

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME TRINI ACEVEDO 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

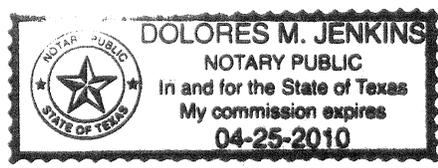
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
07 MAY -4 PM 1:37

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>∅</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,650</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>∅</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,320</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>330⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>∅</u>

19 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Trinidad Acevedo, Jr., this the 4th day of May, 20 07, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

DOLORES M JENKINS
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>TRINI ACEVEDO</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/24/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARVIN ROSENBAUM</i>	7 Amount of contribution (\$) <i>\$200⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 1183 EL PASO TX 79947</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/24/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JERRY ROSENBAUM</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>821 WINGFOOTE RD EL PASO TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/19/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>HUN SEO</i>	Amount of contribution (\$) <i>\$300⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12224 CHISLUM PASS DR EL PASO TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/17/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TSAI MING A HSU</i>	Amount of contribution (\$) <i>\$300⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11551 JAMES CERANT DR EL PASO TX 79936</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/20/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARIA L. CISNEROS</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK'S DEPT.
07 MAY 4 AM 11:37

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME TRINI ACEVEDO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/24/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CEIL M. KIMMELMAN	7 Amount of contribution (\$) \$200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 305 S. EL PASO EL PASO TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/24/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENOCH KIMMELMAN	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/27/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTA AYVOUB SOLIS	Amount of contribution (\$) \$200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1313 CLIFF DR EL PASO TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN SILVA	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 13571 EL PASO TX 79913		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/26/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE A. SILVA	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1000 S. STANTON EL PASO TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>TRINI ACEVEDO</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/1/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRANCES ALLEDGE</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>232 FREMONT EL PASO TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

07:11:37 PM
 CIVIL CLERK DEPT.

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>TRINI ACEVEDO</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/24/07</i>	5 Payee name <i>VALLEY PRINTERS</i>	7 Amount (\$) <i>\$750⁰⁰</i>
6 Payee address; City; State; Zip Code <i>710 N CLARK DR EL PASO TX 79905</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>PRINTING</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>4/25/07</i>	Payee name <i>HO H DIENERO TREE</i>	Amount (\$) <i>\$640⁰⁰</i>
Payee address; City; State; Zip Code <i>9020 MAYFLOWER EL PASO TX 79925</i>		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>4/28/07</i>	Payee name <i>ZIPPY PRINTING</i>	Amount (\$) <i>\$300⁰⁰</i>
Payee address; City; State; Zip Code <i>2855 PERSHING EL PASO TX 79903</i>		
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING BROCHURE</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date <i>5/1/07</i>	Payee name <i>ZIPPY PRINTING</i>	Amount (\$) <i>\$75⁰⁰</i>
Payee address; City; State; Zip Code <i>2855 PERSHING EL PASO TX 79903</i>		
Purpose of payment (See instructions regarding type of information required.) <i>PRINTING PUSH CARDS</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held

CITY CLERK DEPT.
07 MAY - 4 PM 1:30

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/2/07	5 Payee name EDUARDO LEON 6 Payee address; City; State; Zip Code	7 Amount (\$) \$ 280 ⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORKER (If travel outside of Texas, complete Schedule T)		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 5/2/07	Payee name DAVID FLORES Payee address; City; State; Zip Code	Amount (\$) \$ 275 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORKER (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

CITY CLERK DEPT.
 07 MAY -1, PM 1:37

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED