# 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 / MS/MRS/MR FIRST  | Mi                                     | OFFICE USE ONLY   |
| OFFICEHOLDER NAME JOEL   | F.                                     | Date Received   |
| · · · · · · · · · · · · · · · · · · ·                                  | SUFFIX                                 |   |
| BARRIOS  |  |   |
| 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE#; CITY;                    | STATE; ZIP CODE                        |   |
| OFFICEHOLDER MAILING ADDRESS   |  | Date Hand-delivered or Postmarked                                 |
| change of address 10916 Yobi Berra Eli                                 | Paso, Tx. 79934                        | Receipt # Amount  |
| 5 CANDIDATE/ AREA CODE PHONE NUMBER                                    | EXTENSION                              | Date Processed  |
| OFFICEHOLDER (915) 822-1411  |  | 246 1100000   |
| 6 CAMPAIGN MS/MRS/MR FIRST   | М                                      | Date Imaged   |
| TREASURER NAME NICKNAME LAST   |  |   |
| GARZA  | GOFFIA                                 | •   |
| 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;           | ; CITY; STATE;                         | ZIP CODE  |
| TREASURER ADDRESS  |  |   |
| (no obdesses as forest as a N  | B. T 79                                | 9)()  |
| 8 CAMPAIGN AREA CODE PHONE NUMBER                                      | 17350, 1X. //                          | 129   |
|  | EXTENSION                              |   |
| PHONE (915) 821-0470   |  |   |
| 9 REPORTTYPE 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 07/15/10 THROUGH   | 12/31/                                 | 10  |
| 7,73,70  |  |   |
| 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year                 |  |   |
| Primary  | Runoff                                 | General Special   |
| 12 OFFICE OFFICE HEID (from) TOTAL                                     | 13 OFFICE SOUGHT (if known             | 1   |
| 12 OFFICE OFFICE HELD (if any) $EPIS.D.$                               |  | ,   |
| Board of TrusTee Dist.   | 5 SAME                                 |   |
| 14 NOTICE OF DIRECT DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDIT |  |   |
| CAMPAIGN CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMAT             | ION ONLY IF THEY RECEIVE NOTIFICATIO   | ON OF THE DIRECT CAMPAIGN EXPENDITURE.                            |
| EXPENDITURE Name   |  |   |
| No   1 mm  | . 0                                    |   |
| A THE COLOR A THE COLOR A THE  | so ve                                  |   |
|  |  |   |
| addional pages   |  |   |
|  |  |   |
|  |  |   |
| GO TO PA   | GE 2                                   | Received Hull   |
| SUPERINTENDENTS OFFICE HIS. WWW.                                       |  | Revised 04/21/2010  |

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

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                   | Joel   | F. Barrios 16 A   | CCOUNT # (Ethics Commission Filers) |
|--------------------------------|--|---|-------------------------------------|
| 17 NOTICE<br>FROM<br>POLITICAL | CANDIDATE / OFFICE   | CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE BY AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY IS | s's or officeholder's knowledge or  |
| COMMITTEE(S)                   | COMMITTEE TYPE   | COMMITTEE NAME  |                                     |
|                                | GENERAL  | COMMITTEE ADDRESS   |                                     |
|                                | SPECIFIC   |   |                                     |
|                                |  | COMMINDE CAMPATGN TREASURER NAME  |                                     |
| additional pages               |  |   |                                     |
|                                |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                     |
| 18 CONTRIBUTION<br>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)  | \$ -0-                              |
| EXPENDITURE<br>TOTALS          | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$                  |   |                                     |
|                                | 4. TOTAL   | POLITICAL EXPENDITURES  | \$ -0-                              |
| CONTRIBUTION<br>BALANCE        | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD  |   |                                     |
| OUTSTANDING<br>LOANTOTALS      |  | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>Y OF THE REPORTING PERIOD   | \$ -0 -                             |
| 19 AFFIDAVIT                   |  |   |                                     |
| M)                             | ERESA D. KUMMER<br>ry Public, State of T<br>y Commission Expir<br>September 19, 2012 | es The under vitte 137 Election Code.   |                                     |
|                                |  | Signature of Candidate  | e or Officeholder                   |
|                                | •  |   |                                     |
| AFFIX NOTARY STAM              |  | ne, by the said $\sqrt{oe} F B_{errio}$   | 5. S , this the                     |
| 11-41                          | of <u>Januari</u>  | 11 vat  |                                     |
| Jeresa /                       | /  | TERESA KUMMERL  | Notary Public                       |
| 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

| <u> </u>     |                 |  |                     |                               |   |
|--------------|-----------------|--|---------------------|-------------------------------|---|
|              | The             | Instruction Guide explains how to complete this    | s form.             | 1 Total pages Sch             | nedule A:   |
| 2            | FILER NAME      |  |                     | 3 ACCOUNT # (E                | 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       |                     |                               | /   |
|              |                 |  |                     | (If travel outside            | of Texas, complete Schedule T)                      |
| 9            | Principal occup | pation / Job title (See Instructions)              | 10 Employer (See I  | <u>'</u>                      |   |
|              | Date            | Full name of contributor                           | )                   | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|              |                 | Contributor address; City; State; Zip Code         |                     |                               |   |
|              |                 |  |                     |                               |   |
| <u> </u>     | Principal occur | pation / Job title (See Instructions)              | Employer (See II    |                               | of Texas, complete Schedule T)                      |
|              | <del></del>     |  | 1                   |                               |   |
|              | Date            | Full name of contributor  ut-of-state PAC (ID#:_   |                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|              |                 | Contributor address; City; State; Sie Code         |                     |                               |   |
|              |                 | /  |                     |                               | 1   |
| ĺ            | ı               |  |                     | (If travel outside            | of Texas, complete Schedule T)                      |
|              | Principal occur | pation / Job title (See Instructions)              | Employer (See II    |                               |   |
|              | Date            | Full name of contributor   out-of-state PAC (ID#:_ |                     | Amount of contribution (\$)   | In-kind contribution description (if applicable)    |
|              | ļ               | Contributor address; City; State; Zip Code         |                     | I                             |   |
|              |                 |  |                     |                               |   |
|              |                 |  |                     |                               | of Texas, complete Schedule T)                      |
|              | Principal occup | pation / Job title (See Instructions)              | Employer (See II    | nstructions)                  |   |
|              | Date            | Full name of contributor  ut-of-state PAC (ID#:    |                     | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|              |                 | Contributor address; City; State; Zip Code         |                     |                               | <u> </u>  |
|              |                 |  |                     |                               |   |
| /            | Principal occur | pation / Job title (See Instructions)              | Employer (See In    | <u> </u>                      | of Texas, complete Schedule T)                      |
| $\leftarrow$ |                 |  | 1                   |                               |   |
|              |                 |  |                     |                               |   |
|              | lf ,            | ATTACH ADDITIONAL COPIES O                         |                     |                               | roquiromente  |
|              | 11 G            | contributor is out-of-state PAC, please see mistr  | uction guide foraud | illonal reporting             | requirements.                                       |

274

P.O. Box 12070

| PLEDGED CONTRIBUTIONS                                  |                         |                         | SCHEDULE <b>B</b>                        |
|--|-------------------------|-------------------------|--|
| The Instruction Guide explains how to complete thi     | s form.                 | 1 Total pages Scho      | edule B:                                 |
| 2 FILER NAME   |                         | 3 ACCOUNT# (E           | thics Commission Filers)                 |
| 4 TOTAL OF UNITEMIZED PLEDGES:                         | \$ \$ \$                | → ↔                     | \$                                       |
| 5 Date 6 Full name of pledgor out-of-state PAC (ID#:   | )                       | 8 Amount of pledge (\$) | 9 In-kind description<br>(if applicable) |
| 7 Pledgor address; City; State; Zip Code               |                         |                         |  |
|  | 14 Frankrica (See II    |                         | of Texas, complete Schedule T)           |
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Ir     | 1structions)            |  |
| Date Full name of pledgor out-of-state PAC (ID#:       | )                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
| Pledgor address; City; State; Zip Code                 | · · · · · · / · / · / · |                         |  |
|  |                         |                         | l<br>of Texas, complete Schedule T)      |
| Principal occupation / Job title (See Instructions)    | Employer (See In        | nstructions)            |  |
| Date Full name of pledgor ☐ out-of-state PAC(ID#       |                         | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
| Pledgor address; City; State; Zio Code                 | ;                       | <br>                    | :  |
|  | <u></u>                 |                         | of Texas, complete Schedule T)           |
| Principal occupation / Job title (See Instructions)    | Employer (See Ir        | ıstructions)            |  |
| Date Full name of pledgor out-of-state PAC (ID#:       |                         | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
| Pledgor address; City; State; Zip Code                 |                         |                         | CT Cabadula T                            |
| Principal occupation / Jøb title (See Instructions)    | Employer (See In        |                         | of Texas, complete Schedule T)           |
|  |                         |                         |  |
| Date Full name of pledgor out-of-state PAC (ID#:       | )                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
| Pledgor address; City; State; Zip Code                 |                         | <br>                    |  |
|  |                         | (If travel outside o    | of Texas, complete Schedule T)           |
| Principal occupation / Job title (See Instructions)    | Employer (See In        | istructions)            |  |
| ATTACH ADDITIONAL COPIES O                             |                         |                         | requirements.                            |

| Texas Ethics Commis                      | sion P.O. Box 12070               | Austin, Texas 78711-2070 | (512) 463-5800 | (TDD 1-800-735-298              |
|--|-----------------------------------|--------------------------|----------------|---------------------------------|
| LOANS                                    |                                   |                          |                | SCHEDULE E                      |
| The                                      | Instruction Guide explains how to | complete this form.      | 1 Total pag    | ges Schedule E:                 |
| 2 FILER NAME                             |                                   |                          | 3 ACCOUN       | NT # (Ethics Commission Filers) |
| 4<br>TOTA                                | L OF UNITEMIZED LOANS:            |                          | <b>\$</b>      | \$                              |
| 5 Date of loan                           | 7 Name of lender                  | out-of-state PAC (ID#:   | )              | 9 Loan Amount (\$)              |
| 6 Is lender a financial Institution?     | 8 Lender address; City; Sta       | ate; Zip Code            |                | 10 Interest rate                |
| YN                                       |                                   |                          |                | 11 Maturity date                |
| 12 Principal occupati                    | on / Job title (See Instructions) | 13 Employer (See Instr   | ructions)      |                                 |
| 14 Description of Coli                   | ateral                            |                          |                |                                 |
| none                                     |                                   |                          |                |                                 |
| 15 GUARANTOR INFORMATION                 | 16 Name of guarantor              | A                        |                | 18 Amount Guaranteed (\$)       |
| not applicable                           | 17 Guarantor address; Cit         | y; State; Zip Code       |                |                                 |
| 19 Principal Occupati                    | ion (See Instructions)            | 20 Employer (See Instr   | uctions)       |                                 |
| Date of loan                             | Name of lender                    | out-of-state PAC (ID#:   |                | Loan Amount (\$)                |
| Is lender<br>a financial<br>Institution? | Lender address; City; Sta         | ate; Zip Code            |                | Interest rate                   |
| Y N                                      |                                   |                          |                | Maturity date                   |
| Principal occupati                       | on / Job title (See Instructions) | Employer (See Instru     | uctions)       |                                 |
| Description of Colla                     | ateral                            |                          |                |                                 |
| GUARANTOR<br>INFORMATION                 | Name of guarantor                 |                          |                | Amount Guaranteed (\$)          |
| not applicable                           | Guarantor address; Cit            | y; State; Zip Code       |                |                                 |
| Principal Occupati                       | on (See Instructions)             | Employer (See Instruc    | ctions)        |                                 |

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

| <del></del>   | EXPENDITURE CATEGORIES   | S FOR BOX 8(a)    |  |
|---|--|-------------------|--|
| Advertising Expense                                   | Gift/Awards/Memorials Expense Salaries/Wages/0   | • •               | Loan Repayment/Reimbursement   |
| Accounting/Banking                                    | Legal Services Solicitation/Funda  |                   | Transportation Equipment & Related Expense   |
| Consulting Expense                                    | Food/Beverage Expense Travel In District   |                   | Contributions/Donations Made By  |
| Event Expense   | Polling Expense Travel Out Of Di   |                   | 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 for | m.   |
| 4 Tatal name Cahadula E                               | ·  | •                 |  |
| 1 Total pages Schedule F:                             | 2 FILER NAME   |                   | 3 ACCOUNT # (Ethics Commission Filers)   |
|   |  |                   |  |
| 4 Date  | 5 Payee name   |                   |  |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |                   |  |
| · · · · · · · · · · · · · · · · · · ·                 |  |                   |  |
|   |  |                   |  |
|   |  |                   |  |
|   | (a) Catagony (San enteresting listed at the top of this schedule)  | (b) Description ( | If travel outside of Texas, complete Schedule T)   |
| 8 PURPOSE<br>OF                                       | (a) Category (See categories listed at the top of this schedule)   | (b) Description ( | if travel outside or rexast complete achequie 1)   |
| OF<br>EXPENDITURE                                     |  |                   |  |
|   | at the street of |                   |  |
| 9 Complete ONLY if direct                             | Candidate / Officeholder name  | Office sought     | Office held  |
| expenditure to benefit C/C                            | ЭН   |                   |  |
|   | T _  |                   |  |
| Date  | Payee name   |                   |  |
|   |  | /                 |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |                   |  |
| Amount (\$)   | Payee audiess, City, State, Zip 3343   |                   |  |
|   |  |                   |  |
|   |  |                   |  |
|   |  |                   |  |
| PURPOSE   | Category (See categories listed at the top of this schedule)   | Description (     | If travel outside of Texas, complete Schedule T)   |
| OF  |  | YN                |  |
| EXPENDITURE   |  | 11                |  |
| Complete ONI V if direct                              | Candidate / Officeholder name  | Office sought     | Office held  |
| Complete ONLY if direct<br>expenditure to benefit C/C | ,  | 000               | willes   |
| expenditure to benefit and                            |  |                   |  |
| Date  | Payee name   |                   |  |
| Date  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                   |  |
|   |  |                   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |                   |  |
| • •   | · /  |                   |  |
|   | /  |                   |  |
|   | /  |                   |  |
|   |  | D-anintian (      | The state of the s |
| PURPOSE   | Category (See categories listed at the top of this schedule)   | Description (i    | If travel outside of Texas, complete Schedule T)   |
| OF  |  |                   |  |
| EXPENDITURE   |  |                   |  |
| Complete ONLY if direct                               | Candidate / Officeholder name  | Office sought     | Office held  |
| expenditure to benefit C/C                            | н /  |                   |  |
|   |  |                   |  |
| Date  | Payee name   |                   |  |
|   |  |                   |  |
|   |  |                   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |                   |  |
|   |  |                   |  |
|   |  |                   |  |
|   |  |                   |  |
| 211222  | Category (See categories listed at the top of this schedule)   | Description (     | f travel outside of Texas, complete Schedule T)  |
| PURPOSÉ<br>OF   | Category (see categories listed at the top of this solledge)   | Describitor (     | IT (rave) outside of texas, complete schedule 17   |
| EXPENDITURE   |  |                   |  |
|   |  |                   |  |
| Complete ONLY if direct                               | Candidate / Officeholder name  | Office sought     | Office held  |
| expenditure to benefit C/0                            | DH .   | ***               |  |
| /   |  |                   |  |
|   | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS N     | IEEDED   |

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

P.O. Box 12070

### SCHEDULE G

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide | Salaries/Wages/Co<br>Solicitation/Fundrai<br>Travel In District<br>Travel Out Of District<br>Office Overhead/Ro | ntract Labor<br>sing Expense<br>rict<br>ental Expense | Loan Repayment/Reimbursemen<br>Transportation Equipment & Rela<br>Contributions/Donations Made B<br>Candidate/Officeholder/Politic<br>OTHER (enter a category not lis | ited Expense<br>y<br>cal Committee |
|--|---|---|---|---|------------------------------------|
| 1 Total pages Schedule G:  | 2 FILER NAME  | -   |   | 3 ACCOUNT # (Ethics Co  | mmission Filers)                   |
| 4 Date   | 5 Payee name  |   |   |   |                                    |
| 6 Amount (\$)  | 7 Payee address; City; Stat   | e; Zip Code   |   |   |                                    |
| Reimbursement from political contributions intended                                      |   |   |   |   |                                    |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the top of   | of this schedule)   | (b) Description                                       | (If travel outside of Texas, complete Sch   | edule T)                           |
| Date   | Payee name  |   |   |   |                                    |
| Amount (\$)  | Payee address; City; Stat   | e; Zip Code   |   |   |                                    |
| Reimbursement from political contributions intended                                      |   | /   |   |   |                                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of   | of this schedule)   | Description   | (If travel outside of Texas, complete Sch   | edule T)                           |
| Date   | Payee name  |   |   |   |                                    |
| Amount (\$)  | Payee address; City; Stat   | e; Zip Code   |   |   |                                    |
| Reimbursement from political contributions intended                                      |   |   |   |   |                                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of   | f this schedule)  | Description   | (If travel outside of Texas, complete Scho  | edule T)                           |
| Date   | Payee name  |   |   |   |                                    |
| Amount (\$)  | Payee address; City; Stat   | e; Zip Code   |   | · · · · · ·   |                                    |
| Reimbursement from political contributions intended                                      |   |   |   |   |                                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of   | f this schedule)  | Description   | (If travel outside of Texas, complete Sche  | dule T)                            |
|  | ATTACH ADDITIONAL CO  | PIES OF THIS S  | CHEDULE AS N  | NEEDED  | •                                  |

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

P.O. Box 12070

### SCHEDULE H

|  | EXPENDITURE                                   | CATEGORIES                            | FOR BOX 8(a)            |                           |                           |
|--|---|---------------------------------------|-------------------------|---------------------------|---------------------------|
| Advertising Expense  | Gift/Awards/Memorials Expense                 | Salaries/Wages/Co                     | * *                     | an Repayment/Reim         | bursement                 |
| Accounting/Banking   | Legal Services                                | Solicitation/Fundra                   |                         |                           | ent & Related Expense     |
| Consulting Expense   | Food/Beverage Expense                         | Travel In District                    |                         | ntributions/Donation      |                           |
| Event Expense  | Polling Expense                               | Travel Out Of Dist                    |                         | Candidate/Officeho        | Ider/Political Committee  |
| Fees   | Printing Expense                              | Office Overhead/R                     | tental Expense OT       | HER (enter a categ        | ory not listed above)     |
|  | The Instruction Guide                         | e explains how to                     |                         | , ,                       | ,                         |
| 1 Total pages Schedule H:                                    | 2 FILER NAME                                  | •                                     | <u> </u>                | 3 ACCOUNT # /             | Ethics Commission Filers) |
| Flota: pages Schedule 11.                                    | Z FILER NAIVIE                                |                                       |                         | 3 ACCCONT # (             | Cuitos Commission i neis/ |
|  |   |                                       |                         |                           |                           |
| 4 Date   | 5 Business name                               |                                       |                         |                           | /                         |
|  |   |                                       |                         |                           |                           |
| 6 Amount (\$)  | 7 Business address; City; St                  | ate; Zip Code                         |                         |                           |                           |
| σ , (φ)  | / Edomoco dadroco, Only, Or                   |                                       |                         |                           | /                         |
|  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
| - 51155005   | (a) Catagon, (See extension listed at the to  | n of this pohodule)                   | (b) Description (its    |                           | malata Cabadula T)        |
| 8 PURPOSE<br>OF  | (a) Category (See categories listed at the to | p of this schedule)                   | (b) Description (If tra | avel outside of Texas, ed | omplete Schedule 1)       |
| EXPENDITURE  |   |                                       |                         |                           |                           |
|  |   |                                       | <u> </u>                |                           | 055 1 11                  |
| 9 Complete ONLY if direct                                    | Candidate / Officeholder name                 |                                       | Office sought           |                           | Office held               |
| expenditure to benefit C/O                                   | H   |                                       |                         |                           |                           |
| Data   | Business name                                 |                                       |                         | /                         |                           |
| Date   | Business name                                 |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
| Amount (\$)  | Business address; City; Sta                   | ate; Zip Code                         |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
| BUBBOSE  | Category (See categories listed at the to     | of this ashadula)                     | Description /lf-tra     | avel outside of Texas, co | umploto Schodulo T)       |
| PURPOSE<br>OF  | Category (See Categories listed at the top    | o or this schedule)                   | Description (in its     | iver butside or rexas, co | implete Schedule 1)       |
| EXPENDITURE  |   | /                                     |                         |                           |                           |
|  | Condidate / Official alders are               |                                       | Office                  |                           | Office leads              |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate / Officeholder name                 |                                       | Office sought           |                           | Office held               |
| expenditure to benefit 6/6                                   |   |                                       |                         |                           |                           |
| Date   | Business name                                 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                         |                           |                           |
|  | 1   | <b>'</b> /                            |                         |                           |                           |
|  | <u> </u>                                      | <u>/</u>                              |                         |                           |                           |
| Amount (\$)  | Business address; City; St                    | ate; Zip Code                         |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           | 1                         |
| PURPOSE  | Category (See categories listed at the top    | of this schedule)                     | Description (If tra     | ivel outside of Texas, co | mplete Schedule T)        |
| OF   |   | •                                     |                         |                           | · ·                       |
| EXPENDITURE  |   |                                       |                         |                           |                           |
| Operation ONEX to allow the                                  | Candidate / Officeholder name                 |                                       | Office sought           |                           | Office held               |
| Complete ONLY if direct<br>expenditure to benefit C/O        | /   |                                       | Omeo bodgik             |                           | Office field              |
| CAPONICIONO TO DOMONIL O/O                                   | ·· /  |                                       |                         |                           |                           |
| Date   | Business name                                 | ***                                   |                         |                           |                           |
| 24.0   |   |                                       |                         |                           |                           |
|  | /   |                                       |                         |                           |                           |
| Amount (\$)  | Business address; City; Sta                   | ate; Zip Code                         |                         |                           | 1                         |
| /  |   |                                       |                         |                           |                           |
|  |   |                                       |                         |                           |                           |
| /  |   |                                       |                         |                           |                           |
| PURPØSE  | Category (See categories listed at the top    | of this schedule)                     | Description (If tra     | vel outside of Texas, co  | mplete Schedule T)        |
| ØF   | 5 ,   | /                                     |                         |                           | · ''                      |
| EXPENDITURE  |   |                                       |                         |                           |                           |
| 0 1 1 0 1 1 1 1  | Candidate / Officeholder name                 |                                       | Office sought           |                           | Office held               |
| Complete ONLY if direct expenditure to benefit C/O           | Candidate / Officeholder name                 |                                       | Office sought           |                           | Office field              |
| expenditure to beliefit C/O                                  | -   |                                       | •                       | **                        |                           |
| -  | ATTACH ADDITIONAL C                           | OPIES OF THIS S                       | CHEDULE AS NEE          | EDED                      |                           |
|  | ATTACE AND DESCRIPTION OF THE O               | <del>.</del>                          |                         |                           |                           |

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

P.O. Box 12070

SCHEDULE !

| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | Salaries/Wages/Contract Labo<br>Solicitation/Fundraising Exper<br>Travel In District<br>Travel Out Of District<br>Office Overhead/Rental Expe | r Loan Repayment/Reimbursement Se Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee |
|--|---|---|---|
|  | The Instruction Guid  | e explains how to complete  | this form.  |
| 1 Total pages Schedule I:  | 2 FILER NAME  |   | 3 ACCOUNT # (Ethics Commission Filers)  |
| 4 Date   | 5 Payee name  |   |   |
| 6 Amount (\$)  | 7 Payee address; City; St   | ate; Zip Code   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the top  | o of this schedule) (b) Desc  | pription (See instructions regarding type of information required.)   |
| Date   | Payee name  |   |   |
| Amount (\$)  | Payee address; City; St   | ate; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the to   | o of this schedule) Desc  | ription (See instructions regarding type of information required.)  |
| Date   | Payee name  |   |   |
| Amount (\$)  | Payee address; City; St   | ate; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top  | of this schedule) Desc  | ription (See instructions regarding type of information required.)  |
| Date   | Payee name  |   |   |
| Amount (\$)  | Payee address; City; St   | ate; Zip Code   |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top  | of this schedule) Desc  | ription (See instructions regarding type of information required.)  |
|  | ATTACH ADDITIONAL CO  | OPIES OF THIS SCHEDUL   | EAS NEEDED  |

P.O. Box 12070

| CREDI        | TS (optional)   | SCHEDULE <b>K</b>                      |
|--------------|---|--|
| The          | e 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  6 Payor address; City; State; Zip Code    | 8 Amount (\$)                          |
|              | 7 Reason for credit                                     |  |
| Date         | Payor name Payor address; City; State; Zip Code         | Amount (\$)                            |
| l.           | Reason for credit                                       |  |
| Date         | Payor name  Payor address; City; State; Zip Code        | Amount (\$)                            |
|              | Reason for credit                                       |  |
| Date         | Payor name  | Amount (\$)                            |
|              | Reason for credit                                       |  |
| Date         | Payor name  | Amount (\$)                            |
|              | Reason for credit                                       |  |
| <b>₹</b> 6   | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE               | AS NEEDED                              |

t or

| IN-KIND CONTRIBUTION OR POLITICAL EXPEND<br>FOR TRAVEL OUTSIDE OF TEXAS           | OITURE SCHEDULE T                      |
|---|--|
| The Instruction Guide explains how to complete this form.                         | 1 Total pages Schedule T:              |
| 2 FILER NAME  | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee       |  |
| Schedule A Schedule B Schedule C Schedule     Schedule 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 transportation 11 Purpose of travel (including name of conference, se | minar, 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)                  |
| 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, semi     | inar, or other event)                  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE   | AS NEEDED                              |

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

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G   | duide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)  | 2 Total pages filed:  |
|--|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MIST MRS / MRS / MI TSKLA   | OFFICE USE ONLY   |
| 1 4/~\\V4L   | NICKNAME LAST SUFFIX  | · Date Received   |
| 4 CANDIDATE/   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |   |
| OFFICEHOLDER MAILING ADDRESS   |   | Date Hand-delivered or Date Postmarked                            |
| Change of Address  | 9009 Et DORD GO El PROGO, TX 114925   | 1   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION  (915) 253-3613  | Receipt #   Amount  |
| 6 CAMPAIGN   | MS/MRS/MR FIRST MI  | Date Processed  |
| TREASURER<br>NAME  | NICKNAME LAST SUFFIX  | Date Imaged   |
|  | DURTHE  |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  # 15 / 15 / 15 / 15 / 17  | ZIP CODE<br>THUBB   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBER EXTENSION (9.6) SUZ-1112   |   |
| 9 REPORTTYPE   | January 15 30th day before election Final report (Attach C/OH - FF  | R) Exceeded \$500 limit   |
|  | July 15 8th day before election Runoff  | 15th day after campaign treasurer appointment (officeholder only) |
| 10 PERIOD<br>COVERED   | Month Day Year THROUGH 12/31  | Year / 20/6   |
| 11 ELECTION  | ELECTION DATE ELECTION TYPE  Month Day Year   |   |
|  | Primary Runoff  | General Special   |
| 12 OFFICE  | OFFICE HELD (if any)  RUSSIGN SILLA SILLANGE SOUGHT (if know  | <b>n)</b>   |
| 14 NOTICE<br>OF DIRECT<br>CAMPAIGN   | Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification or the control of the control o |   |
| EXPENDATURE:  ADMINUTER:  ADMI | Name's All All All All All All All All All Al   |   |
| edditional pages   | Address PC Box Apt. / Suite #; City; State; Zip Code  | 1   |
|  | GO TO PAGE 2  | cented 1/1/11 ha  |

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

## FORM C/OH COVER SHEET PG 2

|   | *********  |   |   |  |  |  |
|---|--|---|---|--|--|--|
| 15 C/OH NAME                              | n Isela  | Cashwan Williams  | 16 ACCOUNT # (Ethics Commission Filers) |  |  |  |
| 17 NOTICE<br>FROM<br>POLITICAL            | may have been made   | tice of political expenditures by political committees to support the cand<br>e without the candidate's or officeholder's knowledge or consent. Candid<br>if they receive notice of such expenditures. •• |   |  |  |  |
| COMMITTEE(S)                              | COMMITTEE TYPE   | COMMITTEE NAME .  |   |  |  |  |
|   | GENERAL  |   |   |  |  |  |
|   | SPECIFIC   | COMMITTEE ADDRESS   | •                                       |  |  |  |
|   |  | •   |   |  |  |  |
| additional pages                          |  | COMMITTEE CAMPAIGN TREASURER NAME   | •                                       |  |  |  |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |  |  |
|   |  |   |   |  |  |  |
| 18 CONTRIBUTION<br>TOTALS                 |  | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEE  | \$ #                                    |  |  |  |
|   |  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ \$   |   |  |  |  |
| EXPENDITURE<br>TOTALS                     | 3. TOTAL F   | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED   |   |  |  |  |
|   | 4. TOTAL   | POLITICAL EXPENDITURES  | \$ 6                                    |  |  |  |
| CONTRIBUTION<br>BALANCE                   |  | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D<br>DRTING PERIOD  | \$ 1294,5G                              |  |  |  |
| OUTSTANDING<br>LOAN TOTALS                |  | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD  |   |  |  |  |
| 19 AFFIDAVIT                              |  |   |   |  |  |  |
|   |  |   | perjury, that the accompanying report   |  |  |  |
| Tallia.                                   | DANIEL DUA   |   | nformation required to be reported by   |  |  |  |
|   | MY COMMISSION I  | · · · · · · · · · · · · · · · · · · ·   |   |  |  |  |
|   | October 17, 2  |   | 1 1101.                                 |  |  |  |
| 10 mg |  | Max Last Clarke   | Tool Willen                             |  |  |  |
|   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Signature of Cand   | idate or Officeholder                   |  |  |  |
| AFFIX NOTARY STAME                        | P 7.SEAL ABOVE .   |   |   |  |  |  |
| Sworn to and subscrib                     | Sworn to and subscribed before me, by the said MMM JSGNA DSD MWW MILLIAMS, this the Will day |   |   |  |  |  |
| of Many 2                                 | 0 // , to cer  | tify which, witness my hand and seal of office.   | John Pichly                             |  |  |  |
| Signature of officer ad                   | ministering oath   | Printed name of officer administering oath  | tle of officer administering oath       |  |  |  |

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

### SCHEDULE A

|             | OTHER THAN PLEDGES OR LOANS                               |   |                    |                               |   |  |
|-------------|---|---|--------------------|-------------------------------|---|--|
|             | The Instruction Guide explains how to complete this form. |   |                    | 1 Total pages Schedule A:     |   |  |
| 2           | FILER NAM   | Maria Isala Garanowa M                            | Mars               | 3 ACCOUNT# (Eth               | 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      |                    | 8                             | D   |  |
|             |   |   |                    | (If travel outside o          | <br>of Texas, complete Schedule T)                  |  |
| 9           | Principal occu  | pation / Job title (See Instructions)             | 10 Employer (See I | nstructions)                  |   |  |
| <del></del> | Date  | . Full name of contributor                        |                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|             |   | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|             |   |   |                    | 45.                           |   |  |
|             | Principal occu  | upation / Job title (See Instructions)            | Employer (See I    |                               | f Texas, complete Schedule T)                       |  |
|             |   | ,   |                    | •                             |   |  |
|             | Date  | Full name of contributor out-of-state PAC (ID#:   | )                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|             |   | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|             |   |   |                    | (If travel outside o          | of Texas, complete Schedule T)                      |  |
|             | Principal occu  | upation / Job title (See Instructions)            | Employer (See I    | nstructions)                  |   |  |
|             | Date  | Full name of contributor out-of-state PAC (ID#:   | )                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|             |   | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|             |   |   |                    | (If travel outside o          | of Texas, complete Schedule T)                      |  |
|             | Principal occu  | upation / Job title (See Instructions)            | Employer (See I    | nstructions)                  |   |  |
|             | Date  | Full name of contributor out-of-state PAC (ID#:   |                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|             |   | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|             |   |   | :                  | (If travel outside o          | of Texas, complete Schedule T)                      |  |
|             | Principal occu  | upation / Job title (See Instructions)            | Employer (See I    |                               |   |  |
|             |   | <u> </u>  |                    |                               |   |  |
|             |   | ATTACH ADDITIONAL COPIES                          | S OF THIS FORM AS  | NEEDED                        |   |  |

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

P.O. Box 12070

| PLEDO                   | SED CONTRIBUTIONS  |                       |                         | SCHEDULE B                               |
|-------------------------|--|-----------------------|-------------------------|--|
| The Instru              | ction Guide explains how to complete this form.                                    | <u> </u>              | 1 Total pages this S    | Schedule B:                              |
| 2 FILER NA              | Tels Cashagna Milliam  | <u> </u>              | 3 ACCOUNT# (Eth         | ics Commission filers)                   |
| 4 TOT                   | TAL OF UNITEMIZED PLEDGES: ⇒   | D         D         D | 라 라                     | \$ .                                     |
| 5 Date                  | 6 Full name of pledgor out-of-state PAC (ID#                                       | )                     | 8 Amount of pledge (\$) | 9 In-kind description<br>(if applicable) |
|                         | 7 Pledgor address; City; State; Zip Code   |                       | 0                       | 8  |
| 40 Drivering Land       | unation / Jak Wills (Conditions)   | 11 Employer (See I    | <u> </u>                | f Texas, complete Schedule T)            |
| 10 Principal occ        | upation / Job title (See Instructions)   | 11 Employer (See )    | nstructions)            | •  |
| Date                    | Full name of pledgor out-of-state PAC (ID#:  |                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
|                         |  |                       | <del></del>             | of Texas, complete Schedule T)           |
| Principal occ<br>tions) | upation / Job title (See Instruc-  | Employer (See I       | nstructions)            |  |
| Date                    | Full name of pledgor out-of-state PAC (ID#  Pledgor address; City; State; Zip Code |                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
|                         |  |                       | (If travel outside o    | f Texas, complete Schedule T)            |
| Principal occ           | upation / Job title (See Instructions)   | Employer (See I       | nstructions)            |  |
| Date                    | Full name of pledgor out-of-state PAC(ID#:  Pledgor address; City; State; Zip Code |                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
|                         |  |                       | (If travel outside o    | f Texas, complete Schedule T)            |
| Principal occ           | upation / Job title (See Instructions)   | Employer (See I       | <del></del>             |  |
| Date                    | Full name of pledgor out-of-state PAC (ID#:  |                       | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |
|                         |  |                       | <u> </u>                | f Texas, complete Schedule T)            |
| Principal occ           | upation / Job title (See Instructions)   | Employer (See I       | nstructions)            |  |
| lf                      | ATTACH ADDITIONAL COPIE contributor is out-of-state PAC, please see instr          |                       |                         | requirements.                            |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

### SCHEDULE G

| The Instru  | action Guide explains how to complete this form.   | 1 Total pages Schedu | ule G:  |
|-------------|--|----------------------|---|
| 2 FILER NAM | MARIA Isaha Castonian Millams  | 3 ACCOUNT# (Ethics   | s Commission filers)                                |
| 4 Date      | 5 Payee name 6 Payee address; City; State; Zip Code  |                      | 8 Amount (\$)                                       |
| ·           | 7 Purpose of expenditure (See instructions regarding type of information re<br>(If travel outside of Texas, complete Schedule T)   | equired.)            | Reimbursement from political contributions intended |
| Date        | Payee name   |                      | Amount<br>(\$)                                      |
|             | Purpose of expenditure (See instructions regarding type of information re  | equired.)            | Reimbursement from political contributions intended |
| Date        | Payee name   |                      | Amount<br>(\$)                                      |
|             | Purpose of expenditure (See instructions regarding type of information re<br>(If travel outside of Texas, complete Schedule T)   | equired.)            | Reimbursement from political contributions intended |
| Date        | Payee name Payee address; City; State; Zip Code  |                      | Amount<br>(\$)                                      |
|             | Purpose of expenditure (See instructions regarding type of information reg | equired.)            | Reimbursement from political contributions intended |
| Date        | Payee name Payee address; City; State; Zip Code  |                      | Amount<br>(\$)                                      |
|             | Purpose of expenditure (See instructions regarding type of information re<br>(If travel outside of Texas, complete Schedule T)   | equired.)            | Reimbursement from political contributions intended |
|             | ATTACH ADDITIONAL COPIES OF THIS FORM  | AS NEEDED            |   |

### P.O. Box 12070 PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH 1 Total pages Schedule H: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Business name Date Amount (\$) 6 Business address: State: Zip Code 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Amount Date Business name City: State: Zip Code Business address: Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Amount **Business** name (\$) Business address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Office sought (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

1-800-325-8506

| The Instruc | tion Guide explains how to complete this form.                              | 1 Total pages Schedule I:              |
|-------------|---|--|
| 2 FILER NAM | Man Isela Costanon Willands   | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date      | 5 Payee name  6 Payee address; City; State; Zip Code                        | 8 Amount (\$)                          |
|             | 7 Purpose of expenditure (See instructions regarding type of information re | equired.)                              |
| Date        | Payee name  | Amount (\$)                            |
|             | Purpose of expenditure (See instructions regarding type of information re   | quired.)                               |
| Date        | Payee name Payee address; City; State; Zip Code                             | Amount<br>(\$)                         |
|             | Purpose of expenditure (See instructions regarding type of information re   | quired.)                               |
| Date        | Payee name  | Amount (\$)                            |
|             | Purpose of expenditure (See instructions regarding type of information re   | quired.)                               |
| Date        | Payee name  | Amount (\$)                            |
|             | Purpose of expenditure (See instructions regarding type of information re   | quired.)                               |
|             | ATTACH ADDITIONAL COPIES OF THIS FORM                                       | AS NEEDED                              |

| CRED          | OITS (optional)                                   | SCHEDULE <b>K</b>                      |
|---------------|---|--|
| The Instr     | ruction Guide explains how to complete this form. | 1 Total pages Schedule K:              |
| 2 FILER NA    | Man Toche Ansformed William                       | 3 ACCOUNT # (Ethics Commission filers) |
| <b>4</b> Date | 5 Payor name                                      | 8 Amount (\$)                          |
|               | 6 Payor address; City; State; Zip Code            | 0                                      |
|               | 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              |  |
|               | Reason for credit                                 |  |
| Date          | Payor name  | Amount (\$)                            |
|               | Payor address; City; State; Zip Code              |  |
|               | Reason for credit                                 |  |
| Date          | Payor name Payor name                             | Amount (\$)                            |
|               | Payor address; City; State; Zip Code              |  |
|               | Posson for gradit                                 |  |
|               | Reason for credit                                 | j<br>                                  |

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule,T: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N 7 сон-ис сон-т PAC-T SPAC-T 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G SPAC-T Schedule H PAC-T Schedule N COH-UC COH-T Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation 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 PAC-T SPAC-T Schedule N 7 сон-ис П сон-т Name of person(s) traveling 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, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

| The C/OH Instruction    | Guide explains how to complete this form.              | 1 ACCOUNT # (Ethics Commission Filers)   | 2 Total pages filed:   |
|-------------------------|--|--|--|
| 3 CANDIDATE/            | MS/MRS/MR FIRST  | MI   | OFFICE USE ONLY  |
| OFFICEHOLDER            | Ws. 115A   |  | Date Received  |
| NAME                    |  |  | Date Received  |
|                         | NICKNAME LAST  | SUFFIX   |  |
|                         | Colquitt - MUNO  | Z  |  |
| 4 CANDIDATE/            | ADDRESS / PO BOX; APT / SUITE #; CITY;                 | STATE; ZIP CODE  |  |
| OFFICEHOLDER MAILING    | 603 UPSON ELPA   | 150 TX 79902   | Date Hand-delivered or Postmarked  |
| ADDRESS                 | 603 04 500   | •  |  |
| change of address       | · ·  |  | Receipt # Amount   |
| 5 CANDIDATE/            | AREA CODE PHONE NUMBER                                 | EXTENSION  |  |
| OFFICEHOLDER            | (915) 892-5623   |  | Date Processed   |
| PHONE                   | (113) 812 3423   |  |  |
| 6 CAMPAIGN              | MS/MRS/MR FIRST  | MI   | Date Imaged  |
| TREASURER               | MRs. Alicin  | 8.   |  |
| NAME                    | NICKNAME LAST  | SUFFIX   |  |
|                         | Charon   | 30,17,0  |  |
|                         |  |  | TIP CODE   |
| 7 CAMPAIGN<br>TREASURER | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;      | CITY; STATE;   | ZIP CODE   |
| ADDRESS                 | 8937 Old (o  | onty Kd.   |  |
| (residence or business) | El Paso,   | Tic.   | 70007  |
|                         | AREA CODE PHONE NUMBER                                 | EXTENSION  | 1701   |
| 8 CAMPAIGN<br>TREASURER |  | EXTENSION  |  |
| PHONE                   | (915) 860-8931   |  |  |
| 9 REPORTTYPE            | 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                 | 07/16/10 THROUGH                                       | 01/14/   | / 11   |
|                         | 07/16/10   |  | * /  |
| 11 ELECTION             | ELECTION DATE ELECTION TYPE                            |  |  |
|                         | Month Day Year Primary                                 | Runoff   | General Special  |
|                         | / /  ,   |  |  |
| 12 OFFICE               | OFFICE HELD (if any)                                   | 13 OFFICE SOUGHT (if known   | )  |
|                         | EPISO Trustee Dist.#1                                  |  |  |
| 44 NOTICE               |  |  |  |
| 14 NOTICE<br>OF DIRECT  | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU    |  |  |
| CAMPAIGN                | CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION   | ON ONLY IF THEY RECEIVE NOTIFICATION   | ON OF THE DIRECT CAMPAIGN EXPENDITURE.   |
| EXPENDITURE<br>BY OTHER | Name   |  |  |
| INDIVIDUALS             |  | a consistence of management  | and A Phonor activities on the last of the section  |
|                         |  | And the control of th | The second secon |
|                         | Address / PO Box; Apt. / Suite #; City; State; Zip Coo | de Maria Carilli   | The same of the sa |
| additional pages        |  | Comment  | A SECTION OF THE PROPERTY OF T |
| additional pages        |  | The second second  | A grand  |
|                         | <u> </u>   |  |  |
|                         | GO TO PAG  |  | Same and   |
|                         | GOTOFAC  | JE Z   | Water white and antique antique and antique antiqu |
| <u> </u>                |  | 4  | <del>,,,,</del>  |

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME                         | 54  | plquitt - WUNDE   | 16 ACCOUNT # (Ethics Commission Filers)  |  |  |
|--------------------------------------|---|---|--|--|--|
| 17 NOTICE<br>FROM<br>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   |  |  |  |
| additional pages                     |   | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |  |
|                                      |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |  |
| 18 CONTRIBUTION<br>TOTALS            |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ |  |  |  |
|                                      |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                    | \$ 6   |  |  |
| EXPENDITURE<br>TOTALS                | 3. TOTAL F  | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM  | lized \$   |  |  |
|                                      | 4. TOTAL  | POLITICAL EXPENDITURES  | \$ Ø   |  |  |
| CONTRIBUTION<br>BALANCE              |   | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD  | DAY \$ 2,385.19  |  |  |
| OUTSTANDING<br>LOAN TOTALS           |   | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>Y OF THE REPORTING PERIOD                             | THE \$   |  |  |
| 19 AFFIDAVIT                         | ELIZABETH CARR<br>My Commission<br>September 5,   | is true and correct and includes al me under Title 15, Election Code.  ASCO Expires 2011                | f perjury, that the accompanying report I information required to be reported by  didate or Officeholder |  |  |
| AFFIX NOTARY STAM  Sworn to and subs |   | ne, by the said USA Colquitt-   | Nunoz, this the  |  |  |
| 1 / 17 * \                           | of Janue  |   | my hand and seal of office.  |  |  |
| Signature of officer admi            | UQOQO   | Rigabeth Carrasco PX  | Title of officer administering oath  |  |  |
| 3.30.3                               |   |   |  |  |  |

