

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) *N/A* **2 Total pages filed:** *14*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Naomi</i>	MI <i>R.</i>	OFFICE USE ONLY
	NICKNAME	LAST <i>Gonzalez</i>	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>405 Buena Vista</i>	APT / SUITE #;	CITY; <i>El Paso, Texas</i>	STATE;	ZIP CODE <i>79905</i>
	Date Received				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>219-0785</i>	EXTENSION
	Date Hand-delivered or Date Postmarked		

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Jessica</i>	MI <i>Perez</i>
	NICKNAME	LAST <i>Gomez</i>	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <i>9011 Galena</i>	APT / SUITE #;	CITY; <i>El Paso TX</i>	STATE;	ZIP CODE <i>79904</i>
	Receipt #				

8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>757-2301</i>	EXTENSION
	Date Processed		

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (officeholder only)

July 15
 8th day before election
 Exceeded \$500 limit
 Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **THROUGH** Month Day Year

04 / 01 / 08 *04 / 30 / 08*

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

05 / 10 / 08
 Primary
 Runoff
 General
 Special

12 OFFICE

OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**

NONE *City Council Representative District 3*

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• 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: *NONE*

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CITY CLERK DEPT
MAY 2 - 2 PM 1:17

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

17 NOTICE FROM POLITICAL COMMITTEE(S)

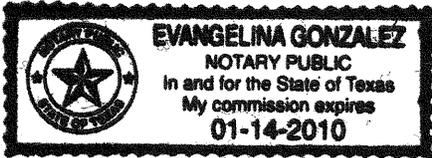
•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>NONE</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
09 MAY - 2 PM 1:17

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,685.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>26.91</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,913.29</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,035.71</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u> </u>

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Naomi R. Gonzalez, this the 2nd day of May, 2008 to certify which, witness my hand and seal of office.

Evangelina Gonzalez
Signature of officer administering oath

Evangelina Gonzalez
Printed name of officer administering oath

Legal Secretary
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: 3
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 (\$)
6 Contributor address; City; State; Zip Code		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	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.

08 MAR - 2 PM 1:17
CITY CLERK DEPT.

Report Date: 04/01/2008 through 04/30/2008

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS
SCHEDULE A

4/18/2008 Rene Ordonez 5612 Buckley Dr. El Paso, Texas 79912	\$100.00
4/17/2008 Sandra and Robert Almanzan 8937 Parkland Dr. El Paso, Texas 79925	\$200.00
4/18/2008 Jose R Rodriguez Campaign Account 1521 Camino Alto El Paso, Texas 79902	\$250.00
4/18/2008 Kitty Schild 6136 Pino Real El Paso, Texas 79912	\$50.00
4/18/2008 Blanco Ordonez & Wallace, P.C. 5715 Cromo Dr. El Paso, Texas 79912	\$300.00
4/18/2008 Blanco Ordonez & Wallace, P.C. 5715 Cromo Dr. El Paso, Texas 79912	In Kind Contribution: \$100.00 Printing/Copying
4/18/2008 Woody L. Hunt/Gayle G. Hunt P.O. Box 12220 El Paso, Texas 79913	\$500.00
4/18/2008 Belinda Renteria 11800 Rojas C-10 El Paso, Texas 79936	\$100.00
4/10/2008 Cesar M.Campa/Samuel Aguilera 734 S. Mesa Hills Dr. Apt 124 El Paso, Texas 79912	\$35.00
4/24/2008 Mike Herrera 4410 Trowbridge Ave El Paso, Texas 79903	\$250.00

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08 MAY -2 PM 1:17

4/28/2008
Lisa Gutierrez
5466 Soledad Lane
El Paso, Texas 79932 \$100.00

4/23/2008
The Harbour Law Firm
303 Texas Ave, 9th Floor
El Paso, Texas 79901 \$100.00

04/30/2008
Citizens for Prosperity GPAC
P.O. Box 3519
El Paso, Texas 79923 \$3,600.00
In Kind: Campaign Management Services

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08 MAY -2 PM 1:17

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <i>1</i>
2 FILER NAME <i>Gonzalez, Naomi R.</i>		3 ACCOUNT # (Ethics Commission filers) <i>N/A</i>
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>0</i>
5 Date of loan	7 Name of lender <i>NONE</i> <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
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

CITY CLERK DEPT
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Gonzalez, Naomi R.		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date	5 Payee name See attached pages	7 Amount (\$)
6 Payee address; City; State; Zip Code		CITY CLERK DEPT 2011 MAY 2
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 •• Complete if direct expenditure to benefit C/OH •• 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)	•• Complete if direct expenditure to benefit C/OH •• 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)	•• Complete if direct expenditure to benefit C/OH •• 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)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Report Date: 04/01/2008 through 04/30/2008

POLITICAL EXPENDITURES
SCHEDULE F

4/7/08 Coyote Strategies 500 N. Oregon El Paso, Texas 79901 Purpose: Print Media	\$5,238.12
4/8/08 Cricket PO Box 349067 Columbus ,OH 43234 Purpose: Campaign Cell Phone	\$107.74
4/12/08 Albertsons 5200 Montana El Paso, Texas 79903 Purpose: Supplies	\$34.19
4/12/08 Walmart El Paso, Texas Purpose: Food and Supplies for Campaign Brunch	\$41.19
4/12/08 Sam's Club El Paso, Texas Purpose: Food and Supplies for Campaign Brunch	\$191.43
4/13/08 Elias Party Rentals El Paso, Texas 79930 Purpose: Rental fee for chairs	\$25.00
4/24/08 Go Direct 8400 Boeing El Paso, Texas 79925 Purpose: Mailout fee	\$360.02
4/24/08 US Postal Service El Paso, Texas Purpose: Postage for mailout	\$829.00
4/28/08 Verizon Wireless PO Box 9622 Mission Hills, CA 91346 Purpose: Minutes for Phone Bank	\$86.60

CITY CLERK DEPT.
08 MAY -2 PM 1:17

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Gonzalez, Naomi R.</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date	5 Payee name <u>NONE</u>	8 Amount (\$)
6 Payee address; City; State; Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

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11-2 PM

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME

Gonzalez, Naomi R.

3 ACCOUNT # (Ethics Commission filers)

N/A

CITY CLERK DEPT.
CITY OF AUSTIN
PR 1:17

4 Date

5 Business name

NONE

7

Amount (\$)

6 Business address; City; State; Zip Code

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

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: 1
2 FILER NAME Gonzalez, Naomi R.		3 ACCOUNT # (Ethics Commission filers) N/A
4 Date	5 Payee name NONE 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 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 (\$)

CITY CLERK DEPT.
COUNCIL - 2 PM 11/17

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CREDITS (optional)

SCHEDULE K

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

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

4 Date	5 Payor name <u>NONE</u>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 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	

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CITY CLERK DEPT
MAY -2 PM 1:17

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

SCHEDULE T

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

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