

# 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) <i>N/A</i>	2 Total pages filed: <i>14</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms</i> FIRST <i>Naomi</i> MI <i>R.</i> NICKNAME LAST SUFFIX <i>Gonzalez</i>	<b>OFFICE USE ONLY</b> <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>405 Buena Vista El PASO, TEXAS 79905</i>	CITY/CLERK DEPT. 08 MAY 30 PM 2:12	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 219-0785</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms.</i> FIRST <i>Jessica</i> MI <i>Perez</i> NICKNAME LAST SUFFIX <i>Gomez</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>9011 Galena El PASO, TEXAS 79904</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(915) 757-2301</i>		
9 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>05 / 01 / 08    05 / 28 / 08</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>06 / 07 / 08</i>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>NONE</i>	OFFICE SOUGHT (if known) <i>City Council Representative Dist. 3</i>	
14 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 <i>NONE</i> Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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**CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS** **FORM C/OH COVER SHEET PG 2**

CITY CLERK DEPT  
09 MAY 30 PM 2:12

15 C/OH NAME Gonzalez, Naomi R. 16 ACCOUNT # (Ethics Commission Filers) N/A

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	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,745.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 7.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,122.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 681.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT

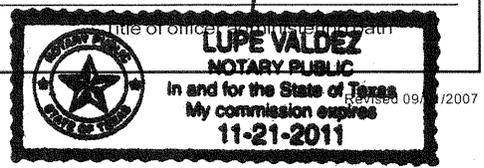
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Naomi R. Gonzalez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said NAOMI R GONZALEZ, this the 30th day of May, 2008, to certify which, witness my hand and seal of office.

Lupe Valdez LUPE VALDEZ NOTARY  
Signature of officer administering oath Printed name of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

CITY CLERK DEPT.  
09 MAY 30 PM 2:12

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>
2 FILER NAME <i>Gonzalez, Naomi R.</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>See attached pages</i>	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)
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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)
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(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.

Report Date: 05/01/2008 through 05/28/2008

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**  
**SCHEDULE A**

5/01/2008 Rose M. Gonzalez 405 Buena Vista El Paso, Texas 79905	\$25.00
5/01/2008 Eduardo R. Castillo/Jo Anne Bernal 10651 Janway El Paso, Texas 79935	\$100.00
5/07/2008 Jose Arroyo 12183 Road House El Paso, Texas 79936	\$100.00
5/07/2008 Higinio Cameron P.O. Box 26513 El Paso, Texas 79926	\$100.00
05/07/2008 Ralph Adame 764 Dahlia El Paso, Texas 79922	\$370.00 In Kind: Food/Catering
5/12/2008 J. Robert Brown 414 Executive Center Blvd., Suite 210 El Paso, Texas 79902	\$1,000.00
5/12/2008 Woody Hunt P.O. Box 12220 El Paso, Texas 79913	\$500.00
5/13/2008 William Ellis 2500 Scenic Crest Cir. No 8 El Paso, Texas 79930	\$200.00
5/19/2008 Michael J. Alvarez 1016 Upson El Paso, Texas 79902	\$100.00
5/10/2008 Ian R. Kaplan 4381 Boy Scout Lane El Paso, Texas 79922	\$100.00

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5/13/2008 A Mark Benitez 9268 McFall Dr. El Paso, Texas 79925	\$100.00
5/16/2008 Forrest C Brostrom/Josefina J. Brostrom 905 Thunderbird Dr. El Paso, Texas 79912	\$50.00
5/15/2008 Mike Herrera 4410 Trowbridge Ave El Paso, Texas 79903	\$250.00
05/14/2008 Michael Davis 5903 Libbey LN Houston, Texas 77092	\$150.00
05/28/2008 Citizens for Prosperity GPAC P.O. Box 3519 El Paso, Texas 79923	\$3,600.00 In Kind: Campaign Management Services

CITY CLERK DEPT.  
08 MAY 30 PM 2:13

**PLEGGED CONTRIBUTIONS** CITY CLERK DEPT. **SCHEDULE B**  
 08 MAY 30 PM 2:13

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

**2** FILER NAME Gonzalez, Naomi R. **3** ACCOUNT # (Ethics Commission filers) N/A

**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$ 0

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NONE</u>	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> 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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(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#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(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.

<b>LOANS</b>		<b>SCHEDULE E</b>	
CITY CLERK DEPT. 09 MAY 30 PM 2:13			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>Gonzalez, Naomi R.</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$ <b>0</b>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial Institution?  Y        N	8 Lender address;   City;   State;   Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;   City;   State;   Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution?  Y        N	Lender address;   City;   State;   Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;   City;   State;   Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

08 MAY 30 PM 2:13

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <span style="font-size: 1.5em; margin-left: 20px;">2</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em; margin-left: 20px;"><i>Gonzalez, Naomi R.</i></span>		<b>3</b> ACCOUNT # (Ethics Commission filers) <span style="font-size: 1.2em; margin-left: 20px;"><i>N/A</i></span>
<b>4</b> Date	<b>5</b> Payee name <span style="font-size: 1.5em; margin-left: 20px;"><i>See attached pages</i></span>	<b>7</b> Amount (\$)
<b>6</b> Payee address; City; State; Zip Code		
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>9</b> <b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>•• Complete if direct expenditure to benefit C/OH ••</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

Report Date: 05/01/2008 through 05/28/2008

**POLITICAL EXPENDITURES**  
**SCHEDULE F**

5/04/08 Coyote Strategies 500 N. Oregon El Paso, Texas 79901 Purpose: Signs and T-shirts	\$959.40
5/20/08 Coyote Strategies 500 N. Oregon El Paso, Texas 79901 Purpose: Print Media	\$1,650.20
5/20/08 US Postal Service El Paso, Texas Purpose: Postage for Mailout	\$513.00

CITY CLERK DEPT.  
08MAY 30 PM 2:13

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT.  
08 MAY 30 PM 2:13

**SCHEDULE G**

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

4 Date	5 Payee name <b>NONE</b>	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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

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

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

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

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

**PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH** **ERK DEPT. SCHEDULE H**

08 MAY 30 PM 2:13

The Instruction Guide explains how to complete this form.		1 Total pages Schedule H: <b>1</b>
2 FILER NAME <b>Gonzalez, Naomi R.</b>		3 ACCOUNT # (Ethics Commission filers) <b>N/A</b>
4 Date	5 Business name <b>NONE</b>	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
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)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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)		<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**

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT. SCHEDULE I  
09 MAY 30 PM 2:13

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule I: <u>1</u>
<b>2</b> FILER NAME <u>Gonzalez, Naomi R.</u>		<b>3</b> ACCOUNT # (Ethics Commission filers) <u>N/A</u>
<b>4</b> Date	<b>5</b> Payee name <u>None</u>	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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**CREDITS (optional)**

CITY CLERK DEPT.

**SCHEDULE K**

08 MAY 30 PM 2:13

The Instruction Guide explains how to complete this form.	<b>1</b> Total pages Schedule K: <u>1</u>
<b>2</b> FILER NAME <u>Gonzalez, Naomi R.</u>	<b>3</b> ACCOUNT # (Ethics Commission filers) <u>N/A</u>

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

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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

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

DR MAY 30 PM 2:19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <i>Gonzalez, Naomi R.</i>	3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>NONE</i>		
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-C <input type="checkbox"/> PAC-E		
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-C <input type="checkbox"/> PAC-E		
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-C <input type="checkbox"/> PAC-E		
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**