

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00011038	2 PAGE # 1 of 11	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Veronica	MI MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME Rachel	LAST Quintana	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11038 Johnny Miller El Paso, TX 79936			
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11038 Johnny Miller El Paso, TX 79936 (Residence or business)			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Rebecca	MI MI	
	NICKNAME	LAST Cox	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11038 Johnny Miller El Paso, TX 79936			
7 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 590-6500	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/03/2007 05/30/2007			
10 ELECTION	ELECTION DATE Month Day Year 06/09/2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Council District District 5		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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**

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

17 CONTRIBUTION TOTALS

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

\$ 50.00

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

\$ 10,238.00

EXPENDITURE TOTALS

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

\$ 902.59

4. TOTAL POLITICAL EXPENDITURES

\$ 6,541.97

CONTRIBUTION BALANCE

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

\$ 2,535.76

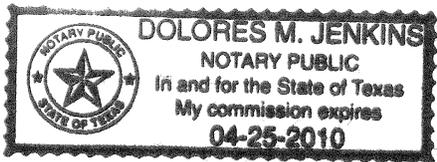
OUTSTANDING LOAN TOTALS

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said VERONICA RACHEL QUINTANA, this the 1ST day of June, 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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 PAGE # Schedule: 1/6 Report: 3/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bombach, Lisa (Ms.) 6 Contributor address; City; State; Zip Code 41 Sun Point Ln El Paso, TX 79912	7 Amount of contribution (\$) \$538.00	8 In-kind contribution description (if applicable) Billboards
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/10/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Camacho, Irma (Ms.) Contributor address; City; State; Zip Code 10316 Luella Ave El Paso, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cortez, Laura (Ms.) Contributor address; City; State; Zip Code 12438 Paseo Blanco El Paso, TX 79928	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) De Anda, Martha (Ms.) Contributor address; City; State; Zip Code 706 S. Mesa El Paso, TX 79901	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) El Paso Association of Builders-Build PAC of El Paso Contributor address; City; State; Zip Code 6046 Surety Dr. El Paso, TX 79905	Amount of contribution (\$) \$2,000.00	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: 2/6 Report: 4/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/18/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) El Sol Trading II 6 Contributor address; City; State; Zip Code 701 S. Stanton El Paso, TX 79901	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 05/22/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Holguin, Olga (Ms.) Contributor address; City; State; Zip Code 10336 Kaywood El Paso, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Holland, Sal (Mr.) Contributor address; City; State; Zip Code 402 S. El Paso El Paso, TX 79901	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2007	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 (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hsin Wei Cha Contributor address; City; State; Zip Code 12021 Village Gate El Paso, TX 79936	Amount of contribution (\$) \$400.00	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: 3/6 Report: 5/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jimenez, Leticia (Ms.) 6 Contributor address; City; State; Zip Code 6600 Quail Cove El Paso, TX 79912	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Juarez, Armando (Mr.) Contributor address; City; State; Zip Code 2808 Schooner El Paso, TX 79936	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Billboards
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Larsen, Jan (Ms.) Contributor address; City; State; Zip Code 3245 High Point El Paso, TX 79904	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) May, Denisse (Ms.) Contributor address; City; State; Zip Code 1420 Cloud Ridge 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 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. or Mrs. Louie Cortinas Contributor address; City; State; Zip Code 1662 Janet Coles Ln El Paso, TX 79936	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Billboards
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: 4/6 Report: 6/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) O'Leary, Randy (Mr.) 6 Contributor address; City; State; Zip Code 1999 PASEO DEL PRADO DR El Paso, TX 79936	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Page, David (Mr.) Contributor address; City; State; Zip Code 706 S. Mesa El Paso, TX 79901	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Page, Harry (Mr.) Contributor address; City; State; Zip Code 706 S. Mesa El Paso, TX 79901	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Porras, Gary (Mr.) Contributor address; City; State; Zip Code 359 W. Vinton Rd Vinton, TX 79821	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Billboards
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Quinones, Maida (Ms.) Contributor address; City; State; Zip Code 1497 Paseo del Flor El Paso, TX 79928	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: 5/6 Report: 7/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sandoval, Sylvia (Ms.) 6 Contributor address; City; State; Zip Code 10900 Loma de Color El Paso, TX 79934	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 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Silva, Sergio (Mr.) Contributor address; City; State; Zip Code 1628 Roger Bombach El Paso, TX 79936	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) Billboards
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2007	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 (\$) \$200.00	In-kind contribution description (if applicable) Promotional Campaign Items
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/18/2007	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 (\$) \$450.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) VERDUCCI, PAIGE TIFFANY (Ms.) Contributor address; City; State; Zip Code 6313 FRANKLIN VIEW DR El Paso, TX 79912	Amount of contribution (\$) \$800.00	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: 6/6 Report: 8/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 05/25/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Williamson, Annita (Ms.) 6 Contributor address; City; State; Zip Code 3216 Park North El Paso, TX 79904	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 05/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Young Seok Suh Contributor address; City; State; Zip Code 5752 Kingsfield El Paso, TX 79912	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 9/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 05/25/2007	5 Payee name Andrea Aguilar 6 Payee address; City; State; Zip Code 577 Grand View Court #9 Vacaville, 95688	7 Amount (\$) \$620.00
8 Purpose of payment (See instructions regarding type of information required.) contract campaign services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2007	Payee name Brady's Promotional Products Payee address; City; State; Zip Code 1790 Lee Trevino Boulevard El Paso, TX 79936	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/14/2007	Payee name Chevron Payee address; City; State; Zip Code 1791 Lee Trevino El Paso, TX 79935	Amount (\$) \$52.10
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 05/29/2007	Payee name Discount Printing Payee address; City; State; Zip Code 1461 Lee Trevino El Paso, TX 79936	Amount (\$) \$86.60
Purpose of payment (See instructions regarding type of information required.) Flyers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 10/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 05/29/2007	5 Payee name H&H Mailing Services 6 Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	7 Amount (\$) \$1,584.78
8 Purpose of payment (See instructions regarding type of information required.) Mailing Services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2007	Payee name H&H Mailing Services Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	Amount (\$) \$1,666.93
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 05/25/2007	Payee name PDX Printing Payee address; City; State; Zip Code 100 Porfirio Diaz El paso, TX 79902	Amount (\$) \$408.10
Purpose of payment (See instructions regarding type of information required.) Publishing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2007	Payee name Printsource Signs Payee address; City; State; Zip Code 3641 Mattox El Paso, TX 79925	Amount (\$) \$693.88
Purpose of payment (See instructions regarding type of information required.) Campaign Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 11/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 05/11/2007	5 Payee name Sam's Club 6 Payee address; City; State; Zip Code 111360 Pellicano El Paso, TX 79936	7 Amount (\$) \$115.72
8 Purpose of payment (See instructions regarding type of information required.) Refreshments		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/29/2007	Payee name Sam's Club Payee address; City; State; Zip Code 111360 Pellicano El Paso, TX 79936	Amount (\$) \$67.13
Purpose of payment (See instructions regarding type of information required.) Fuel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/04/2007	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: