

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:**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST MI
 FELIPE J
 NICKNAME LAST SUFFIX
 LUNA

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 1427 HAWTHORNE, EL PASO, TX 79902
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (915) 328-9733

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST MI
 KIMBERLY
 NICKNAME LAST SUFFIX
 KELLY

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 734 S. MESA HILLS #30 EL PASO, TX 79912

8 CAMPAIGN TREASURER PHONE
 AREA CODE PHONE NUMBER EXTENSION
 (915) 525-1714

9 REPORT TYPE
 January 15 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit
 July 15 8th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)

10 PERIOD COVERED
 Month Day Year Month Day Year
 1 / 1 / 07 THROUGH 4 / 10 / 07

11 ELECTION
 ELECTION DATE ELECTION TYPE
 Month Day Year
 5 / 12 / 07 Primary Runoff General Special

12 OFFICE OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
 CITY REPRESENTATIVE, DIST #8

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

OFFICE USE ONLY
 CITY CLERK DEPT.
 APR 10 PM 6:16
 Date Received
 Date Hand-delivered or Date Postmarked
 Receipt # Amount
 Date Processed
 Date Imaged

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME FELIPE J. LUNA **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

** 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
07 APR 10 PM 3:16

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)	\$ 1,775 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,223 ¹²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 222 ⁹⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Felipe Luna, this the 10 day of April, 2007, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

ISABEL CHACON
Printed name of officer administering oath

Member Service
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:

2 FILER NAME FELIPE J. LUNA 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/6/07</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE J. LOPEZ</u>	7 Amount of contribution (\$) <u>\$100⁰⁰</u>	8 In-kind contribution description (if applicable) <u>CITY CLERK 07 APR 07 PM 3:16</u>
6 Contributor address; City; State; Zip Code <u>947 DUNKIRK LN, ARLINGTON, TX 76017</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/9/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CARLOS H. VENEGAS</u>	Amount of contribution (\$) <u>\$ 25⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 1505, EL PASO, TX 79948</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/10/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT L. BOWLING</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6705 PEARL RIDGE, EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>1/11/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DENISE M. MAX</u>	Amount of contribution (\$) <u>\$ 200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1420 CLOUD RIDGE 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>1/11/07</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RANDALL BOWLING</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4655 COHEN AVE., EL PASO, TX 79924</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 <i>FELIPE J. LUNA</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/11/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SYLVIA SANDOVAL</i>	7 Amount of contribution (\$) <i>\$200⁰⁰</i>	8 In-kind contribution description (if applicable) <i>CITY CLERK DEPT. 07 APR 11 10:16</i>
6 Contributor address; City; State; Zip Code <i>10900 LOMA DE COLOR DR. EL PASO, TX 79934</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/11/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MAIDA P. QUINONES</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1497 PASEO DE FLOR, EL PASO, TX 79928</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/12/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN O. LARSEN</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3245 HIGH POINT DR., EL PASO TX 79904</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/16/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GREGORY B. BOWLING</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7484 PLAZA REDONDA, EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JAIME GANDARA</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>810 W. MISSOURI, EL PASO, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
07 APR 10 PM 3:17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>FELIPE J. LUNA</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/9/07</i>	5 Payee name <i>OFFICE DEPOT</i>	7 Amount (\$) <i>\$ 42²⁰</i>
6 Payee address; City; State; Zip Code <i>801 SUNLAND PARK DR. EL PASO, TX 79912</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>OFFICE SUPPLIES, CD-R MEMOREX</i>		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 <i>1/11/09</i>	Payee name <i>GREAT AMERICAN STEAKHOUSE</i>	Amount (\$) <i>\$ 24⁶⁵</i>
Payee address; City; State; Zip Code <i>9800 GATEWAY BLVD. NORTH EL PASO, TX 79924</i>		
Purpose of payment (See instructions regarding type of information required.) <i>LUNCH W/ MARINA LEE, DISCUSSED CAMPAIGN STRATEGIES</i>		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 <i>1/29/07</i>	Payee name <i>DENNY'S</i>	Amount (\$) <i>\$ 13¹⁶</i>
Payee address; City; State; Zip Code <i>6114 GATEWAY EAST, EL PASO, TX 79905</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CATHY HERNANDEZ DISCUSSED INTENTIONS OF VOLUNTEERING & SUPPORT</i>		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 <i>2/2/07</i>	Payee name <i>YAMATO JAPANESE RESTAURANT</i>	Amount (\$) <i>\$ 22⁷⁰</i>
Payee address; City; State; Zip Code <i>2500 N. MESA STE F, EL PASO, TX 79902</i>		
Purpose of payment (See instructions regarding type of information required.) <i>MEETING W/ TREASURER DISCUSSED FUND RAISING ACTIVITIES</i>		9 ** 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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POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
07 APR 10 PM 3:17

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
2/5/07	JAXON'S RESTAURANT 6 Payee address; City; State; Zip Code 4799 N. MESA STREET, EL PASO, TX 79912	\$ 248 ²
8 Purpose of payment (See instructions regarding type of information required.) MARINA LEE- DINNER. REVIEWED CAMPAIGN STATUS (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
2/19/07	T MOBILE Payee address; City; State; Zip Code P.O. BOX 660252, DALLAS, TX 75266	\$ 85 ²
Purpose of payment (See instructions regarding type of information required.) CELL PHONE SERVICES (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
1/23/07	THE LEE AGENCY Payee address; City; State; Zip Code 313 SKYWAY, EL PASO, TX 79912	1,000 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) POLITICAL CONSULTANT MEDIA CONSULTANT (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
1/26/07	CLARKE AMERICAN / STATE NATIONAL BANK Payee address; City; State; Zip Code 690 SUNLAND PARK, EL PASO, TX 79999	10 ²³
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CHECKS (If travel outside of Texas, complete Schedule T)		9 <input type="checkbox"/> Complete if direct expenditure to benefit C/OH <input type="checkbox"/> Candidate / Officeholder name Office sought Office held

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