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

|   | The  | Instruction Guide explains how to complete this   | form.              | 1 Total pages Sch             | 1 Total pages Schedule A:                           |  |
|---|--|---|--------------------|-------------------------------|---|--|
| 2 | FILER NAME   | NA  |                    | 3 ACCOUNT # (E                | thics 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      |                    |                               | <br>  |  |
|   |  |   |                    | (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                          | )                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|   |  | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|   |  |   |                    |                               |   |  |
|   | Principal occup  | pation / Job title (See Instructions)             | Employer (See I    |                               | of Texas, complete Schedule T)                      |  |
|   |  |   |                    |                               |   |  |
|   | Date   | Full name of contributor                          |                    | Amount of contribution (\$)   | In-kind contribution<br>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    | <del> </del>                  |   |  |
|   | Date   | Full name of contributor                          | )                  | Amount of contribution (\$)   | ln-kind contribution<br>description (if applicable) |  |
|   | i  | 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)                  |   |  |
|   | Date   | Full name of contributor out-of-state PAC(ID#:    | )                  | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |  |
|   |  |   |                    | contribution (¢)              | description (ii applicable)                         |  |
|   | 4.7  | Contributor address; City; State; Zip Code        |                    |                               |   |  |
|   |  |   |                    |                               |   |  |
|   |  |   |                    | <u> </u>                      | of Texas, complete Schedule T)                      |  |
|   | Principal occup  | pation / Job title (See Instructions)             | Employer (See I    | nstructions)                  |   |  |
|   |  |   |                    |                               |   |  |
|   | 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

| PLED             | PLEDGED CONTRIBUTIONS  |                     |                              |  |  |
|------------------|--|---------------------|------------------------------|--|--|
| Th               | ne Instruction Guide explains how to complete this f                             | form.               | 1 Total pages Sched          | :8 alut                                  |  |
| 2 FILER NAM      | e WA   |                     | 3 ACCOUNT # (Eth             | nics Commission Filers)                  |  |
| 4 TO             | TAL OF UNITEMIZED PLEDGES: ⇒   |                     | <b>□</b> ⇒                   | \$                                       |  |
| 5 Date           | 6 Full name of pledgor ☐ out-of-state PAC (ID#:                                  |                     | 8 Amount of gledge (\$)      | 9 In-kind description<br>(if applicable) |  |
|                  | 7 Pledgor address; City; State; Zip Code   |                     |                              | ·  |  |
|                  |  |                     | <u> </u>                     | Texas, complete Schedule T)              |  |
| 10 Principal occ | cupation / Job title (See Instructions)  | [1 Employer (See In | structions)                  |  |  |
| Date             | Full name of pledgor out-of-state PAC (ID#:                                      |                     | Amount of pledge (\$)        | In-kind description<br>(if applicable)   |  |
|                  |  |                     |                              |  |  |
|                  |  |                     | (If travel outside of        | Texas, complete Schedule T)              |  |
| Principal occ    | cupation / Job title (See Instructions)  | Employer (See In    | structions)                  |  |  |
| Date             | Full name of pledgor   |                     | Amount of pledge (\$)        | In-kind description<br>(if applicable)   |  |
|                  | Pledgor address; City; State; Zip Code   |                     | <br>                         |  |  |
|                  |  |                     | (If travel outside of        | Texas, complete Schedule T)              |  |
| Principal occ    | supation / Job title (See Instructions)  | Employer (See In:   | structions)                  |  |  |
| Date             | Full name of pledgor out-of-state PAC (ID#:                                      |                     | Amount of pledge (\$)        | In-kind description<br>(if applicable)   |  |
|                  | Pledgor address; City; State; Zip Code   | • • • • • • • • •   | ;<br> <br>                   |  |  |
|                  | `  |                     | l<br>(If travel outside of ` | Texas, complete Schedule T)              |  |
| Principal occ    | supation / Job title (See Instructions)  | Employer (See In    |                              |  |  |
| Date             | Full name of pledgor out-of-state PAC (ID#:                                      |                     | Amount of pledge (\$)        | In-kind description<br>(if applicable)   |  |
|                  | Pledgor address; City; State; Zip Code   |                     |                              |  |  |
|                  |  |                     | (If travel outside of        | Texas, complete Schedule T)              |  |
| Principal occi   | supation / Job title (See Instructions)  | Employer (See Ins   | structions)                  |  |  |
| lf               | ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruct |                     |                              | equirements.                             |  |

## **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 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 F:                            | 2 FILER NAME   | 3                            | ACCOUNT # (Ethics Commission Filers)    |
|--|--|------------------------------|---|
| 4 Date   | 5 Payee name   |                              |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code                           |                              | AND |
|  |  | <b>.</b>                     |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel o | outside of Texas, complete Schedule T)  |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sought                | Office held                             |
| Date   | Payee name   |                              |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             | ,                            |   |
|  |  |                              |   |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel o     | outside of Texas, complete Schedule T)  |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought                | Office held                             |
| Date   | Payee name   |                              |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             |                              |   |
|  |  |                              |   |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel o     | utside of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought                | Office held                             |
| Date   | Payee name   |                              |   |
| Amount (\$)  | Payee address; City; State; Zip Code                             |                              |   |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel or    | utside of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH                              | Office sought                | Office held                             |
|  | ATTACH ADDITIONAL COPIES OF THIS S                               | SCHEDULE AS NEEDE            | D                                       |

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

### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense

Legal Services Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Event Expense

Texas Ethics Commission

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

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

P.O. Box 12070

SCHEDULE H

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

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

Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule H:                            | 2 FILER NAME   | 3 AC                               | COUNT # (Ethics Commission Filers) |
|--|--|------------------------------------|------------------------------------|
| 4 Date   | 5 Business name  |                                    |                                    |
| 6 Amount (\$)  | 7 Business address; City; State; Zip Code                        |                                    |                                    |
| 8 PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside | ie of Texas, complete Schedule T)  |
| 9 Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name<br>H                               | Office sought                      | Office held                        |
| Date   | Business name  |                                    |                                    |
| Amount (\$)  | Business address; City; State; Zip Code                          |                                    |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel outsid      | e of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>H                               | Office sought                      | Office held                        |
| Date   | Business name  |                                    | -                                  |
| Amount (\$)  | Business address; City; State; Zip Code                          |                                    |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel outsid      | e of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>H                               | Office sought                      | Office held                        |
| Date   | Business name  |                                    |                                    |
| Amount (\$)  | Business address; City; State; Zip Code                          |                                    |                                    |
| PURPOSE<br>OF<br>EXPENDITURE                         | Category (See categories listed at the top of this schedule)     | Description (If travel outside     | e of Texas, complete Schedule T)   |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>H                               | Office sought                      | Office held                        |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NEEDED                 |                                    |

Austin, Texas 78711-2070

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

SCHEDULE I

(TDD 1-800-735-2989)

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

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

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

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule I:      | 2 FILER NAME   | 3 ACCOUNT # (Ethics Commission Filers)                                     |
|--------------------------------|--|--|
| 4 Date                         | 5 Payee name   |  |
| 6 Amount (\$)                  | 7 Payee address; City; State; Zip Code                           |  |
| 8 PURPOSE<br>OF<br>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<br>OF<br>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<br>OF<br>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<br>OF<br>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  |

P.O. Box 12070

| IN-KIND CO  |               |                      |                       | EXPEND             | ITURE                  | SCHEDULE T    |
|---|---------------|----------------------|-----------------------|--------------------|------------------------|---------------|
| The Instru  | ction Guide   | explains how to      | complete this form    | n.                 | 1 Total pages Sched    | ule T:        |
| 2 FILER NAME  |               |                      |                       | 3 ACCOUNT # (Ethic | es Commission Filers)  |               |
| 4 Name of Contributor /   | Corporation   | or Labor Organizati  | ion / Pledgor / Payee | .,,,,,             |                        |               |
| 5 Contribution / Expendi  | ture reported | on:                  |                       |                    |                        |               |
| Sch   | edule A       | Schedule B           | Schedule C            | Schedule           | D Schedule             | F Schedule G  |
| Sch   | edule H       | Schedule N           | Сон-ис                | □ сон-т            | PAC-C                  | PAC-E         |
| 6 Dates of travel   | 7 Name o      | f person(s) travelin | g                     |                    |                        |               |
| -   | 8 Departu     | re city or name of d | eparture location     |                    |                        |               |
|   | 9 Destinat    | ion city or name of  | destination location  |                    | -                      |               |
| 10 Means of transportation  | on            | 11 Purpose of tra    | vel (including name o | of conference, se  | minar, or other event) |               |
| Name of Contributor / C   | Corporation o | r Labor Organizatio  | on / Pledgor / Payee  |                    |                        |               |
| Contribution / Expenditu  | ure reported  | on:                  |                       |                    |                        |               |
| Sch   | edule A       | Schedule B           | Schedule C            | Schedule           | D Schedule             | F Schedule G  |
| Sch   | edule H       | Schedule N           | Сон-ис                | СОН-Т              | PAC-C                  | PAC-E         |
| Dates of travel   | Name of p     | erson(s) traveling   |                       |                    |                        |               |
|   | Departure     | city or name of dep  | parture location      |                    |                        |               |
|   | Destination   | n city or name of de | estination location   |                    |                        |               |
| Means of transportation Purpose of travel (including name of conference, seminar, or other event) |               |                      |                       |                    |                        |               |
| Name of Contributor / 0   | Corporation o | r Labor Organizatio  | on / Pledgor / Payee  |                    |                        |               |
| Contribution / Expendit   | ure reported  | on:                  |                       | w                  |                        |               |
|   | edule A       | Schedule B           | Schedule C            | Schedule           | D Schedule             | F. Schedule G |
| Sch   | edule H       | Schedule N           | COH-UC                | СОН-Т              | PAC-C                  | PAC-E         |
| Dates of travel   | Name of p     | erson(s) traveling   |                       |                    |                        |               |
|   | Departure     | city or name of dep  | parture location      |                    |                        | A SPACE       |
|   | Destination   | n city or name of de | estination location   |                    |                        | <u> </u>      |
| Means of transportation   | 1             | Purpose of trave     | el (including name of | conference, sem    | inar, or other event)  |               |
|   | A             | TTACH ADDITIO        | NAL COPIES OF TH      | IIS SCHEDULE       | AS NEEDED              |               |

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

P.O. Box 12070

## FORM C/OH COVER SHEET PG 1

(512) 463-5800

| , |  |   |  |  |  |
|---|--|---|--|--|--|
| 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                                    | МІ                                      | OFFICE USE ONLY  |  |  |
| OFFICEHOLDER                            | Mr. IrA  | `t. `)                                  |  |  |  |
| NAME                                    | LIV,   |   | Date Received  |  |  |
|   | NICKNAME LAST  | SUFFIX                                  |  |  |  |
| e <sup>r</sup>                          | 7 -1 7   |   |  |  |  |
|   | David Dodge  | 2                                       |  |  |  |
|   | ADDRESS / PO BOX; APT / SUITE #; CITY;                 | STATE; ZIP CODE                         | -  |  |  |
| 4 CANDIDATE/                            |  |   |  |  |  |
| OFFICEHOLDER MAILING                    | 56 Sun Point Lan                                       | e                                       | Date Hand-delivered or Postmarked  |  |  |
| ADDRESS                                 | . —  |   |  |  |  |
| change of address                       | El Paso Texas  | 11712                                   | Receipt # Amount   |  |  |
| criange or address                      |  |   |  |  |  |
| 5 CANDIDATE/                            | AREA CODE PHONE NUMBER                                 | EXTENSION                               | Date Processed   |  |  |
| OFFICEHOLDER                            | 1(915) 584 539   | · ~                                     |  |  |  |
| PHONE                                   | (11)   | )                                       |  |  |  |
| 6 CAMPAIGN                              | MS/MRS/MR FIRST  | MI                                      | Date Imaged  |  |  |
| TREASURER                               | Mrs. Debra   | <u> </u>                                |  |  |  |
| NAME                                    |  |   |  |  |  |
|   | NICKNAME LAST )  | SUFFIX                                  |  |  |  |
|   | Deti Hester  |   |  |  |  |
| 7 CAMPAIGN                              | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;      | CITY; STATE;                            | ZIP CODE   |  |  |
| TREASURER                               | ·  | ·                                       | - 700  |  |  |
| ADDRESS                                 | 6102 Pinehurst   | PICARO                                  | 74 67712   |  |  |
| (residence or business)                 |  | 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,  |  |  |
|   |  |   |  |  |  |
| 8 CAMPAIGN                              | AREA CODE PHONE NUMBER                                 | EXTENSION                               |  |  |  |
| TREASURER                               | (915) 587-5270   |   |  |  |  |
| PHONE                                   | ( , , , , , , , , , , , , , , , , , , ,                |   |  |  |  |
| 9 REPORT TYPE                           | January 15 30th day before election                    | Runoff                                  | 15th day after campaign treasurer  |  |  |
|   | Samualy to Contrady Solicio Silvania                   |   | 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                                 | 07 /4 /2010 THROUGH                                    | 01/15                                   | 12011  |  |  |
|   | / / / -  |   |  |  |  |
| 44 ELECTION                             | ELECTION DATE ELECTION TYPE                            |   |  |  |  |
| 11 ELECTION                             | Month Day Year   |   |  |  |  |
|   | Primary  | Runoff                                  | General Special  |  |  |
|   | , ,  |   |  |  |  |
| 12 OFFICE                               | OFFICE HELD (if any)                                   | 13 OFFICE SOUGHT (if known              | )  |  |  |
|   | Board Vice President                                   | •.                                      |  |  |  |
|   | DEC. SIVEL HESTER                                      |   |  |  |  |
| 14 NOTICE                               | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU    | RES MADE BY OTHERS WITHOUT THE          | CANDIDATE'S PRIOR CONSENT OR APPROVAL.   |  |  |
| OF DIRECT                               | CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO    |   |  |  |  |
| CAMPAIGN                                |  |   |  |  |  |
| EXPENDITURE BY OTHER                    | Name   |   |  |  |  |
| INDIVIDUALS                             |  |   |  |  |  |
|   |  |   |  |  |  |
| •                                       | Address / PO Box; Apt. / Suite #; City; State; Zip Coe | de                                      |  |  |  |
|   |  |   | and the second s |  |  |
| additional pages                        |  |   |  |  |  |
|   |  |   | •  |  |  |
|   |  |   |  |  |  |
|   | GO TO PAG  | 3E 2                                    |  |  |  |
| • • • •                                 |  |   | 1.   |  |  |
| 1                                       |  |   |  |  |  |

Received 1/11/11 Revised 04/21/2010 3/05 pm. fc

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

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME   | Irm Do  | avid Dodge 16 ACC  | COUNT # (Ethics Commission Filers) |  |
|--|---|--|------------------------------------|--|
| THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF SUPPORT THE CANDIDATE OF SUCH 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  |  |                                    |  |
| additional pages   |   | COMMITTEE CAMPAIGN TREASURER NAME  |                                    |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   | ,                                  |  |
| 18 CONTRIBUTION<br>TOTALS  |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ \$                              |  |
|  |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ \$                              |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED                  |  | \$ \$                              |  |
|  | 4. TOTAL  | POLITICAL EXPENDITURES   | \$ Ø                               |  |
| CONTRIBUTION BALANCE   |   | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD   | \$ 102.56                          |  |
| OUTSTANDING<br>LOAN TOTALS   |   | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD                              | \$ 1.000.00                        |  |
| 19 AFFIDAVIT   | ·   | I swear, or affirm, under penalty of perjury is true and correct and includes all informations.            |                                    |  |
| in the second  | JULIA K. WZION' NOTARY PUBLI and for the State of My commission ex FEBRUARY 1, 20 | Terrae Ju Lovie  | Poelge                             |  |
| AFFIX NOTARY STAM  |   | Signature of Candidate of  | or Officeholder                    |  |
|  | scribed before i  | me, by the said Ira David Dodo   | Į.                                 |  |
| 11+h day   | of Clanuc   | $C_{ry}$ , 20 $\underline{II}$ , to certify which, witness my ha   | nd and seal of office.             |  |
| Signature of officer admi  | nistering oath  |  | le of officer administering oath   |  |

Austin, Texas 78711-2070

# 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 IN A David Desdage  |  |                  | 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<br>description (if applicable) |  |
|  | 6 Contributor address; City; State; Zip Code     |                  |                                |   |  |
|  |  |                  | (If travel outside             | of Texas complete Schedule T)                         |  |
| 9 Principal o  | ccupation / Job title (See Instructions)         | 10 Employer (See | Instructions)                  |   |  |
| Date   | Full name of contributor                         | )                | Amount of contribution (\$)    | In-kind contribution<br>description (if applicable)   |  |
|  | Contributor address; City; State; Zip Code       |                  |                                |   |  |
|  |  |                  | (If travel outside of          | of Texas, complete Schedule T)                        |  |
| Principal o  | ccupation / Job title (See Instructions)         | Employer (See I  |                                |   |  |
| Date   | Full name of contributor                         |                  | Amount of contribution (\$)    | In-kind contribution<br>description (if applicable)   |  |
|  | Contributor address; City; State; Zip Code       | <u>(</u>         |                                |   |  |
|  | 10,  |                  | (If travel outside o           | of Texas, complete Schedule T)                        |  |
| Principal o  | ccupation / Job title (See Instructions)         | Employer (See I  | nstructions)                   | ,   |  |
| Date   | Full name of contributor out-of-state PAC (ID#:  |                  | Amount of contribution (\$)    | ln-kind contribution<br>description (if applicable)   |  |
|  | Contributor address; City; State; Zip Code       |                  | <br>                           |   |  |
|  |  |                  | I<br> <br>(If travel outside o | of Texas, complete Schedule T)                        |  |
| Principal o  | ccupation / Job title (See Instructions)         | Employer (See I  |                                |   |  |
| Date   | Full name of contributor  ut-of-state PAC (ID#:  |                  | Amount of contribution (\$)    | In-kind contribution description (if applicable)      |  |
|  | Contributor address; City; State; Zip Code       |                  |                                |   |  |
|  |  |                  |                                | of Texas, complete Schedule T)                        |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  |                  |                                |   |  |
| /  | ATTACH ADDITIONAL COPIES O                       |                  |                                | requirements.   |  |

Texas Ethics Commission

| PLEDGED CONTRIBUTIONS   |                    | SCHEDULE B              |  |  |
|---|--------------------|-------------------------|--|--|
| The Instruction Guide explains how to comple                                      | ete this form.     | 1 Total pages Sch       | edule B:                                 |  |
| 2 FILER NAME INA David  | bdge               | 3 ACCOUNT # (E          | thics Commission Filers)                 |  |
| 4 TOTAL OF UNITEMIZED PLEDGES:  | \$ \$ \$ \$        | ,                       | \$                                       |  |
| 5 Date 6 Full name of pledgor  ut-of-state PAC                                    | C (ID#:)           | 8 Amount of pledge (\$) | 9 In-kind description<br>(if applicable) |  |
| 7 Pledgor address; City; State; Zip   | p Code             | (If travel outside      | of Texas, complete Schedule T)           |  |
| 10 Principal occupation / Job title (See Instructions)                            | 11 Employer (See I | · · · /                 | or reads, complete ouredure 1)           |  |
|   |                    |                         |  |  |
| Date Full name of pledgor ☐ out-of-state PAC                                      | :(ID#:)            | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |  |
| Pledgor address; City; State; Zip   | o Code             |                         |  |  |
|   |                    | (If travel outside      | of Texas, complete Schedule T)           |  |
| Principal occupation / Job title (See Instructions)                               | Employer (See I    | nstructions)            |  |  |
| Date Full name of pledgor out-of-state PAC  Pledgor address; City; State; Zit     | <i>Q.</i> . /      | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |  |
| Bringing appropriate / Joh title /See Instructions)                               | Employer (See I    | <u>'</u>                | of Texas, complete Schedule T)           |  |
| Principal occupation / Job title (See Instructions)   Employer (See Instructions) |                    |                         |  |  |
| Date Full name of pledgor untof-state PAC   | (ID#:)             | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |  |
| Pledgor address; City; State; Zip   | o Code             | (If travel outside o    | of Texas, complete Schedule T)           |  |
| Principal occupation / Job title (See Instructions)                               | Employer (See I    | nstructions)            | ·  |  |
| Date Full name of pledgor out-of-state PAC  Pledgor address; City; State; Zip     |                    | Amount of pledge (\$)   | In-kind description<br>(if applicable)   |  |
| /   |                    | (If travel outside o    | of Texas, complete Schedule T)           |  |
| Principal occupation / Job title (See Instructions)                               | Employer (See I    | ·                       |  |  |
| ATTACH ADDITIONAL COI   |                    |                         | requirements.                            |  |

Austin, Texas 78711-2070

| LOANS   | ,  |   |                  | SCHEDULE <b>E</b>                |
|---|--|---|------------------|----------------------------------|
|   |  |   |                  |                                  |
| The Instruction Guide explains how to complete this form. |  |   | ages Schedule E: |                                  |
| 2 FILER NAME 3 ACCOU                                      |  |   |                  | JNT # (Ethics Commission Filers) |
| <del>v.j</del>  | Irm David I  | Jodge   |                  | -                                |
| TOTA  | L OF UNITEMIZED LOANS:   | ⇒   | ⇒                | \$                               |
| 5 Date of loan  | 7 Name of lender   | out-of-state PAC (ID#:  | )                | 9 Loan Amount (\$)               |
| 3/2008  | INA D. Dod   | 7-e   |                  | 1,000.00                         |
| 6 Is lender<br>a financial<br>Institution?                | 8 Lender address; City; State; 56 Sun Poin Lane                      | Zip Code  |                  | 10 Interest rate                 |
| Y N   | ET PAROTX 79913  |   |                  | 11 Maturity date 5 /00//         |
| 12 Principal occupati                                     | on / Job title (See Instructions)                                    | 13 Employer (See Instructions)                                |                  |                                  |
| Enveron   | nontal reject Mar  | ARCADIS -   | US               |                                  |
| 14 Description of Coll                                    |  |   |                  |                                  |
| none  |  |   |                  |                                  |
| 15 GUARANTOR INFORMATION                                  | 16 Name of guarantor   |   |                  | 18 Amount Guaranteed (\$)        |
|   | 17 Guarantor address; City;  |   |                  |                                  |
| not applicable  |  |   |                  |                                  |
| 19 Principal Occupati                                     | ion (See Instructions)   | 20 Employer (See Instructions)                                |                  |                                  |
| ,   |  |   |                  |                                  |
| Date of loan  | Name of lender   | out-of-state PAC (ID#:  | )                | Loan Amount (\$)                 |
|   |  |   | /.               |                                  |
| ls lender<br>a financial<br>Institution?                  | Lender address; City; State;   | Zip Code  |                  | Interest rate                    |
|   |  |   |                  | Maturity date                    |
| Y N   | on / Job title (See Instructions)                                    | Employer (See Instructions)                                   |                  |                                  |
| Principal occupati  | on 7 Job title (See Histractions)                                    | Employer (See instructions)                                   |                  |                                  |
| Description of Colla                                      | ateral   |   |                  |                                  |
| none  |  | 4.000.000   |                  |                                  |
| GUARANTOR<br>INFORMATION                                  | Name of guarantor  |   |                  | Amount Guaranteed (\$)           |
|   |  |   |                  |                                  |
| not applicable  |  |   |                  |                                  |
| Principal Constraint                                      | On (See Instructions)  | Employer (See Instructions)                                   |                  |                                  |
| Fillicipal Occupati                                       | on (See Instructions)  | Employer (See Instructions)                                   |                  |                                  |
|   |  |   |                  |                                  |
| If lend   | ATTACH ADDITIONAL COPIE<br>der is out-of-state PAC, please see instr | ES OF THIS SCHEDULE AS NEE<br>uction guide for additional rep |                  | quirements.                      |

Texas Ethics Commission

(TDD 1-800-735-2989)

## **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |  |   |  |
|--|---|--|---|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/F Food/Beverage Expense Travel In Dis Polling Expense Travel Out C | ges/Contract Labor Loan Repayment/Reimbu<br>undraising Expense Transportation Equipmen<br>strict Contributions/Donations | it & Related Expense<br>Made By<br>er/Political Committee |  |
|  | The Instruction Guide explains ho   | w to complete this form.   |   |  |
| 1 Total pages Schedule F:  | 2 FILER NAME INADQUIC   | Dodge 3 ACCOUNT # (Eth   | nics Commission Filers)                                   |  |
| 4 Date   | 5 Payee name  |  |   |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Cod   | e  |   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)  | (b) Description (If travel outside of Texas, com   | plete Schedute T)   |  |
| 9 Complete ONLY if direct expenditure to benefit C/C                                     | Candidate / Officeholder name<br>H  | Office sought  | Office held   |  |
| Date   | Payee name  | (1)  |   |  |
| Amount (\$)  | Payee address; City; State; Zip Coo   |  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, comp  | olete Schedule T)   |  |
| Complete ONLY if direct expenditure to benefit C/O                                       | Candidate / Officeholder name   | Office sought  | Office held   |  |
| Date   | Payee name  |  |   |  |
| Amount (\$)  | Payee address; City; State; Zip Cod   | е  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, comp  | olete Schedule T)   |  |
| Complete ONLY if direct expenditure to benefit C/O                                       | Candidate Officeholder name   | Office sought  | Office held   |  |
| Date   | Payee name  |  |   |  |
| Amount (\$)  | Payee address; City; State; Zip Cod   | е  |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, comp  | elete Schedule T)   |  |
| Complete ONLY if direct expenditure to benefit C/C                                       | Candidate / Officeholder name<br>DH   | Office sought  | Office held   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                      |   |  |   |  |

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

#### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

| 1 000   | The Instruction Guide explains how to complete this form.   |
|---|---|
| 1 Total pages Schedule G:                           | 2 FILER NAME  Transition Filers)  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<br>OF<br>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<br>OF<br>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<br>OF                                       | Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)         |
| EXPENDITURE   |   |
| Date  | Payee name  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| Reimbursement from political contributions intended |   |
| PURPOSE<br>OF<br>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

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

| Fees   | Printing Expense Office Overhead/F                               | Rental Expense OTHER (enter a category not listed above)          |  |
|--|--|---|--|
| The Instruction Guide explains how to complete this form.          |  |   |  |
| 1 Total pages Schedule H:  | 2 FILER NAME IN David  | 3 ACCOUNT # (Ethics Commission Filers)                            |  |
| 4 Date   | 5 Business name  |   |  |
| 6 Amount (\$)  | 7 Business address; City; State; Zip Code                        |   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                                     | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name<br>PH                              | Office sought Office held   |  |
| Date   | Business name  |   |  |
| Amount (\$)  | Business address; City; State; Zip Code                          |   |  |
| PURPOSE  | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |  |
| OF<br>EXPENDITURE  | \O^F/  | 1   |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name                                    | Office sought Office held   |  |
| Date   | Business name  |   |  |
| Amount (\$)  | Business address; City; State; Zip Code                          |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete ONLY if direct expenditure to benefit C/O                 | Candidate / Officeholder name                                    | Office sought Office held   |  |
| Date   | Business name  |   |  |
| Amount (\$)  | Business address; City; State; Zip Code                          |   |  |
| PURPOSE<br>OF<br>EXPENDITURE                                       | Category (See categories listed at the top of this schedule)     | Description (If travel outside of Texas, complete Schedule T)     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                               | Office sought Office held   |  |
| •  | ATTACH ADDITIONAL CODIES OF THIS S                               | SCHEDIII E AS MEEDED  |  |

## 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
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 this form.  |
|--------------------------------|--|--|
| 1 Total pages Schedule I:      | 2 FILER NAME YADAULOJ  | 3 ACCOUNT # (Ethics Commission Filers)                                     |
| 4 Date                         | 5 Payee name   |  |
| 6 Amount (\$)                  | 7 Payee address; City; State; Zip Code                           |  |
| 8 PURPOSE<br>OF<br>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<br>OF<br>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<br>OF<br>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<br>OF<br>EXPENDITURE   | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
|                                | ATTACH ADDITIONAL COPIES OF THIS SO                              | CHEDULE AS NEEDED  |

| 1                          | NTRIBUTION OR POLITICAL EXPE<br>L OUTSIDE OF TEXAS  | ENDITURE SCHEDULE T                    |
|----------------------------|---|--|
| The Instru                 | ction Guide explains how to complete this form.     | 1 Total pages Schedule T:              |
| 2 FILER NAME               | rA DAVIB Dodge                                      | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Name of Contributor /    | Corporation or Labor Organization / Pledgor / Payee |  |
| 5 Contribution / Expendit  | ture reported on:                                   |  |
| Scho                       | edule A Schedule B Schedule C Sch                   | nedule D Schedule F Schedule G         |
| Sche                       | edule H Schedule N COH-UC COI                       | H-T PAC-C PAC-E                        |
| 6 Dates of travel          | 7 Name of person(s) traveling                       |  |
|                            | 8 Departure city or name of departure location      |  |
|                            | 9 Destination city or name of destination location  |  |
| 10 Means of transportation | on 11 Purpose of travel (including name of conferen | ce, seminar, or other event)           |
| Name of Contributor / C    | Corporation or Labor Organization / Pledgor / Payee |  |
| Contribution / Expenditu   | ire reported on:                                    |  |
| Sche                       | edule A Schedule B Schedule C Sch                   | edule D Schedule F Schedule G          |
| Sche                       | edule H 🔲 Schedule N 🔲 COHUC 🔲 COI                  | H-T PAC-C PAC-E                        |
| Dates of travel            | Name of person(s) traveling                         | ,                                      |
|                            | Departure city or name of departure location        | • .                                    |
|                            | Destination city or name of destination location    |  |
| Means of transportation    | Purpose of travel (including name of conference     | , seminar, or other event)             |
|                            |   |  |
| Name of Contributor / C    | Corporation or Labor Organization / Pledgor / Payee |  |
| Contribution / Expenditu   | ure reported/on:                                    |  |
| Sche                       | edule A   | edule D Schedule F Schedule G          |
| Sche                       | edule H Schedule N COH-UC COF                       | H-T PAC-C PAC-E                        |
| Dates of travel            | Name of person(s) traveling                         |  |
|                            | Departure city or name of departure location        |  |
|                            | Destination city or name of destination location    |  |
| · Means of transportation  | Purpose of travel (including name of conference     | , seminar, or other event)             |
|                            |   |  |
| /                          | ATTACH ADDITIONAL COPIES OF THIS SCHED              | DULE AS NEEDED                         |

#### (512)463-5800 TDD 1-800-735-2989

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

P.O. Box 12070

| The C/OH Instruction Gui   | DE explains how to complete this form.   | 1 ACCOUNT # (Ethics Commission filers) 00000001     | 2 PAGE #<br>1 of 2   |
|--|--|---|--|
| 3 CANDIDATE/   | MS / MRS / MR FIRST  | MI  | OFFICE USE ONLY  |
| OFFICEHOLDER<br>NAME   | Mrs. Patricia  |   | Date Received  |
|  | NICKNAME LAST Patty Hughes   | SUFFIX  |  |
| ·  |  |   |  |
| 4 CANDIDATE /  | ADDRESS / PO BOX; APT / SUITE #;   | CITY; STATE; ZIP CODE                               | 7  |
| OFFICEHOLDER<br>MAILING  | 6812 Imperial Ridge Dr.<br>El Paso, TX 79912   |   |  |
| ADDRESS  | E1 Faso, 17 79912  |   | Date Hand-delivered or Date Postmarked   |
| Change of Address  |  |   |  |
|  |  |   | Sand the sand  |
|  | MS / MRS / MR FIRST  | MI  | Receipt # Amount   |
| 5 CAMPAIGN<br>TREASURER  | MS/MRS/MR FIRST<br>Mr. Stuart  | WII   | Date Processed   |
| NAME   | NICKNAME LAST  | SUFFIX  | Date Imaged  |
|  | Schwartz   |   |  |
| 6 CAMPAIGN   | ,  | PT / SUITE#; CITY; STATE;                           | ZIP CODE   |
| TREASURER<br>ADDRESS   | 1025 Singing Hills<br>El Paso, TX 79912  |   |  |
| (Residence or business)  |  |   |  |
| 7 CAMPAIGN   | AREA CODE PHONE NUMBER   | EXTENSION   | The state of the s |
| TREASURER<br>PHONE   | (915) 581-5132   |   |  |
| 8 REPORT TYPE  | X January 15 30th day befo   | re election Runoff                                  | 15th day after campaign treasurer appointment (officeholder only)  |
|  | July 15 Sth day before   | e election Exceeded \$500 limit                     | Final report (Attach C/OH - FR)  |
| 9 PERIOD   | Month Day Year   | Month Day   | Year   |
| COVERED  | 07/01/2010   | THROUGH 12/31/20                                    | 010  |
|  |  | FION TYPE   |  |
| 10 ELECTION  | Month Day Year   | TION TYPE   |  |
|  | 05/14/2011   | Primary Runoff X                                    | General Special  |
| 11 OFFICE  | OFFICE HELD (if any) El Paso iSD District 6  | 12 OFFICE SOUGHT (if knows                          | n)   |
|  | El Paso ISD District 6   |   |  |
| 13 NOTICE  | Direct campaign expenditures are campa   | ign expenditures made by others without the c       | andidate's prior consent or approval.  |
| OF DIRECT<br>CAMPAIGN  | Candidates are required to disclose this inform  | nation only if they receive notification of the dir | ect campaign expenditure.  |
| EXPENDITURE<br>BY OTHER  |  |   |  |
| INDIVIDUALS  | A Comment of the Comm |   |  |
| The second second second   |  | tate; Zip Code                                      | ·  |
|  |  |   |  |
| additional pages   |  |   |  |
| Company of the Compan | The second secon |   | Received   |
| a company was  |  | TO PAGE 2   | (Le celve  |

