

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Quintana, Veronica (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00011038

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,850.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

610.67

4. TOTAL POLITICAL EXPENDITURES

\$

4,255.77

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,077.73

OUTSTANDING LOAN TOTALS

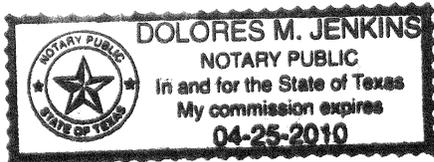
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,400.00

18 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.



Veronica R Quintana
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Veronica R Quintana, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.

Dolores M Jenkins
Signature of officer administering oath

Dolores M JENKINS
Print 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 PAGE # Schedule: 1/3 Report: 3/7	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnoldo Hernandez 6 Contributor address; City; State; Zip Code 601 S. Mesa El Paso, TX 79901	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barcena, A. (Mr.) Contributor address; City; State; Zip Code AB Labels 7245 Copper Queen El Paso, TX 79915	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) Printing
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/07/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Escajeda, Rudy (Ms.) Contributor address; City; State; Zip Code 10641 Vista Lomas El Paso, TX 79935	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eul J. Park Contributor address; City; State; Zip Code 1152 Calle Del Sur El Paso, TX 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eun Sun Chang Contributor address; City; State; Zip Code 1636 Dede Ln El Paso, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/7	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eunhon Chaird 6 Contributor address; City; State; Zip Code 410 S. El Paso St. El Paso, TX 79901	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) CITY CLERK REPT. 07MAY-4 PM:36
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) H.J Charid Contributor address; City; State; Zip Code 909A Agua Caliente El Paso, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Howry Lague Contributor address; City; State; Zip Code 406 S Mesa El Paso, TX 79901	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hsin, Shin Hsu (Mr.) Contributor address; City; State; Zip Code 11551 James Grant El Paso, TX 79936	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jenette Spindler Contributor address; City; State; Zip Code 10004 Monaco El Paso, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 5/7	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 04/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Myung, Jin Kim (Mr.) 6 Contributor address; City; State; Zip Code 7085 Tierra Roja El Paso, TX 79912	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sookhee, Kim (Ms.) Contributor address; City; State; Zip Code 852 Agua Caliente El Paso, TX 79912	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2 Report: 6/7
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 04/24/2007	5 Payee name Chevron 6 Payee address; City; State; Zip Code 3013 Lee Trevino El Paso, TX 79935	7 Amount (\$) \$59.99
8 Purpose of payment (See instructions regarding type of information required.) Gas		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/26/2007	Payee name Chevron Payee address; City; State; Zip Code 1791 Lee Trevino El Paso, TX 79935	Amount (\$) \$50.01
Purpose of payment (See instructions regarding type of information required.) Gas		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/30/2007	Payee name H&H Mailing Services Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	Amount (\$) \$1,609.81
Purpose of payment (See instructions regarding type of information required.) Mailing Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/01/2007	Payee name Quiroga, Angela (Ms.) Payee address; City; State; Zip Code 11108 Voyager Cove El Paso, TX 79936	Amount (\$) \$180.00
Purpose of payment (See instructions regarding type of information required.) Campaign work		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 7/7
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission files) 00011038
4 Date 04/23/2007	5 Payee name Valley Printing 6 Payee address; City; State; Zip Code 710-B North Clark El Paso, TX 79905	7 Amount (\$) \$1,465.33
8 Purpose of payment (See instructions regarding type of information required.) Printing of Brochures and Letters		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 04/27/2007	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$) \$135.82
Purpose of payment (See instructions regarding type of information required.) Mobile Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/02/2007	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$) \$144.14
Purpose of payment (See instructions regarding type of information required.) Mobile Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

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