

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  2
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MARIA D. "MAYELA" MEJIA	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>OFFICE USE ONLY</b></p> <p>Date Received: 7 APR 12 PM 2:27 CITY CLERK DEPT.</p> <p>Date Hand-delivered or Date Postmarked:</p> <p>Receipt #      Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11355 LAKE OZARKS EL PASO, TX. 79936		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (915) 867-5108		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MARIA D. "MAYELA" MEJIA		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8807 CASTNER EL PASO TX. 79907		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (915) 867-5108		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 1 / 16 / 2007      4 / 12 / 2007		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 5 / 12 / 07	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) —	<b>13 OFFICE SOUGHT (if known)</b> City Representative Dist. #5	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name</p> <p>Address / PO Box; Apt / Suite #; City; State; Zip Code</p>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

<b>15 C/OH NAME</b> MARIA "MARCELA" MEJIA	<b>16 ACCOUNT # (Ethics Commission Filers)</b>
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** 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. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,320.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 354.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,473.39
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8.51
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,180.00

**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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

MARIA "MARCELA" MEJIA

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 6
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1320.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 354.29
4. TOTAL POLITICAL EXPENDITURES	\$ 5473.39
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8.51
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,780.40

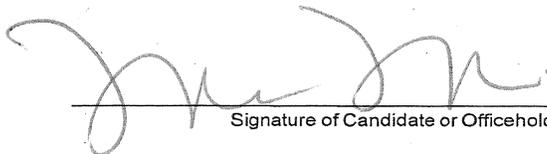
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

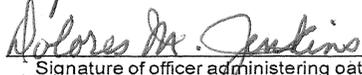
19 AFFIDAVIT

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria De Los Angeles Mejia, this the 12<sup>th</sup> day of April, 2007, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Dolores M Jenkins  
Printed name of officer administering oath

  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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

2 FILER NAME MARIA "MAYELA" MEJIA 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1-16-07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robert H. Millard</u>	7 Amount of contribution (\$) <u>100<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>901B TEPIC EL PASO TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-16-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>George SALOM</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>807 South EL PASO ST. EL PASO TX 79901</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-16-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wesley D. MOTTINGER</u>	Amount of contribution (\$) <u>20<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2309 Orville Moody Ln EL PASO, TX 79935</u>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
ASST. PRINCIPAL EASTWOOD High School

Date <u>1-16-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CARLOS AGUILAR</u>	Amount of contribution (\$) <u>100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3430 Douglas ave. EL PASO, TX 79903</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1-16-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alfredo Corral</u>	Amount of contribution (\$) <u>500<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1458 Lomaland EL PASO, TX 79925</u>		(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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages this Schedule B: 0

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
(If travel outside of Texas, complete Schedule T)			

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

**ATTACH ADDITIONAL COPIES OF THIS 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: <u>2</u>	
2 FILER NAME <u>MARIA "MARIELA" MEJIA</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2-19-07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>STANLEY P. JOBE</u>	7 Amount of contribution (\$) <u>\$ 500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. BOX 3318 EL PASO TX. 79923</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>1-19-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ART. Direction</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>\$ 2,051.00 Discount on BANKERS</u>
Contributor address; City; State; Zip Code <u>7404 FRANKLIN EL PASO TX. 79975</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>1-30-07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARC MARTINEZ</u>	Amount of contribution (\$)	In-kind contribution description (if applicable) <u>200 FULL COLOR T SHIRTS @ \$600.00</u>
Contributor address; City; State; Zip Code <u>5979 S. STAPLES CORPUS CHRISTI TX. 78413</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages this Schedule B: <u>  0  </u>
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address;      City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS** **SCHEDULE E**

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

**2** FILER NAME: MARIA "MAYELA" MEJIA **3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED LOANS: \$

**5** Date of loan **7** Name of lender: MARIA MEJIA  out-of-state PAC (ID#: \_\_\_\_\_) **9** Loan Amount (\$): \$3,046

**6** Is lender a financial Institution? Y  N **8** Lender address; City; State; Zip Code: 11355 LAKE STARKS EL PASO, TEXAS 79936 **10** Interest rate: 0

**11** Maturity date: 0

**12** Principal occupation / Job title (See Instructions): Client Care Specialist **13** Employer (See Instructions): H+R Block

**14** Description of Collateral:  none

**15** GUARANTOR INFORMATION:  not applicable **16** Name of guarantor: \_\_\_\_\_ **18** Amount Guaranteed (\$): \_\_\_\_\_ **17** Guarantor address; City; State; Zip Code: \_\_\_\_\_

**19** Principal Occupation: \_\_\_\_\_ **20** Employer: \_\_\_\_\_

Date of loan: 1-19-07 Name of lender: ART Directions - J. A. LOZANO  out-of-state PAC (ID#: \_\_\_\_\_) Loan Amount (\$): \$1,734.00

Is lender a financial Institution? Y  N Lender address; City; State; Zip Code: 7404 FRANKLIN DR. EL PASO TX. 79902 Interest rate: 0

Maturity date: 0

Principal occupation / Job title (See Instructions): \_\_\_\_\_ Employer (See Instructions): \_\_\_\_\_

Description of Collateral:  none Banners

**GUARANTOR INFORMATION**:  not applicable Name of guarantor: Mayela Mejia Amount Guaranteed (\$): \$1,734.00 Guarantor address; City; State; Zip Code: 11355 LAKE STARKS EL PASO TX 79936

Principal Occupation: Client Care Specialist Employer: H+R Block

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender 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**

2 FILER NAME  
**MARIA "MAYELA" MEJIA**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2-12-07</b>	5 Payee name <b>CITY OF EL PASO</b>	7 Amount (\$) <b>250.00</b>
6 Payee address; City; State; Zip Code <b>2 CIVIC CENTER PLAZA EL PASO TEXAS 79901</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>FILING FEE</b> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <b>MARIA MAYELA MEJIA</b>	Office sought <b>CITY REP DIST. 5</b>	Office held
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Date <b>3-31-07</b>	Payee name <b>KVIV 1340AM - Radio Station</b>	Amount (\$) <b>\$ 895.00</b>
Payee address; City; State; Zip Code <b>4900 MONTANA EL PASO TX. 79903</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Radio spots</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <b>MARIA MAYELA MEJIA</b>	Office sought <b>CITY REP DIST. 5</b>	Office held
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Date <b>2-24-07</b>	Payee name <b>JM PRINTING</b>	Amount (\$) <b>\$342.92</b>
Payee address; City; State; Zip Code <b>1200 TEXAS EL PASO TX. 79901</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Flyers</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <b>MARIA MAYELA MEJIA</b>	Office sought <b>CITY REP DIST. 5</b>	Office held
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Date <b>2-28-07</b>	Payee name <b>CUCO CHARRA</b>	Amount (\$) <b>\$100.00</b>
Payee address; City; State; Zip Code <b>7404 FRANKLIN</b>		

Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN WORKER CONSTRUCTION OF FRAME for banner.</b> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name <b>MARIA MAYELA MEJIA</b>	Office sought <b>CITY REP DIST. 5</b>	Office held
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**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: <b>2</b>
2 FILER NAME <b>MARIA "MAYELA" MEJIA</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1-19-07</b>	5 Payee name <b>ART Direction</b>	7 Amount (\$) <b>\$1000.00</b>
6 Payee address; City; State; Zip Code <b>7404 FRANKLIN EL PASO TX 79915</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Rental OF TRAILER @ 250.00/month (If travel outside of Texas, complete Schedule T) 4 months.</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>MARIA "MAYELA" MEJIA City Rep DIST. 5</b>	
Date <b>3-30-07</b>	Payee name <b>J&amp;R Design</b>	Amount (\$) <b>\$ 2,151.47</b>
Payee address; City; State; Zip Code <b>10090 Socorro Rd. Socorro TX 79912</b>		
Purpose of payment (See instructions regarding type of information required.) <b>SIGNS (If travel outside of Texas, complete Schedule T)</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>MARIA "MAYELA" MEJIA City Rep. DIST. 5</b>	
Date <b>1-19-07</b>	Payee name <b>ART Direction</b>	Amount (\$) <b>\$ 734.00</b>
Payee address; City; State; Zip Code <b>7404 FRANKLIN EL PASO TX 79915</b>		
Purpose of payment (See instructions regarding type of information required.) <b>BANNERS (If travel outside of Texas, complete Schedule T)</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>MARIA "MAYELA" MEJIA City Rep. DIST. 5</b>	
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <b>(If travel outside of Texas, complete Schedule T)</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule G: 0
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address; City; State; Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<b>8</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name ..... Payee address; City; State; Zip Code ..... Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**SCHEDULE H**

The Instruction Guide explains how to complete this form.	1 Total pages Schedule H: <u>  9  </u>
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Business name	7 Amount (\$)
	6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
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Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.	1 Total pages Schedule I: <u>  0  </u>
2 FILER NAME	3 ACCOUNT # (Ethics 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 required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)**

**SCHEDULE K**

<p>The Instruction Guide explains how to complete this form.</p>	<p><b>1</b> Total pages Schedule K: <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">0</span></p>
<p><b>2</b> FILER NAME</p>	<p><b>3</b> ACCOUNT # (Ethics Commission filers)</p>

<b>4</b> Date	<p><b>5</b> Payor name</p> <p>.....</p> <p><b>6</b> Payor address;            City; State; Zip Code</p>	<b>8</b> Amount (\$)
	<p><b>7</b> Reason for credit</p>	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address;            City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address;            City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address;            City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

Date	<p>Payor name</p> <p>.....</p> <p>Payor address;            City; State; Zip Code</p>	Amount (\$)
	Reason for credit	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">0</span>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
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 FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

<b>1 C/OH NAME</b>	<b>2 ACCOUNT #</b> (Ethics Commission filers)
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**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
 \*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**  
 \*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder