

# 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) **2 Total pages filed:**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>—</u> FIRST <u>EMMA</u> MI	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX	
<u>Acosta</u>		Date Received

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
	<u>8904 WH Burges</u> <u>EL PASO, TX 79925</u>	

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount
	<u>(915) 731-2020</u>		

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>—</u> FIRST <u>ENRIQUETA</u> MI	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
<u>"Queta" Fierro</u>		

<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	<u>8612 Whitus El Paso, TX 79925</u>

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION
	<u>(915) 539-1710</u>

<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input 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)

<b>10 PERIOD COVERED</b>	Month Day Year	THROUGH	Month Day Year
	<u>04 / 11 / 2008</u>		<u>05 / 02 / 2008</u>

<b>11 ELECTION</b>	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special
<u>5 / 10 / 2008</u>		

<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)
		<u>City Council Representative Dist #3</u>

<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
	<u>N/A</u>
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 Emma Acosta 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

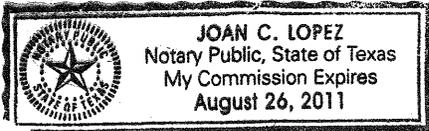
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>N/A</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

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08 MAY -2 AM 8:30

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,535.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>2,791.83</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,791.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>163.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,500<sup>00</sup></u>

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.

Emma Acosta  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta this the 2<sup>ND</sup> day of May, 20 08, to certify which, witness my hand and seal of office.

Joan C Lopez Signature of officer administering oath  
Joan C Lopez Printed name of officer administering oath  
NOTARY PUBLIC Title of officer administering oath

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan  
4/13/2008

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Emma Acosta

9 Loan Amount (\$) <sup>00</sup>  
1,000

6 Is lender a financial Institution?  
Y  N

8 Lender address; City; State; Zip Code  
8904 WH Burgess  
El Paso, Tx 79925

10 Interest rate  
11 Maturity date

12 Principal occupation / Job title (See Instructions)  
Consultant

13 Employer (See Instructions)  
Self

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 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  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  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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MAY - 2 4M 3:30

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

If lender 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: **See Attached**

2 FILER NAME **EMMA ACOSTA**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee 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
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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

<b>Business</b>		<b>Amount</b>	<b>Description</b>
Supreme Bakery		\$180.00	Sweet Bread for Volunteers
Big Lots		\$53.02	Office Supplies
Campaign Web Builder		\$299.95	Set up Web for Campaign
Vista Print		\$209.96	Campaign Hand-Out Literature
Idea Spreaders		\$2,048.90	Campaign Signs
		\$2,791.83	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

See Attached

2 FILER NAME

EMMA ACOSTA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

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  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  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  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  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)

CITY CLERK  
MAY 24 2007 10:30

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NAME	ADDRESS	Amount	Description
Jan Engels	2219 King James Place	\$25.00	CONTRIBUTION
Elvia G. Hernandez	4141 Westcity Ct #33	\$25.00	CONTRIBUTION
Ramona De La Paz Torres	2706 Frankfort Ave.	\$25.00	CONTRIBUTION
Marcelo Campos	12400 Rojas	\$25.00	CONTRIBUTION
Angie M. Garcia	8004 Gilbert Dr	\$25.00	CONTRIBUTION
Enriqueta G. & Jesus Fierro	8612 Whitus	\$30.00	CONTRIBUTION
Pablo alvarado	4748 Excalibur	\$50.00	CONTRIBUTION
Erasmio W. & Sally J. Andrade	3807 Hillcrest Dr	\$50.00	CONTRIBUTION
Erasmio W. & Sally J. Andrade	3807 Hillcrest Dr	\$50.00	CONTRIBUTION
Siria Rocha	450 Avo P.O. Box 851 Fabens, Tx	\$55.00	CONTRIBUTION
Le Finesse Hair & Nail Salon	3117 McRae Suite C	\$75.00	CONTRIBUTION
LCDR Robert V. McKnight	325 Thunderbird	\$100.00	CONTRIBUTION
Jessee A. Sanchez	3017 Cork	\$100.00	CONTRIBUTION
Guillermo a. Holguin	10169 Saigon Dr	\$100.00	CONTRIBUTION
David R. & Patricia Holland-Branch	5203 wimbledon Way	\$100.00	CONTRIBUTION
Amy Sanders	264 Puesta Del sol	\$100.00	CONTRIBUTION
Margarita & Gerardo Licon	722 Los Miradores	\$150.00	CONTRIBUTION
Daniel Anchondo	2509 Montana	\$200.00	CONTRIBUTION
Raymond John & Josette S. Ponteri	1116 Sun ridge Dr	\$250.00	CONTRIBUTION
		\$1,535.00	

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