

# 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

TITLE FIRST MI

Raymond C.

NICKNAME LAST SUFFIX

Ray Caballero

**OFFICE USE ONLY**

Date Received

2004 JAN 15 PM 3 34

CLERK DEPARTMENT

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1910 N. Stanton, El Paso, TX, 79902

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Steve

NICKNAME LAST SUFFIX

Yellen

Receipt #

HD / PM Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

925 McKelligon, El Paso, TX, 79902

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915 ) 542-0449

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

07 / 12 / 2003 THROUGH 01 / 15 / 2004

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year  Primary  Runoff  General  Special

11 OFFICE OFFICE HELD (if any) Mayor, City of El Paso

12 OFFICE SOUGHT (if known)

13 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**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Raymond C. Caballero

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING  
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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

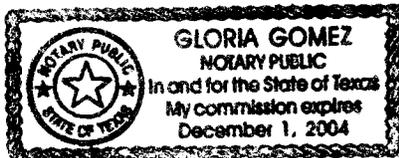
\$ 2,621.19

OUTSTANDING  
LOAN TOTALS

5. 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Raymond C. Caballero, this the 15th day of January, ~~19~~ 2004, to certify which, witness my hand and seal of office.

Gloria Gomez, Notary Public, State of Texas

Signature of officer administering oath

Print name of officer administering oath

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 Raymond C. Caballero		3 ACCOUNT # (Ethics Commission filers) .	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC None	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation		10 Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

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

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule B:

**2 FILER NAME** **3 ACCOUNT #** (Ethics Commission filers)

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

<b>5 Date</b>	<b>6 Full name of pledgor</b> <input type="checkbox"/> out of state PAC	<b>8 Amount of pledge (\$)</b>	<b>9 In-kind description (if applicable)</b>
.....			
<b>7 Pledgor address; City; State; Zip Code</b>			

**10 Principal occupation** **11 Employer (optional)**

<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out of state PAC	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
.....			
<b>Pledgor address; City; State; Zip Code</b>			

**Principal occupation** **Employer (optional)**

<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out of state PAC	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
.....			
<b>Pledgor address; City; State; Zip Code</b>			

**Principal occupation** **Employer (optional)**

<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out of state PAC	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
.....			
<b>Pledgor address; City; State; Zip Code</b>			

**Principal occupation** **Employer (optional)**

<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out of state PAC	<b>Amount of pledge (\$)</b>	<b>In-kind description (if applicable)</b>
.....			
<b>Pledgor address; City; State; Zip Code</b>			

**Principal occupation** **Employer (optional)**

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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Raymond C. Caballero

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

See attached page 1

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# LOANS

# SCHEDULE E

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:      ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out of state PAC	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y      N	<b>8</b> Lender address;      City;      State;      Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Description of Collateral <input type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;      City;      State;      Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution?  Y      N	Lender address;      City;      State;      Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;      City;      State;      Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**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

Filer Name: Raymond C. Caballero  
From 7/12/2003 To 1/15/2004

Total Pages: 1

Date	Payee Name Payee Address City, State Zip Code Purpose of Expenditure	Amount
8/26/2003	T & F Properties 521 Texas El Paso, TX. 79901 copies	\$28.16
9/30/2003	David's Pennants, Banners & Graphic Signs, Inc. 9911 Carnegie Ave. El Paso, TX. 79925 Campaign Signs	\$1,510.09
1/13/2004	Carlos Leon Campaign 1155 Westmoreland El Paso, Texas 79925 Contribution	\$500.00
1/13/2004	Jose Rodriguez Campaign 2121 Wyoming El Paso, Texas 79902 Contribution	\$500.00
1/13/2004	T & F Properties 521 Texas El Paso, TX. 79901 copies	\$82.94
		<b><u>\$2,621.19</u></b>

# 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:

2 FILER NAME  
Raymond C. Caballero

3 ACCOUNT # (Ethics Commission filers)

4 Date  
8/26/03

5 Business name  
T & F Properties  
.....  
6 Business address; City; State; Zip Code  
521 Texas Avenue, El Paso, TX, 79901

7 Amount (\$)  
  
\$28.16

8 Purpose of payment  
Reimbursement/copies

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

Date  
1/13/04

Business name  
T & F Properties  
.....  
Business address; City; State; Zip Code  
521 Texas Avenue, El Paso, TX 79901

Amount (\$)  
  
\$82.94

Purpose of payment  
Reimbursement/copies

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

Date

Business name  
.....  
Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

Date

Business name  
.....  
Business address; City; State; Zip Code

Amount (\$)

Purpose of payment

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on C/OH page 1 is marked "Final Report" \*\*

1 C/OH NAME

Raymond C. Caballero

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are a candidate \*\*

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



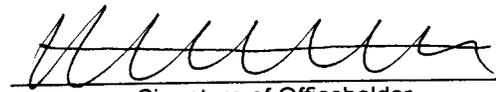
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.



Signature of Officeholder