAC-E
Dates of travel	Name of pe	rson(s) traveling	, Ig. 14	. (** * b ;			
	Departure c	ity or name of dep	arture location	· · · · · · · · · · · · · · · · · · ·	ı		
	Destination	city or name of de	estination location				
Means of transportation	<u> </u>	Purpose of trave	I (including name of d	conference, ser	minar, or othe	er event)	
Name of Contributor /	Corporation or	Labor Organizatio	on / Pleagor / Payee				
Contribution / Expendit	ture reported or	η:					
☐ Sch	nedule A	Schedule B	Schedule C	Schedul	e D	Schedule F	Schedule G
Sch	nedule H	Schedule N	COH-UC	□ сон-т		PAC-C	PAC-E
Dates of travel	Name of pe	rson(s) traveling					
	Departure ci	ly or name of dep	arture location				
	Destination of	ity or name of de	stination location	***************************************	· · · ·		
Means of transportation	1	Purpose of trave	l (including name of c	conference, ser	minar, or othe	er event)	
	,	ATTACH ADDITI	ONAL COPIES OF	THIS FORM A	S NEEDED		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

		NDIDATE / OFFICEHOLDER REPORT:	FORM C/OH - FR					
	DE:	SIGNATION OF FINAL REPORT NA (This	Time)					
	The Ir	Instruction Guide explains how to complete this form. Implete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH	Gerald Cheek	2 ACCOUNT # (Ethics Commission filers)					
3	SIGN	IATURE .						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.							
		Signature	e of Candidate / Officeholder					
4		R WHO IS NOT AN OFFICEHOLDER  nplete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	ckonly one:						
		I do not have unexpended contributions or unexpended interest or income earn	ed from political contributions.					
		I have unexpended contributions or unexpended interest or income earned frunderstand that I may not convert unexpended political contributions or unexpended political contributions to personal use. I also understand that I must file an contributions and that I may not retain unexpended contributions or unexpended political contributions longer than six years after filing this final report. Further, I u of unexpended political contributions and unexpended interest or income earned accordance with the requirements of Election Code, § 254.204.	ded interest or income earned annual report of unexpended interest or income earned on inderstand that I must dispose					
	B.	ASSETS						
	Chec	ck only one:						
		I do not retain assets purchased with political contributions or interest or of contributions.	her income from political					
		I do retain assets purchased with political contributions or interest or other incom I understand that I may not convert assets purchased with political contribution from political contributions to personal use. I also understand that I must dispersional contributions in accordance with the requirements of Election Code, § 2	s or interest or other income ose of assets purchased with					
		·						
			gnature of Candidate					
			griature or Carididate					
5		CEHOLDER  nplete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder of treasurer on file. I am also aware that I will be required to file reports of unexpend I cease holding office, I retain assets purchased with political contributions or it political contributions.	led contributions if, at the time					
		Sir	gnature of Officeholder					
		Sig						

1-800-325-8506

FORM COR-C/OH

## **CORRECTION AFFIDAVIT**

	FOR CAI	NDIDATE/OFFICEHOLDEF	1	
		NIA LNOT A	+ this Time	)
1 ACCOUNT#		2 Total pages filed:	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		FIRST MI Yald LAST SUFFIX	Dale Received	
4 ORIGINAL REPORT	January 15	Runoff Other (specify)	Date Hand-delivered or Date Postmarke	ıd
TYPE	July 15  30th day before election	Exceeded \$500 limit  15th day after treasurer	Receipt # Amount	
	8th day before election	appointment (officeholder only) Final report	Legal Totals  Date Processed	
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Imaged	
6 EXPLANATION OF COR	RRECTION			
7 AFFIDAVIT		l swear, or affirm, under penalt report is true and correct.	y of perjury, that this correc	cted
		Check ONLY if applicable:		
		I swear, or affirm, that I am fill later than the 14th business that the report as originally filed I swear, or affirm, that any error originally filed was made in go	day after the date I learn d is inaccurate or incomple or or omission in the report	ned ete.
AFFIX NOTARY STAM	P / SEAL ABOVE	Signature of Candid	ate or Officeholder	
Sworn to and subsci	ribed before me by	this the	day of	د
20, to cer	tify which, witness my	hand and seal of office.		٠.
Signature of officer admi	nistering oath F	Printed name of officer administering oath	Title of officer administering oath	
Reme		ny Part Of The Campaign Finance		

P.O. Box 12070

## AMENDMENT: CANDIDATE MODIFIED REPORTING DECLARATION N/A (Not At This Time) PG 2

CANDIDATE NAME	Gerald Cheek
14 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only.  (An election cycle includes a primary election, a general election, and any related runoffs.)
	I do not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
AND THE PROPERTY OF THE PROPER	Signature of Condidate
	Date of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

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

***************************************				
15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EN HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	TE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	Jennie Lasley		
	SPECIFIC	4022 Las Vegas El Paxo,	Tx 79902	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME  JOAnne Bustamane		
		3823 North Stanto	$\gamma \gamma$	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \$2363633	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,363.33	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5362.67	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$	
OUTSTANDING LOAN TOTALS	·	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
	ELIZABETH CARR My Commission September 5.	Expires E	ormation required to be reported by	
AFFIX NOTARY STAME	P / SEAL ABOVE	1 . 1 . 1		
Sworn to and subscribed before me, by the said <u>Jenne Lusley</u> , this the day of <u>July</u> , 20 11, to certify which, witness my hand and seal of office.				
Gignature of officer admir	(luase o	Floabeth Carrasco Ex	Title of officer administering oath	

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement

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

SCHEDULE H

Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	• • •	y cal Committee
1 Total pages Schedule H:	Jennie Jasey		3 ACCOUNT # (Ethics Co	mmission Filers)
4 Date 4	5 Business name PUSS			
6 Amount (\$) 38	7 Business address; City: Sta	te; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See gategories listed at the top	of this schedule) (b) Descript	tion (If travel outside of Texas, complete Sch	edule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office so	ught · Office	held
Date	Business name			
Amount (\$)	Business address; City; Stat	e; Zip Code	•	
446.58	Sames Watt	to any Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Descript	ion (If travel outside of Texas, complete Scho	edule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office so	ught Office I	neld
Date	Business name			
Amount (\$) .	Business address; City; Stat	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) Descripti	On (If travel outside of Texas, complete Sche	dule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sou	ught Office h	neld
Date	Business name .'			
Amount (S)	Business address; City; State	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule) Description	on (If travel outside of Texas, complete Sche	dule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sou	ight Office h	eld
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE A	AS NEEDED	

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

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

P.O. Box 12070

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist	ising Expense	Contributions/Dona	ipment & Related Expense
Fees	Printing Expense	Office Overhead/R	and the second s	OTHER (enter a ca	tegory not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.	
1 Total pages Schedule H:	2 FILER NAME CASIEY			3 ACCOUNT	# (Ethics Commission Filers)
4 Date //3	Reuel Group				1.00
6 Amount (\$)	7 Business address; City Sta	ate: Zip Code			·
115.00	North Mesa Elf	0ax 74	·		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE	consulting				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office soug	nt	Office held
Date 122	Bysiness name EMOW				
Amount (\$)	Business address; City: Sta	ite: Zip Code			
91002 500.00	North Mesa E	1 Paxo M	1 799	102	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	consulting				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt	Office held
Date	Business name PVISS				
Amount (\$) .	Business address; City; Sta	te; Zip Code			
700.94	James Watt				
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Printing				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	it	Office held
Date May 6	Business name				
Amount (\$)	Business address; City; Sta	te; Zip Code			
1000 -	North Msa				
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/OI	Candidate / Officeholder name		Office sough	t	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULEAS	NEEDED	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	······································	SCHEDULE A
The	e Instruction Guide explains how to complete th	1 Total pages So	hedule A:	
2 FILER NAME	E		3 ACCOUNT# (	Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC(ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 509 CONVON SPYINGS	C.	100	
9 Principal occu	upation / Job title (See Instructions)	79912	·	of Texas, complete Schedule T)
a Finicipal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
•	Contributor address; City; State; Zip Code			
) 			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		A	
Date	Guiname of commission		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
		,	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code			*
			/if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		The second secon
	ATTACH ADDITIONAL COPIES OF	* *		
If Co	ontributor is out-of-state PAC, please see instru	ction guide foraddit	nonal reporting r	equirements.

