

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  7	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>MR.</b>	FIRST <b>JAMES</b>	MI <b>E</b>	<b>OFFICE USE ONLY</b>  CITY CLERK DEPT OT 11-4 PM 2:45
	NICKNAME <b>JIM</b>	LAST <b>SUERKEN</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>2000 SAUL KLEINFELD #311 EL PASO, TX 79936</b>		Date Received	Date Hand-delivered or Date Postmarked
	<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(915)</b>	PHONE NUMBER <b>449-0556</b>	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>MR.</b>	FIRST <b>PRESI</b>	MI	Date Processed
	NICKNAME <b>ORTEGA</b>	LAST	SUFFIX	Date Imaged
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>11628 LAURA MARIE EL PASO, TX 79936</b>			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(915)</b>	PHONE NUMBER <b>490-4907</b>	EXTENSION	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input 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 checked="" 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 <b>4 / 13 / 2007</b>		THROUGH	Month    Day    Year <b>5 / 4 / 2007</b>
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <b>5 / 12 / 2007</b>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b> <b>CITY REPRESENTATIVE DISTRICT 5</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** 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. **			
	Name			
Address / PO Box; Apt. / Suite #; City; State; Zip Code				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** JAMES SWERKEN **16 ACCOUNT # (Ethics Commission Filers)**

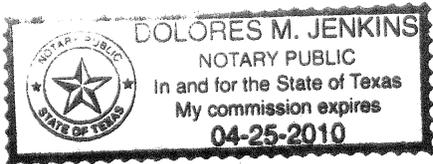
**17 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* 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. \*\*

<input type="checkbox"/> additional pages	<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>
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,156.36
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ itemized
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,083.97
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,690.92
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

**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.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of officer administering oath

DOLORES M. JENKINS  
 \_\_\_\_\_  
 Printed name of officer administering oath

*[Handwritten Signature]*  
 \_\_\_\_\_  
 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: <b>2</b>	
2 FILER NAME <b>JAMES SUERKEN</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SEE ATTACHED</b>	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 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)	

**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, Jim Suerken Campaign**

<u>Last Name</u>	<u>First Name</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>
Scott PAC		1100 Chase Tower, El Paso, TX 79901	\$250.00	4/25/2007
Hill	Cathy A.	1205 Cerrito Grande, El Paso TX, 79912	\$250.00	4/25/2007
Maxon	John G.	4820 Olmos, El Paso, TX 79922	\$250.00	4/25/2007
Lopez	Jose L.	2008 Pueblo Nuevo, El Paso, TX 79936	\$150.00	4/25/2007
Leon	Carlos and Yvonne	12440 Sun Willow, El Paso, TX 79938	\$100.00	4/25/2007
El Paso Police Officers Assn	PAC Fund	747 E. San Antonio, El Paso, TX 79901	\$1,500.00	4/25/2007
Martinez	Patricia Ann	2120 Escarpa Dr., El Paso, TX 79935	\$500.00	4/25/2007
Dorado	Susana	600 El Parque Dr., El Paso, TX 79912	\$300.00	4/25/2007
Bustillos	Roman	417 Executive Center, El Paso, TX 7902	\$200.00	4/25/2007
Azcarate	Jorge	3241 Tierra Lucero Ln., El Paso, TX 79938	\$200.00	4/25/2007
Villaverde	Ramon	6256 Los Bancos, El Paso, TX 79912	\$100.00	4/25/2007
Chavez	Irene	1340 Loma Verde Dr., El Paso, TX 79936	\$150.00	4/25/2007
Vargas	Monica	4017 Flamingo, El Paso, TX 79902	\$50.00	4/25/2007
Robles	Belen	3336 Fillmore Ave., El Paso, TX 79930	\$50.00	4/25/2007
Van Hoove	Marcella	3129 Tierra Paola, El Paso, TX 79938	\$50.00	4/25/2007
Urquhart	Teresa C.	736 Somerset, El Paso, TX 79912	\$50.00	4/25/2007
Boureslan	Ali	10009 Album, El Paso, TX 79925	\$100.00	4/20/2007
Wingo	Robert V.	1021 Los Jardines Cir., El Paso, TX 79912	\$1,000.00	4/20/2007
Texas Assn. of Realtors	PAC	PO Box 1986, Austin, TX 78767	\$1,000.00	4/20/2007
Marcus	Meyer	6500 Montana Ave., El Paso, TX 79925	\$250.00	4/25/2007
Ortega	Presi	11628 Laura Marie, El Paso, TX 79936	\$616.36	4/23/2007
			in kind contribution of endorsement letter	

**Total for filing period: \$7,116.36**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 2em; margin-left: 20px;">3</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">JAMES SUERKEN</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em; margin-left: 10px;">4/13/07</span>	5 Payee name <span style="font-size: 1.2em; margin-left: 20px;">RPS &amp; V CORP.</span>	7 Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">220.<sup>00</sup></span>
6 Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">11800 ROJAS DR. EL PASO, TX 79936</span>		
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">LABEL PRINTING</span> <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 <span style="font-size: 1.2em; margin-left: 10px;">4/13/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">TWO TON CREATIVITY</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">5409.<sup>05</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">500 N. OREGON 2nd FLOOR EL PASO, TX 79901</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">BIG MAILER AND LETTERHEAD</span> <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 <span style="font-size: 1.2em; margin-left: 10px;">4/17/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">SMARTZ PRINTING</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">120.<sup>00</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">1501 E. MISSOURI EL PASO, TX 79902</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">DEPOSIT FOR INFO CARDS</span> <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 <span style="font-size: 1.2em; margin-left: 10px;">4/18/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">TWO TON CREATIVITY</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">797.<sup>80</sup></span>
Payee address; City; State; Zip Code <span style="font-size: 1.2em; margin-left: 20px;">500 N. OREGON 2nd FLOOR EL PASO, TX 79901</span>		
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">LETTERHEAD</span> <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

**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: **3**

2 FILER NAME **JAMES SWERKEN**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/18/07</b>	5 Payee name <b>OFFICE DEPOT</b> 6 Payee address; City; State; Zip Code <b>1111 GERONIMO DR. EL PASO, TX 79925</b>	7 Amount (\$) <b>533.<sup>03</sup></b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>PRINTER, PAPER, CAMPAIGN OFFICE SUPPLIES</b> (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 <b>4/19/07</b>	Payee name <b>SMARTZ PRINTING</b> Payee address; City; State; Zip Code <b>1501 E. MISSOURI EL PASO, TX 79902</b>	Amount (\$) <b>268.<sup>35</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>REST OF INFO CARD PAYMENT</b> (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 <b>4/20/07</b>	Payee name <b>TWO TON CREATIVITY</b> Payee address; City; State; Zip Code <b>500 N. OREGON 2ND FLOOR EL PASO, TX 79901</b>	Amount (\$) <b>2914.<sup>34</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>LAST MAILER BEFORE EARLY VOTING</b> (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 <b>4/25/07</b>	Payee name <b>TWO TON CREATIVITY</b> Payee address; City; State; Zip Code <b>500 N. OREGON 2ND FLOOR EL PASO, TX 79901</b>	Amount (\$) <b>3507.<sup>00</sup></b>
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Purpose of payment (See instructions regarding type of information required.) <b>NEWSPAPER ADS</b> (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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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: 3

2 FILER NAME JAMES SUEPKEN 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/26/07</u>	5 Payee name <u>United STATES POSTAL SERVICE</u> 6 Payee address; City; State; Zip Code <u>8401 BOEING EL PASO, TX 79925</u>	7 Amount (\$) <u>195.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>POSTAGE</u> (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 <u>4/29/07</u>	Payee name <u>ZIPPY PRINTING CENTER</u> Payee address; City; State; Zip Code <u>2855 PERSHING DR. EL PASO, TX 79903</u>	Amount (\$) <u>361.87</u>
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Purpose of payment (See instructions regarding type of information required.) <u>PRINTING</u> (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 <u>4/30/07</u>	Payee name <u>H&amp;H MAILING</u> Payee address; City; State; Zip Code <u>9020 MAYFLOWER AVE. EL PASO, TX 79925</u>	Amount (\$) <u>659.12</u>
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Purpose of payment (See instructions regarding type of information required.) <u>LETTER POSTAGE</u> (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 <u>5/1/07</u>	Payee name <u>TWO TON CREATIVITY</u> Payee address; City; State; Zip Code <u>500 N. OREGON EL PASO, TX 79901</u>	Amount (\$) <u>5097.81</u>
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Purpose of payment (See instructions regarding type of information required.) <u>SIGNS AND CREATION AND POSTAGE OF FINAL MAILER</u> (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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