Texas Ethics Commission

Austin, Texas 78711-2070

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

| 14 C/OH NAME Hughes, Patricia (Mrs.)  15 ACCOUNT # (Ethics Commission find 00000001 |   |  | nics Commission filers)  |       |
|---|---|--|--------------------------|-------|
| 16 NOTICE<br>FROM   | have been made with   | s for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may add without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this ally if they receive notice of such expenditures |                          |       |
| POLITICAL<br>COMMITTEE(S)   | COMMITTEE TYPE COMMITTEE NAME   |  |                          |       |
|   | GENERAL   | COMMITTEE ADDRESS  |                          |       |
|   | SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME  |                          |       |
| additional pages  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |                          |       |
|   |   |  |                          | ,     |
| 17 CONTRIBUTION<br>TOTALS   |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  | \$                       | 0.00  |
|   | 2. <b>TOTAL F</b><br>(OTHER   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$                       | 0.00  |
| EXPENDITURE<br>TOTALS   | JRE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED                                  |  | \$                       | 0.00  |
|   | 4. TOTAL I  | POLITICAL EXPENDITURES   | \$                       | 0.00  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,823.74    |  | 1,823.74                 |       |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00 |  | 0.00                     |       |
| 18 AFFIDAVIT  |   |  |                          |       |
|   |   | I swear, or affirm, under penalty is true and correct and includes me under Title 15, Election Cod   | all information required |       |
|   | Pat Lympher   |  |                          |       |
|   | ÷.  | Signature of C   | andidate or Officeholder | ſ     |
| AĘFIX NOTARY S  | TAMP / SEAL ABOV  | E  |                          |       |
| <b>A</b> 1 - 1,   | Sworn to and subscribed before me, by the said Patricia L Hughes , this the 12 day                    |  |                          | day   |
| of January, 2   | 0 <u>4 \</u> , to ce  | tify which, will ness my hand and seal of office.  JULIETTE GAMON  Notary Public, State of Texas  My Commission Expires  April 21, 2013  | Miette à                 | Horan |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction   | 2 Total pages filed:   |                                 |                                      |  |
|--|--|---------------------------------|--------------------------------------|--|
| 3 CANDIDATE/   | MS/MRS/MR FIRST  | MI                              | OFFICE USE ONLY                      |  |
| OFFICEHOLDER   |  | , ,                             | OFFICE USE ONLY                      |  |
| NAME   | Mr. Kussell  | L.                              | Date Received                        |  |
|  | NICKNAME LAST  | SUFFIX                          |                                      |  |
|  | Wiggs  |                                 |                                      |  |
| 4 CANDIDATE/   | ADDRESS / PO BOX; APT / SUITE #; CITY;   | STATE; ZIP CODE                 |                                      |  |
| OFFICEHOLDER   |  | •                               |                                      |  |
| MAILING  |  |                                 | Date Hand-delivered or Postmarked    |  |
| ADDRESS  | 9004 Virgo Lane EI Pa  | 150 TX 79904                    |                                      |  |
| change of address  | 1 4004 0 1840 Davie  |                                 | Receipt # Amount                     |  |
| E CANDIDATE/   | AREA CODE PHONE NUMBER   | EXTENSION                       |                                      |  |
| 5 CANDIDATE/<br>OFFICEHOLDER   |  | EXTENSION                       | Date Processed                       |  |
| PHONE  | (915) 757-0798   |                                 |                                      |  |
| 6 CAMPAIGN   | MS/MRS(MR) FIRST   | MI                              | Date Imaged                          |  |
| TREASURER  | ^ .  | ,                               |                                      |  |
| NAME   | Mr. Rodney   | L L.                            |                                      |  |
|  | NICKNAME LAST  | SUFFIX                          |                                      |  |
|  | Wiggs  |                                 |                                      |  |
| 7 CAMPAIGN   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  | CITY; STATE;                    | ZID CODE                             |  |
| TREASURER  | STREET ADDRESS (NO FO BOX PLEASE), AFT / SUITE #,  | CITY; STATE;                    | ZIP CODE                             |  |
| ADDRESS  |  |                                 |                                      |  |
| (residence or business)  | 3220 Sands   | El Paso Ti                      | 79904                                |  |
|  |  | la-1 1 0 20 17                  | · / / / /                            |  |
| 8 CAMPAIGN   | AREA CODE PHONE NUMBER   | EXTENSION                       |                                      |  |
| TREASURER<br>PHONE   |  |                                 |                                      |  |
| With the List text   |  |                                 | 1875-75-1-1                          |  |
| 9 REPORTTYPE   | 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  | CC /20 /0010 THROUGH   | •                               | 12011                                |  |
| COVERED 06/30/2010 THROUGH 01/15/2011  |  |                                 |                                      |  |
|  |  | 7                               |                                      |  |
| 11 ELECTION  | ELECTION DATE ELECTION TYPE Month Day Year   |                                 | i i                                  |  |
|  | 1  | Runoff                          | Seneral Special                      |  |
|  | 5/04/04   Primary  |                                 |                                      |  |
| 12 OFFICE  | OFFICE HELD (If any) ECISO   | 13 OFFICE SOUGHT (if known)     |                                      |  |
| •  |  | 3                               |                                      |  |
|  | Board of Trustees District 4   |                                 |                                      |  |
| 14 NOTICE  | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE  | ES MADE BY OTHERS WITHOUT THE C | ANDIDATE'S PRIOR CONSENT OR APPROVAL |  |
| OF DIRECT<br>CAMPAIGN  | CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION   |                                 |                                      |  |
| EXPENDITURE  |  |                                 |                                      |  |
| BY OTHER   | Name   |                                 |                                      |  |
| INDIVIDUALS  |  |                                 |                                      |  |
| g virgosamen en e   | Liddenia (DO Dough And (Dutto the Others Charles The Others  |                                 |                                      |  |
|  | Address / PO Box; Apt. / Suite #; City; State; Zip Code  | -                               |                                      |  |
| additional pages   | M at comme Part Comment of the comme |                                 |                                      |  |
| additional pages   | Part 2000 to the property of the second of the property of the second of |                                 |                                      |  |
|  |  |                                 |                                      |  |
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| Empression of the second secon |  |                                 |                                      |  |

www.ethics.state.tx.us

Revised 04/21/2010
Revised 04/21/2010
Pin &C

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

P.O. Box 12070

|                                |   | CONTRACTOR | The second secon |  |
|--------------------------------|---|---|--|--|
| 15 C/OH NAME                   | Russell   | Wiggs   | 16 ACCOUNT # (Ethics Commission Filers)  |  |
| 17 NOTICE<br>FROM<br>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   |  |  |
| additional pages               |   | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |
| additional pages               |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |
| 18 CONTRIBUTION<br>TOTALS      |   | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA<br>ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ   |  |  |
|                                |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 500.00  |  |
| EXPENDITURE<br>TOTALS          | 3. TOTAL F  | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM  | NIZED \$ ——  |  |
|                                | 4. TOTAL  | POLITICAL EXPENDITURES  | \$ -   |  |
| CONTRIBUTION<br>BALANCE        |   | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>DRTING PERIOD   | \$ 500.00  |  |
| OUTSTANDING<br>LOAN TOTALS     |   | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>Y OF THE REPORTING PERIOD   | THE \$   |  |
| 19 AFFIDAVIT                   | LISA JANE RAY<br>COMMISSION EXPIRES<br>August 9, 2012   | is true and correct and includes al<br>me under Title 15, Election Code.  | of perjury, that the accompanying report  Il information required to be reported by  Wayyandidate or Officeholder  |  |
| AFFIX NOTARY STAM              |   |   |  |  |
|                                | scribed before of $2 nm$  | me, by the said <u>Russell k-Wig</u>  | my hand and seal of office.  |  |
| Signature of officer adm       | N PCLY<br>inistering gath   | Printed name of officer administering oath  | 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  | form.            | 1 Total pages Sch     | edule A:                       |
|-------------------|--|------------------|-----------------------|--------------------------------|
| 2 FILER NAME      |  |                  | 3 ACCOUNT# (E         | thics Commission Filers)       |
|                   | P 1/ 811   |                  |                       |                                |
|                   | Mussen Wiggs   |                  |                       |                                |
| 4 Date            | 5 Full name of contributor out-of-state PAC (ID#:  | )                | 7 Amount of           | 8 In-kind contribution         |
|                   | Maurce, Oreen, Myers, Sati, Paxon  | and Galapan      | contribution (\$)     | description (if applicable)    |
|                   | Afterneys at Law   |                  | - 00                  | 1                              |
| 8-24-2009         | 5 Full name of contributor out-of-state PAC(1D#_Mance, Green, Myers, Safi, Paxon Attorneys at Law 6 Contributor address; City; State; Zip Code 100 N- Stanton Suite 1000 |                  | 500-00                | ·                              |
| ,                 | Soute 1000   |                  |                       | 1                              |
|                   | 100 N- STANION JULIE 100   | -0001            |                       |                                |
|                   | EI Poso, T)  | ( )170/          | (If travel outside of | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions)  | 10 Employer (See | Instructions)         |                                |
|                   |  |                  |                       |                                |
| Date              | Full name of contributor out-of-state PAC (ID#:  | )                | Amount of             | In-kind contribution           |
|                   |  |                  | contribution (\$)     | description (if applicable)    |
|                   |  |                  | <u>'</u>              |                                |
|                   | Contributor address; City; State; Zip Code   |                  |                       |                                |
|                   |  |                  |                       |                                |
|                   |  |                  | l                     |                                |
|                   |  |                  | (If travel outside o  | of Texas, complete Schedule T) |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I  | nstructions)          |                                |
|                   |  |                  |                       |                                |
| Date              | Full name of contributor out-of-state PAC (ID#:  | )                | Amount of             | In-kind contribution           |
| Julio             |  |                  | contribution (\$)     | description (if applicable)    |
|                   |  |                  |                       | i<br>T                         |
|                   | Contributor address; City; State; Zip Code   |                  | İ                     | •                              |
|                   |  |                  | ]                     |                                |
|                   | ·  |                  | į                     |                                |
|                   |  |                  | (If travel outside of | of Texas, complete Schedule T) |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I  | nstructions)          |                                |
|                   |  |                  |                       |                                |
| Date              | Full name of contributor out-of-state PAC (ID#:  | )                | Amount of             | In-kind contribution           |
|                   | <del>_</del>   |                  | contribution (\$)     | description (if applicable)    |
|                   |  |                  |                       |                                |
|                   | Contributor address; City; State; Zip Code   |                  | l                     |                                |
|                   |  |                  |                       | ,                              |
|                   |  |                  |                       |                                |
|                   |  |                  | (if travel outside o  | of Texas, complete Schedule T) |
| Principal occup   | pation / Job title (See Instructions)  | Employer (See I  | nstructions)          |                                |
|                   |  |                  |                       |                                |
| Date              | Full name of contributor out-of-state PAC (ID#:  | )                | Amount of             | In-kind contribution           |
|                   |  |                  | contribution (\$)     | description (if applicable)    |
|                   |  |                  | 1                     |                                |
|                   | Contributor address; City; State; Zip Code   |                  | 1                     |                                |
|                   |  | •                |                       |                                |
| •                 |  |                  | I                     |                                |
|                   |  |                  | (If travel outside o  | of Texas, complete Schedule T) |
| Principal occur   | pation / Job title (See Instructions)  | Employer (See I  | nstructions)          |                                |
|                   |  |                  |                       |                                |
|                   |  |                  |                       |                                |

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

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

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

| The C/OH Instruction G                    | Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)  | 2 Total pages filed:   |  |  |
|---|---|--|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME     | MS / MRS (MR) FIRST MI  | OFFICE USE ONLY  |  |  |
| IVAIVIL                                   | NICKNAME LAST SUFFIX  | Date Received  |  |  |
|   | Chet  |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING        | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |  |  |
| ADDRESS  Change of Address                | 5403 Joe Herrera ElPaso, Tx 79924   | Date Hand-delivered or Dale Postmarked   |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER              | AREA CODE PHONE NUMBER EXTENSION (915) 731-1471   | Receipt # Amount   |  |  |
| PHONE 6 CAMPAICN                          |   | Date Processed ,   |  |  |
| CAMPAIGN TREASURER NAME                   | MS/MRS/MR CECTICA MI  | Dale Imaged  |  |  |
| · · · · · · · · · · · · · · · · · · ·     | CEC CAPIO SUFFIX  |  |  |  |
| 7 CAMPAIGN                                | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  | ZIP CODE   |  |  |
| TREASURER ADDRESS (Residence or business) | 11231 Peaupipe El Paso, TX  | 79936  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE          | AREA CODE SPHONE NUMBER 981   |  |  |  |
| 9 REPORTTYPE                              | 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<br>COVERED                      | Month Day Year THROUGH OI/15/   | \2011<br>Year  |  |  |
| 11 ELECTION                               | ELECTION DATE ELECTION TYPE  Month Day Year   |  |  |  |
|   |   | General Special  |  |  |
| 12 OFFICE                                 | OFFICE HELD (if any)  13 OFFICE SOUGHT (if known  EPISD BOOK  |  |  |  |
| 14 NOTICE ·                               |   |  |  |  |
| OF DIRECT<br>CAMPAIGN                     | Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of | the direct campaign expenditure  |  |  |
| EXPENDITURE<br>BY OTHER<br>INDIVIDUALS    | Name 3  |  |  |  |
|   | Address / PO Box; Apt. / Suite #; City; State; Zip Code   |  |  |  |
| additional pages                          | JOHO CHEWE LEVEL AND  | a sample of a fine of the same stages, significant and the same stages of the same stages |  |  |
|   | GO TO PAGE 2  | ceived 1/5/2011  |  |  |

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

| 15 C/OH NAME                   | teralo                                | Cheek  | 16 ACCOUNT # (Ethics Commission Filers)                                      |
|--------------------------------|---------------------------------------|--|--|
| 17 NOTICE<br>FROM<br>POLITICAL | candidate / officehold                | otice of political contributions accepted or political expenditures made<br>ler. These expenditures may have been made without the candidate's<br>eholders are required to report this information only if they receive no | or officeholder's knowledge or consent.                                      |
| COMMITTEE(S)                   | COMMITTEE TYPE                        | COMMITTEE NAME .   | ·  |
|                                | GENERAL                               | COMMITTEE ADDRESS .  |  |
|                                | SPECIFIC .                            |  |  |
| additional pages               |                                       | COMMITTEE CAMPAIGN TREASURER NAME  |  |
|                                |                                       | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |
|                                |                                       |  |  |
| 18 CONTRIBUTION<br>TOTALS      |                                       | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN<br>S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZER  |  |
|                                |                                       | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 0   |
| EXPENDITURE<br>TOTALS          | 3. TOTAL F                            | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ  | \$ ***   |
|                                | 4. TOTAL                              | POLITICAL EXPENDITURES   | \$   |
| CONTRIBUTION<br>BALANCE        |                                       | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D<br>DRTING PERIOD  | \$679.17   |
| OUTSTANDING<br>LOAN TOTALS     |                                       | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>Y OF THE REPORTING PERIOD  | *HE \$   |
| 19 AFFIDAVIT                   |                                       |  |  |
|                                |                                       |  | perjury, that the accompanying report information required to be reported by |
| YOLAI<br>Notary                | NDA ROSALES<br>Public, State of Texas | Led Oncell   |  |
| AFFRONDTARY STAMP              | Commission Expires                    | Signature of Cano  | didate or Officeholder   |
| Sworn to and subscrib          | ed before me, by                      | he said <u>CPYOUO</u> <u>CMPQ</u>  | , this the day   |
| oraninary, 20                  | to cer                                | ify which, witness my hand and seal of office.   | MSO  |
| Signature of officer ad        | nhistering oath                       | Printed name of officer administering oath   | litle of officer administering oath  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS WA (at this time)

Texas Ethics Commission

(512) 463-5800

| The Instruc    | tion Guide explains how to complete this form.   |                    | 1 Total pages Sche            | dule A:   |
|----------------|--|--------------------|-------------------------------|---|
| 2 FILER NA     | ME Gerald Cheek  |                    | 3 ACCOUNT# (Eth               | ics Commission filers)                                |
| 4 Date         | 5 Full name of contributorout-of-state PAC (ID#:   | )                  | 7 Amount of contribution (\$) | 8 In-kind contribution<br>description (if applicable) |
|                | 6 Contributor address; City; State; Zip Code   |                    |                               |   |
|                |  |                    | (If travel outside o          | of Texas, complete Schedule T)                        |
| 9 Principal oc | cupation / Job title (See Instructions)  | 10 Employer (See I | <u>`</u>                      | ,   |
| Date           | Full name of contributor out-of-state PAC (ID#:  |                    | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable)   |
|                | LER NAME  Date  5 Full name of contributor  out-classe PAC(IDN:  Contributor address: City; State; Zip Code  Incipal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Incipal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Incipal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Incipal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  Incipal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City; State; Zip Code  In-kind cor contributor  Contributor address; City; State; Zip Code  In-kind cor contributor  Contributor address; City; State; Zip Code  In-kind cor contributor (S)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind cor contributor (S)  In-k |                    |                               |   |
|                |  |                    | (If travel outside o          | of Texas, complete Schedule T)                        |
| Principal oc   | cupation / Job title (See Instructions)  | Employer (See I    |                               |   |
| Date           | Full name of contributor   |                    |                               | In-kind contribution<br>description (if applicable)   |
|                | Contributor address; City; State; Zip Code   |                    |                               | !   |
|                |  |                    | (If travel outside            | of Texas, complete Schedule T)                        |
| Principal oc   | ccupation / Job title (See Instructions)   | Employer (See I    |                               |   |
| Date           | Full name of contributor   |                    |                               | In-kind contribution<br>description (if applicable)   |
|                | Contributor address; City; State; Zip Code   |                    |                               | [<br>[  |
| , ,            |  |                    | (If travel outside o          | of Texas, complete Schedule T)                        |
| Principal oc   | ccupation / Job title (See Instructions)   | Employer (See I    | instructions)                 | ·   |
| Date .         | Full name of contributor 🔲 out-of-state PAC (ID#:  | · ·                |                               | In-kind contribution<br>description (if applicable)   |
|                | Contributor address; City; State; Zip Code   |                    |                               |   |
|                |  |                    | (If travel outside o          | of Texas, complete Schedule T)                        |
| Principal oc   | cupation / Job title (See Instructions)  | Employer (See      | Instructions)                 |   |
| \$             | ATTACH ADDITIONAL COPIE  | SOFTHIS FORM AS    | S NEEDED                      | requirements.   |

| xas Ethics C                             | ommission P.O. Box 12070 Austin, T   | exas 78711-2070                       | (512) 463-5                      | 5800 1-800-325-8506                      |
|--|--|---------------------------------------|----------------------------------|--|
| PLEDG                                    | ED CONTRIBUTIONS N/F   | (at this                              | time)                            | SCHEDULE B                               |
| The Instruc                              | tion Guide explains how to complete this form.   |                                       | 1 Total pages this So            | chedule B:                               |
| FILER NAM                                | E Gerald Cheek   |                                       | 3 ACCOUNT # (Ethic               | s Commission filers)                     |
| ТОТА                                     | ALOF UNITEMIZED PLEDGES:   | t) t) t)                              | <b>ਹੇ</b>                        | \$                                       |
| Date                                     | 6 Full name of pledgor out-of-state PAC (ID#:  |                                       | g Amount of pledge (\$)          | 9 In-kind description<br>(if applicable) |
|  | 7 Pledgor address; City; State; Zip Code   | , , , , , , , , , , , , , , , , , , , |                                  |  |
|  |  |                                       | (If travel outside of            | Texas, complete Schedule T)              |
| ) Principal occu                         | pation / Job title (See Instructions)  | 11 Employer (See In                   | structions)                      |  |
| Date                                     | Full name of pledgor out-of-state PAC (ID#:  |                                       | Amount of pledge (\$)            | In-kind description<br>(if applicable)   |
|  | Pledgor address; City; State; Zip Code   |                                       |                                  |  |
|  |  |                                       | (If travel outside of            | F Texas, complete Schedule T)            |
| Principal occu<br>tions)                 | pation / Job title (See Instruc-   | Employer (See Ir                      | structions)                      |  |
| Date                                     | Full name of pledgor oul-of-state PAC (ID#:  |                                       | Amount of pledge (\$)            | In-kind description<br>(if applicable)   |
|  | Pledgor address; City; State; Zip Code   | ,                                     |                                  |  |
| •  |  |                                       | <br> <br>  (If travel outside of | f.Texas, complete Schedule T)            |
| Principal occu                           | pation / Job title (See Instructions)  | Employer (See Ir                      | nstructions)                     |  |
| Date                                     | Full name of pledgor out-of-state PAC (ID#:  |                                       | Amount of pledge (\$)            | In-kind description<br>(if applicable)   |
|  | Pledgor address; City; State; Zip Code   | e                                     |                                  | •  |
|  |  |                                       | (if travel outside of            | f Texas, complete Schedule T)            |
| Principal occu                           | pation / Job title (See Instructions)  | Employer (See Ir                      | nstructions)                     |  |
| Date                                     | Full name of pledgor out-of-state PAC (ID#:  |                                       | Amount of pledge (\$)            | In-kind description<br>(if applicable)   |
|  | Pledgor address; City; State; Zip Code   | <b>9</b>                              |                                  |  |
| en e | and the second s |                                       | (If travel outside o             | f Texas, complete Schedule T)            |
| Principal occu                           | pation / Job title (See Instructions)  | Employer (See Ir                      | nstructions)                     |  |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

| Texas Ethics Comr                     | mission P.O. Box 12070 Austin          | n, Texas 78711-2070     | (512) 463-         | 5800 1-800-325-8506       |
|---------------------------------------|--|-------------------------|--------------------|---------------------------|
| LOANS                                 | N/A (at this t                         | ime)                    |                    | SCHEDULE E                |
| The Instruction                       | Guide explains how to complete this fo | rm.                     | 1 Total pages Sche | dule E:                   |
| 2 FILER NAME                          | Gerald Cheek                           |                         | 3 ACCOUNT # (Eth   | ics Commission filers)    |
| 4 TOTA                                | L OF UNITEMIZED LOANS:                 |                         | <b>t</b>           | \$                        |
| 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 Maturily date          |
| 12 Principal occupatio                | n / Job title (See Instructions)       | 13 Employer (Sée Ins    | structions)        |                           |
| 14 Description of Collete             | eral .                                 |                         |                    |                           |
| 15 GUARANTOR<br>INFORMATION           | 16 Name of guaranlor                   |                         |                    | 18 Amount Guaranteed (\$) |
| not applicable                        | 17 Guarantor address; City; State;     | Zip Code                |                    |                           |
| 19 Principal Occupation               |  | 20 Employer             |                    |                           |
| Date of loan                          | Name of lender                         | out-of-state PAC (ID#:  |                    | Loan Amount (\$)          |
| is lender a<br>financial institution? | Lender address; City; State;           | Zip Code                |                    | Interest rate             |
| Y N                                   |  |                         |                    | Maturity date             |
| Principal occupatio                   | n / Job title (See Instructions)       | Employer (See Instructi | ons)               |                           |
| Description of Collat                 | eral .                                 |                         |                    |                           |
| GUARANTOR<br>INFORMATION              | Name of guarantor                      |                         |                    | Amount Guaranteed (\$)    |
| not applicable                        | Guarantor address; City; State;        | Zip Code                |                    |                           |
| Principal Occupation                  |  | Employer                |                    |                           |
|                                       | ATTACH ADDITIONAL C                    |                         |                    |                           |

|          | POLITIO                      | CAL EXPENDITURES N/A                                 | (at this t  | ime)   | schedule F                                      |     |
|----------|------------------------------|--|---|--|---|-----|
|          | The Instruc                  | tion Guide explains how to complete this form.       |   | 1 Total pages  | Schedule F:                                     |     |
| 2        | FILER NAME                   | Gerald Cheek   |   | 3 ACCOUNT#   | # (Ethics Commission filers)                    |     |
| 4        | Date                         | 5 Payee name   |   |  | 7 Amount (\$)                                   |     |
|          | ·                            | 6 Payee address; City; State; Zip Code               |   |  |   |     |
|          |                              |  |   |  |   |     |
| 8        | Purpose of pay required.)    | ment (See instructions regarding type of information | 9 •• Complete if dir<br>Candidate / Officeholder n  |  | to benefit C/OH<br>Office sought Office held    |     |
|          | (If travel outsid            | e of Texas, complete Schedule T)                     |   |  |   |     |
|          | Date                         | Payee name   |   |  | Amount<br>(\$)                                  |     |
|          |                              | Payee address; City; State; Zip Code                 |   |  |   |     |
|          |                              |  |   |  |   |     |
|          | Purpose of pay required.)    | ment (See instructions regarding type of information | •• Complete if dir<br>Candidate / Officeholder n  |  | to benefit C/OH ••<br>Office sought Office held |     |
|          | (If travel outside           | e of Texas, complete Schedule T)                     | e de la companya de |  |   |     |
|          | Date                         | Payee name   | •   |  | Amount<br>(\$)                                  |     |
|          | •                            | Payee address; City; State; Zip Code                 |   |  |   |     |
|          |                              |  |   |  |   |     |
|          | Purpose of pay<br>required.) | ment (See instructions regarding type of information | •• Complete if dir<br>Candidate / Officeholder n  |  | to benefit C/OH **  Office sought Office held   |     |
|          | (if travel outs              | ide of Texas, complete Schedule T)                   |   |  |   |     |
|          | Date                         | Payee name .   |   |  | Amount<br>. (\$)                                |     |
|          |                              | Payee address; City; State; Zip Code                 | · · · · · · · · · · · · · · · · · · ·   |  |   |     |
|          |                              |  |   |  |   |     |
|          | Purpose of pay               | ment (See instructions regarding type of information |   |  | to benefit C/OH ••                              |     |
|          |                              | e of Texas, complete Schedule T)                     | Candidate / Officeholder n  | lame (1. September 1997)<br>The september 1997<br>The september 1997 (1. September 1997) | Office sought Office held                       | • . |
| <u> </u> |                              | ATTACH ADDITIONAL COPIE                              | S OF THIS FORM AS N   | EEDED  |   | _   |

#### 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 MADE FROM PERSONAL FUNDS N/A (at this time) SCHEDULE G 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Amount Date (\$) City; State; Zip Code 6 Payee address; 7 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended (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.) 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 required.) Reimbursement from political contributions intended > (If travel outside of Texas, complete Schedule T) Amount Date Payee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Amount Date Pavee name (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions Intended (If travel outside of Texas, complete Schedule T)

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COOR AND CONTRIBUTIONS

SCHEDULE H

| IOABI                           | USINESS OF C/OH /V//+( (                             | at This Time)  |  |
|---------------------------------|--|--|--|
| The Instruct                    | ion Guide explains how to complete this form.        | 1 Total pages Sche   | edule H:   |
| 2 FILER NAME                    | Berald Cheek   | 3 ACCOUNT # (Et  | nics Commission filers)  |
| 4 Date                          | 5 Business name                                      |  | 7 Amount (\$)  |
|                                 | 6 Business address; City; State; Zip Code            |  |  |
|                                 |  |  |  |
| 8 Purpose of payi<br>required.) | ment (See instructions regarding type of information | 9 ·· Complete if direct expenditure<br>Candidate / Officeholder name | to benefit C/OH •• Office sought Office held   |
| (If travel outside              | of Texas, complete Schedule T)                       |  |  |
| Date                            | Business name  |  | Amount<br>(\$)   |
|                                 | Business address; City; State; Zip Code              |  |  |
|                                 |  |  |  |
| Purpose of payi<br>required.)   | ment (See instructions regarding type of information | Complete if direct expenditure Candidate / Officeholder name         | to benefit C/OH · · Office sought Office held  |
| (If travel outside              | of Texas, complete Schedule T)                       |  |  |
| Date                            | Business name  |  | Amount<br>(\$)   |
|                                 | Business address; City; State; Zip Code              |  |  |
|                                 |  |  |  |
| Purpose of payr<br>required.)   | nent (See instructions regarding type of information | •• Complete if direct expenditure<br>Candidate / Officeholder name   | to benefit C/OH •• Office sought Office held   |
| (if travel outside              | of Texas, complete Schedule T)                       |  |  |
| Date                            | Business name  |  | Amount<br>(\$)   |
| ,                               | Business address; City; State; Zip Code              |  |  |
|                                 |  |  |  |
|                                 | ment (See instructions regarding type of information | •• Complete if direct expenditure<br>Candidate / Officeholder name   | to benefit C/OH •• Office sought Office held   |
| i                               | of Texas, complete Schedule T)                       |  |  |
|                                 |  | S OF THIS FORM AS NEEDED   | o de la compresentación de la compresentació |

