

**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 <u>2/21/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HON SEO</u>	7 Amount of contribution (\$) <u>\$250⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>12224 CHISLUM PASS DR EL PASO TX 79936</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DABLO ESCAMILLA</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>201 STRATFORD HOUSTON TX 77006</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JERRY ROSENBAUM</u>	Amount of contribution (\$) <u>\$500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO Box 514 EL PASO TX 79944</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TODD & SUSAN MIC</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10723 WHITESANOS DR EL PASO TX 79924</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EDITH & MICHAEL ZOVANICH</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1272 A.L. GILL EL PASO TX 79936</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.

**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 <u>TRINI Acevedo</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/22/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARVIN D. ROSENBAUM</u>	7 Amount of contribution (\$) <u>\$500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>P.O. Box 1183 EL PASO TX 79947</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/23/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HYUNSU CHAIRO</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>909 AGUA CALIENTE EL PASO TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EDUARDO + VICTORIA VALENCIA</u>	Amount of contribution (\$) <u>\$200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3609 ALBERWOOD MAJOR DR EL PASO TX 79928</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/24/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SOOKEE KIM</u>	Amount of contribution (\$) <u>\$250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>852 AGUA CALIENTE DR EL PASO TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/22/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAL HOLLAND</u>	Amount of contribution (\$) <u>\$50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>402 S 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)	

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 2/26/07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDRES MORALES	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10328 NEWPORT EL PASO TX 79924		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/2/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERICK KINNELMAN	Amount of contribution (\$) \$1500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1022 EL PASO TX 79916		(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)	
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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME TRINI ACEVEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/6/07

ALEX LERMA

6 Payee address; City; State; Zip Code
3424 FRANKFORT
EL PASO TX

\$ 360⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/30/07

WALMART

Payee address; City; State; Zip Code

1101 CATEWAY WEST

\$ 80⁰⁰

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN FOOD MEETING

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

3/16/07

OFFICE DEPOT

Payee address; City; State; Zip Code

1111 CERONIMO
EL PASO TX 79925

\$ 385⁰⁰

Purpose of payment (See instructions regarding type of information required.)

COPIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4/1/07

SAMS

Payee address; City; State; Zip Code

1001 CATEWAY WEST

\$ 420⁰⁰

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SUPPLIES
COPIES SUPPLIES
PAPER TOWEL

** Complete if direct expenditure to benefit C/OH **

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:
2 FILER NAME TRINI ACEVEDO		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/1/07	5 Payee name EDUARDO LEON	7 Amount (\$) \$1,200⁰⁰
6 Payee address; City; State; Zip Code 1306 MAGOFFIN Apt#5 EL PASO TX 79901		
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORKER <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/1/07	Payee name OFFICE DEPT	Amount (\$) \$450⁰⁰
Payee address; City; State; Zip Code 1111 CECILIANO EL PASO TX 79925		
Purpose of payment (See instructions regarding type of information required.) COPIES <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/26/07	Payee name ALEX LERMA	Amount (\$) \$400⁰⁰
Payee address; City; State; Zip Code 1310 MAGOFFIN EL PASO TX 79901		
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN WORKER <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3/16/07	Payee name WALMART	Amount (\$) \$150⁰⁰
Payee address; City; State; Zip Code 7101 GATEWAY WEST		
Purpose of payment (See instructions regarding type of information required.) Supplies <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** 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.	1 Total pages Schedule G:
2 FILER NAME <u>TRIVI ACEVEDO</u>	3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/30/07</u>	5 Payee name <u>Walmart</u>	8 Amount (\$) <u>\$220⁰⁰</u>
	6 Payee address; City; State; Zip Code <u>7101 GATEWAY WEST</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <u>Supplies</u> (If travel outside of Texas, complete Schedule T)	

Date <u>3/2/07</u>	Payee name <u>Walmart</u>	Amount (\$) <u>\$180⁰⁰</u>
	Payee address; City; State; Zip Code <u>7101 GATEWAY WEST</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>TONER / PAPER</u> (If travel outside of Texas, complete Schedule T)	

Date <u>3/2/07</u>	Payee name <u>SPRINT</u>	Amount (\$) <u>\$120⁰⁰</u>
	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>CAMPAIGN PHONE</u> (If travel outside of Texas, complete Schedule T)	

Date <u>4/1/07</u>	Payee name <u>VARIOUS GAS STATIONS</u>	Amount (\$) <u>\$448⁰⁰</u>
	Payee address; City; State; Zip Code	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <u>OVERALL TRANSPORTATION (GAS)</u> (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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

2/22/07

5 Full name of contributor out-of-state PAC (ID# _____)

LOUIS ROSENBAUM

6 Contributor address; City; State; Zip Code

315 E RIM RD
EL PASO TX 79902

7 Amount of contribution (\$)

\$ 250⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/20/07

Full name of contributor out-of-state PAC (ID# _____)

CEL M. KIMMELMAN

Contributor address; City; State; Zip Code

305 S EL PASO ST
EL PASO TX 79901

Amount of contribution (\$)

\$ 500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/07

Full name of contributor out-of-state PAC (ID# _____)

HAE L KIM YOO

Contributor address; City; State; Zip Code

6536 ISLA DEL REY
EL PASO TX 79912

Amount of contribution (\$)

\$ 100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/07

Full name of contributor out-of-state PAC (ID# _____)

WONTAE & INDEOCK KIM

Contributor address; City; State; Zip Code

2930 HUNTINGTON DR
LAS CROCES NM 88011

Amount of contribution (\$)

\$ 100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/07

Full name of contributor out-of-state PAC (ID# _____)

MARTA DE ANDA

Contributor address; City; State; Zip Code

706 S. MESA
EL PASO TX 79901

Amount of contribution (\$)

\$ 50⁰⁰

In-kind contribution description (if applicable)

(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.