

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Dr. Eugene Finke

15 ACCOUNT # (Ethics Commission filers)
004321

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)	\$ 100.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 1185.40
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

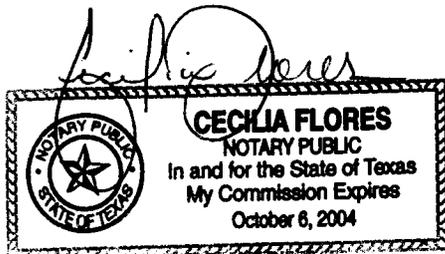
19 AFFIDAVIT

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.

Eugene A. Finke

Signature of Candidate or Officeholder

Eugene A. Finke



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/5

2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
004321

4 Date
08/02/2003

5 Full name of contributor out-of-state PAC(ID# _____)
Edward McCormick

7 Amount of contribution (\$)
100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
4110 Rio Bravo, Suite 206
El Paso TX 79902

9 Principal occupation (Optional)

10 Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/5

2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
004321

4 Date	5 Payee name Clear Channel Outdoor	7 Amount (\$) 850.00
	6 Payee address; City; State; Zip Code 4705 Pershing Drive El Paso TX 79905	

8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/27/2003	Payee name March of Dimes - El Paso Chapter	Amount (\$) 200.00
	Payee address; City; State; Zip Code TX	

Purpose of expenditure (See instructions regarding type of information required.) Contribution	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/09/2003	Payee name The El Paso Club	Amount (\$) 135.40
	Payee address; City; State; Zip Code Drawer 721 El Paso TX 79944	

Purpose of expenditure (See instructions regarding type of information required.) Dinner meetings	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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