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guir	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 3
3 CANDIDATE /	MS/MRS/MR FIRST	MI MI	OFFICE USE ONLY
OFFICEHOLDER	Ms. Helene		
NAME	NICKNAME LAST Soloman	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 836 Lakeway El Paso, TX 79932	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address			Date Hang-delivered of Date Fushinalized
			Receipt # Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. David	MI	Date Processed
NAME	Nickname Last Marcus	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI 6090 Surety Drive, Suite 100 El Paso, TX 79905	JITE#; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 775-1040	EXTENSION 1005	
8 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	ion Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	Month Day	Year ·
0011.12	05/05/2011	07/05/20	11
10 ELECTION	Month Day Year ELECTION TY  05/14/2011 ELECTION TY		General Special
11 OFFICE	OFFICE HELD (If any)	12 OFFICE SOUGHT (if known) EPISD Board of Trus	) istees District
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expendidates are required to disclose this information of the control of the co		
BADARA STNAC	SUPERINTENI		
additional pages 107 E	Fred but	zip Code Rece @ 1	reved 7/13/11 11:21 a.m. BW
	<b>GO TO</b>	PAGE 2	

Austin, Texas 78711-2070

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

### FORM C/OH COVER SHEET PG 2

1-800-325-8506

			15 ACCOUNT # 00000001	(Ethics Commission filers)	
16 NOTICE FROM	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures				
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
:	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			·
additional pages		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
17 CONTRIBUTION TOTALS			OF \$50 OR LESS (OTHER THAN S OF LOANS), UNLESS ITEMIZED	\$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, O	S R GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$	0.00
	4. TOTAL F	POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			441.01
OUTSTANDING R	otary Public, State of				0.00
18 AFFID M	Notary Public S My Commission MAY 8, 201	ENDEZ of Texas ires	I swear, or affirm, under pena is true and correct and includ me under Title 15, Election Combined and Signature of	es all information requ	ired to be reported by
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the day					day
of, 20, to certify which, witness my hand and seal of office.					
Signature of officer admi	Signature of officer administering oath  Principane of officer administering oath  Title of officer administering oath				Notary inistering oath

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

# **CANDIDATE/OFFICEHOLDER REPORT:**

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' **	Page 3 of 3		
1	C/OH NAME Soloman, Helene (Ms.)	2 ACCOUNT # (Ethics Commission filers)		
		00000001		
3	SIGNATURE			
	I do not expect any further political contributions or political expenditures in connection with my of a report as a final report terminates my campaign treasurer appointment. I also understand that contributions or make any campaign expenditures without a campaign treasurer appointment on	I may not accept any campaign file.  Lue Solomon		
4	FILER WHO IS NOT AN OFFICEHOLDER  *** Complete A & B below only if you are not an officeholder **	gnature of Candidate / Officeholder		
	A. CAMPAIGN FUNDS			
	Check only one:			
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned on also understand that I must file an annual report of unexpended contributions and that I or unexpended interest or income earned on political contributions longer than six years understand that I must dispose of unexpended political contributions and unexpended in contributions in accordance with the requirements of Election Code, § 254.204.	political contributions to personal use. I may not retain unexpended contributions after filing this final report. Further, I		
	B. ASSETS			
	Check only one:	•		
	I do not retain assets purchased with political contributions or interest or other income from	om political contributions.		
	I do retain assets purchased with political contributions or interest or other income from pay not convert assets purchased with political contributions or interest or other income use. I also understand that I must dispose of assets purchased with political contribution Election Code, § 254.204.	from political contributions to personal s in accordance with the requirements of		
	Wel .	Inc. Solomum Signature of Candidate		
_	OFFICERIOL DED			
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 file. I am also aware that I will be required to file reports of unexpended contributions if, a as an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report		

Signature of Officeholder