## NON-POLITICAL EXPENDITURES N/A (at this time) schedule 1 MADE FROM POLITICAL CONTRIBUTIONS

| The Instruct | tion Guide explains how to complete this form.   | 1 Total pages Sche | dule I:   |
|--------------|--|--------------------|---|
| 2 FILER NAMI | Berald Cheek   | 3 ACCOUNT # (Eti   | nics Commission filers)                             |
| 4 Date       | 5 Payee name   |                    | 8 Amount  |
|              | 6 Payee address; City; State; Zip Code   |                    | (\$)  |
|              | 7 Purpose of expenditure (See instructions regarding type of information req   | uired.)            |   |
| Date         | Payee name . ·   |                    | Amount<br>(\$)                                      |
|              | Payee address; City; State; Zip Code   |                    | ( <b>b</b> )  |
|              | Purpose of expenditure (See instructions regarding type of information req   | uired.)            |   |
| Date         | Payee name   |                    | Amount<br>(\$)                                      |
|              | Payee address; City; State; Zip Code   |                    | (Ψ)   |
|              |  | •                  |   |
|              | Purpose of expenditure (See instructions regarding type of information req   | uired.)            |   |
| Date         | Payee name   |                    | Amount<br>(\$)                                      |
|              | Payee address; City; State; Zip Code   |                    | (Ψ)   |
|              | Purpose of expenditure (See instructions regarding type of information req   | uired.)            |   |
| Date .       | Payee name   | •                  | Amount<br>(\$)                                      |
|              | Payee address; City; State; Zip Code   |                    | (Φ)   |
| ·            | Purpose of expenditure (Sée instructions regarding type of information req   | uired.)            | ,   |
|              |  |                    |   |
|              | andre dals in the day of the engineering of the control of the engine of the control of the cont |                    | and the second transfer of the second little to the |

andra de la companya La companya de la co

|               | tion Guide explains how to complete this form.       | al pages Schedule K:    |                              |
|---------------|--|-------------------------|------------------------------|
| 2 FILER NAM   | E Gerald Cheek 3 AC                                  | COUNT # (Ethics Commiss | sion filers)                 |
| 4 Date        | 5 Payor name  6 Payor address; City; State; Zip Code |                         | Amount<br>(\$)               |
|               | 7 Reason for credit                                  | ·                       |                              |
| Date<br>·     | Payor name   |                         | Amount<br>(\$)               |
|               | Reason for credit                                    |                         |                              |
| Date          | Payor name   |                         | Amount<br>(\$)               |
|               | Reason for credit                                    |                         | and the second of the second |
| Date          | Payor name   |                         | Amount<br>(\$)               |
|               | Reason for credit                                    |                         |                              |
| <u> </u> Pate | Payor name Payor address; City; State; Zip Code      |                         | Amount<br>(\$)               |

|   | The In:  | struction Guide explains how to complete this form. plete only if "Report Type" on page 1 is marked "Final Report" ••  |   |
|---|----------|--|---|
| 1 | C/OH N   | AME  | 2 ACCOUNT # (Ethics Commission filers)  |
| 3 | SIGNA    | TURE   | 4   |
|   | that des | expect any further political contributions or political expenditures in connection wiignating a report as a final report terminates my campaign treasurer appointment ept any campaign contributions or make any campaign expenditures without a ca  | . I also understand that I may  |
|   |          | Signature  | of Candidate / Officeholder   |
| 4 |          | WHO IS NOT AN OFFICEHOLDER  olete A & B below <i>only</i> if you are not an officeholder. ••   |   |
|   | Α.       | CAMPAIGN FUNDS   |   |
|   | Check    | only one:  |   |
|   |          | I do not have unexpended contributions or unexpended interest or income earner   | ed from political contributions.  |
|   |          | I have unexpended contributions or unexpended interest or income earned frounderstand that I may not convert unexpended political contributions or unexpended political contributions to personal use. I also understand that I must file an a contributions and that I may not retain unexpended contributions or unexpended political contributions longer than six years after filing this final report. Further, I under unexpended political contributions and unexpended interest or income earned accordance with the requirements of Election Code, § 254.204. | ed interest or income earned<br>annual report of unexpended<br>interest or income earned on<br>inderstand that I must dispose |
|   | В.       | ASSETS   |   |
|   | Chec     | only one:  |   |
|   |          | I do not retain assets purchased with political contributions or interest or oth contributions.  | ner 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 contributions from political contributions to personal use. I also understand that I must dispose political contributions in accordance with the requirements of Election Code, § 25  | s or interest or other income se of assets purchased with   |
|   |          |  | •   |
|   |          | Sig  | gnature of Candidate  |
| 5 |          | EHOLDER  Diete this section <i>only</i> if you are an officeholder ••  |   |
|   |          |  | ed contributions if, at the time nterest or other income from   |

## N/A(atthistime) CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

MA

FORM COR-C/OH

|  |   | 17.                                    |
|--|---|--|
|  |   | <u>:</u>                               |
| 1 ACCOUNT#   | 2 Total pages filed:  | OFFICE USE ONLY                        |
|  |   | Date Received                          |
| 3 CANDIDATE / MS / MRS / MR FIRST OFFICEHOLDER     | MI  |  |
| NAME   |   |  |
| NICKNAME LAST                                      | SUFFIX  |  |
| 4 ORIGINAL January 15                              |   | Date Hand-delivered or Date Postmarked |
| REPORT   Santal, 10                                | Runoff Other (specify)  | Date Harit danielec ei Bate i Commande |
| TYPE July 15                                       | Exceeded \$500 limit  | Receipt # Amount                       |
| 30th day before election                           | 15th day after treasurer  | Receipt # Amount                       |
|  | appointment (officeholder only)<br>Final report                       | Legal Totals                           |
|  | · · · · · · · · · · · · · · · · · · ·                                 | Date Processed                         |
| 5 ORIGINAL Month Day Year                          | Month Day Year  | Dale Imaged                            |
| COVERED  | III.COGH  |  |
| 6 EXPLANATION OF CORRECTION                        | · · · · · · · · · · · · · · · · · · ·                                 |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 7 AFFIDAVIT  | I swear, or affirm, under penalty                                     | of perjury, that this corrected        |
| ·  | report is true and correct.   |  |
|  | Check ONLY if applicable:   |  |
|  |   |  |
|  | I swear, or affirm, that I am filin                                   |  |
|  | later than the 14th business d<br>that the report as originally filed | is inaccurate or incomplete.           |
|  | I swear, or affirm, that any error                                    | or omission in the report as           |
|  | originally filed was made in goo                                      | od faith.                              |
|  |   |  |
| AFFIX NOTARY STAMP / SEAL ABOVE                    | Signature of Candida  | te or Officeholder                     |
|  |   |  |
| Sworn to and subscribed before me by               | this the  | day of                                 |
|  |   |  |
| 20, to certify which, witness my hand              | and seal of office.   |  |
|  |   |  |
| Signature of officer administering oath Printed in |   | Title of officer administering oath    |
|  |   |  |
| Pomember To Attack Any Do                          | of Of The Commeles Figures  | Donart Course                          |

Remember To Attach Any Part Of The Campaign Finance Report Form

Needed To Report And Explain Corrections

## N/A (at thistime) correction affidavit FOR CANDIDATE/OFFICEHOLDER

P.O. Box 12070

MA

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Attach additional pages as necessary.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- **3.** Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5.** Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

| CANDIDA | TE / O | FFICEHOLDI | ER NA(0  | it this | time form ( | C/OH-UC   |
|---------|--------|------------|----------|---------|-------------|-----------|
| REPORT  | OF UN  | EXPENDED   | CONTRIBU | TIONS   | Cover S     | HEET PG 1 |

P.O. Box 12070

|  | <del></del>   |                          |
|--|---|--------------------------|
| The C/OH-UC Instruction Guide explains how to complete this form.  | 1 ACCOUNT# (E   | thics Commission filers) |
| 2 CANDIDATE / MS/MRS/MR FIRST MI   | OFFICE  | ISEONIV                  |
| OFFICEHOLDER   |   | JSEONLI                  |
| NAME LAST SUFFIX   | Date Received   |                          |
|  |   |                          |
| 3 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER ADDRESS  |   |                          |
|  | Date Hand-delivered o   | or Date Postmarked       |
| Change of Address  |   |                          |
| 1 REPORT TYPE Annual Final Disposition   | Receipt #   | Amount                   |
| 5 PERIOD COVERED Month Day Year Month Day Year   | Date Processed  |                          |
| "NOOG!   | Date Imaged   |                          |
| 3 TOTALS   |   |                          |
| DEC. 31 OF THE PREVIOUS YEAR.  | <b>5</b>  | ,                        |
|  |   |                          |
| 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS  | \$  |                          |
| I FOR  | <u> </u>  |                          |
| 7 AFFIDAVIT  |   |                          |
| report is true and correct and includ  | es all information  |                          |
| reported by the under title 15, Elec   |   |                          |
|  |   |                          |
| Simply of Coolida  | to or Officeholder  | •-                       |
| Signature of Candida   | ite of Officertoider  |                          |
|  | •   |                          |
|  |   |                          |
| AFELY NOTARY STAMP / SEAL AROVE  |   | •                        |
| ALLIX MOTALL STATE ABOVE   |   | · — — sign               |
|  |   |                          |
| DEFICEHOLDER NICKNAME  LAST  SUFFIX  Date Received  Date Received  Date Received  Date Received  Date Hand-delivered or Date Postmarked  Date Inaged  THROUGH  Date Inaged  TOTALS  1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DEC. 31 OF THE PREVIOUS YEAR.  2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR. |   |                          |
| of, 20, to certify which, witness my hand and seal of office.  |   |                          |
|  | and the first second general<br>second second second second<br>second second second second second<br>second second s |                          |
| 는 하는 하는 것이 되었다. 그런 보고는 동안되고 있는 사람이 이 가능한 하는 것이 되었습니다. 그는 것이 되었습니다. 그런 그런 그런 그런 그런 그는 그는 사람이 되었습니다.<br>그는 소리를 하는 것은 사람이 들려 있다. 그는 하는 소리를 하는 것이 들었습니다.   |   |                          |
| Signature of officer administering oath Printed name of officer administering oath Tit   | le of officer adminis   | tering oath              |

Texas Ethics Commission

| KPENDITU         |  | XPENDED CON                   |   |  |   | PG <b>2</b>       |
|------------------|--|-------------------------------|---|--|---|-------------------|
| C/OH NAME        |  |                               | •                                       | .  | 9 ACCOUNT #(Ethica                                  | Commission fi     |
| ٠,               | •  | •                             |   |  |   |                   |
| Date             | 11 Payee name  |                               |   |  | 13 Amou<br>. (\$)                                   | nt ·              |
|                  | 12 Payee address;  | City; State; Zip Code         |   |  |   | •                 |
|                  |  |                               |   | · · .  |   |                   |
| · · · · · ·      | ļ  |                               |   |  |   |                   |
| Purpose of expe  | nditure  |                               | 15                                      | Is expenditure                                   | e a contribution<br>, officeholder, or<br>nittee?   | Yes               |
| (if travel outs  | side of Texas, complete Sch  | edule T) (See Instruction Gu  | ıide)                                   | <b>P</b> • · · · · · · · · · · · · · · · · · ·   |   |                   |
| Date .           | Payee name   |                               |   |  | . Amou<br>(\$)                                      |                   |
|                  | Payee address;   | City; State; Zip Code         |   |  |   |                   |
| · .              |  |                               |   |  |   |                   |
| Purpose of exper | l<br>nditure   |                               | 15                                      |  |   |                   |
|                  |  |                               |   | Is expenditur<br>to a candidate<br>political com | e a contribution<br>e, officeholder, or<br>nittee?  | Yes               |
| (If travel out   | side of Texas, complete Sch  | nedule T) (See Instruction Gu | uide)                                   |  |   |                   |
| Date             | Payee name   |                               |   |  | Amo<br>(\$)   |                   |
|                  | Payee address;   | City; State; Zip Code         |   |  |   | •                 |
|                  |  |                               |   | ,  |   |                   |
| Purpose of expe  | nditure :  |                               | 15                                      |  |   | · · ·             |
| •                |  | nedule T) (See Instruction Gu |   | ls expenditur                                    | e a contribution<br>e, officeholder, or<br>nittee?  | Yes No            |
| Date             | Payee name   |                               |   |  | Ámo   | •                 |
|                  |  |                               |   |  | . (\$   | 5).               |
| · .              | Payee address;   | City; State; Zip Code         | • | ,  |   | :                 |
|                  |  |                               |   |  |   |                   |
|                  |  |                               | 24.4                                    |  | 1   |                   |
| Purpose of expe  | nditure  |                               | 15                                      | Is expenditu                                     | re a contribution<br>e, officeholder, or<br>mittee? | Ye No             |
| (If travel out   | side of Texas, complete Sci  | hedule T) (See Instruction G  | uide)                                   |  | · · · · · · · · · · · · · · · · · · ·               | · · · · · · · · · |
|                  | Secretarian est especial de la companya de la comp |                               |   |  | Pagenera Jesás                                      |                   |

## AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM ACTA

PG 1

| 1 CANDIDATE   | A  | 2 ACCOUNT#                 | 3 Total pages filed:                               |
|---|--|----------------------------|--|
| 5-640   | ild Cheek  | •                          | 18   |
| See ACTA Instruction Guide for detailed instructions.  Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed. |  |                            |  |
| 4 CANDIDATE   | NEW MS / MRS / MR FIRST  | MI                         | OFFICE USE ONLY                                    |
| NAME  | GEI MA   |                            | Date Received                                      |
|   | NICKNAME LAST  | SUFFIX                     |  |
|   | Cheek  |                            |  |
| 5 CANDIDATE   | NEW ADDRESS / PO BOX; APT / SUITE #; C   | TITY; STATE; ZIP CODE      |  |
| II MAILING I  | 5403 Toe Herrera El  | A:50 TV 79954              | ,  |
|   | 17 DIBLIAL BONCOLC   | 10(30) 1 X 11 12 1         | Date Hand-delivered or Date Postmarked             |
|   | NEW AREA CODE PHONE NUMBER   | . EXTENSION                | •  |
| CANDIDATE   | 7.3.7  |                            |  |
| PHONE   | (915) 731-147  | 1                          | Date Processed                                     |
| 7<br>OFFICE HELD  | NEW  |                            | Date Imaged  |
| (if any)  | None   |                            |  |
| 8 OFFICE SOUGHT   | NEW .  |                            | •  |
| (If known)  | DISTRICT H EPISD  NEW MS/MRS (MR) FIRST M  | Board of Tri               | ustees   |
| 9<br>CAMPAIGN   |  |                            | LAST SUFFIX  |
| TREASURER<br>NAME   | Gerald.  |                            | heek   |
| 10  | NEW STREET ADDRESS (NO PO BOX PLEASE); A   | PT / SUITE #; CITY; STATE; | ZIP CODE   |
| CAMPAIGN<br>TREASURER   |  | <b>-</b> : 6               |  |
| STREET<br>ADDRESS   | 5403 Joe Herrem  | El Yaso, Tx                | 79924  |
| (Residence or business)   |  |                            |  |
|   | NEW AREA CODE PHONE NUMBER   | EXTENSION                  |  |
| 11 CAMPAIGN<br>TREASURER  | NEW AREA CODE PHONE NUMBER   | 7 1                        |  |
| PHONE 12 CANDIDATE  |  | <u> </u>                   |  |
| SIGNATURE   | I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.  |                            |  |
| ·   | I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.   |                            |  |
|   | I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  All Cheeks  Signature of Candidate  Date Signed |                            |  |
|   | бо то  | PAGE 2                     | y organizacji od kartini, ale orezpe se z orozoni. |

#### AMENDMENT:

P.O. Box 12070

## PG 2 CANDIDATE MODIFIED REPORTING DECLARATION

| CANDIDATE NAME                 |   |
|--------------------------------|---|
| 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 elec-<br>tion 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. |
|                                | 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.

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