

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 A
NICKNAME LAST CUSHING SUFFIX JR

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE
2525 RICHMOND EL PASO, TX 79930

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 564-4654

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
NICKNAME LAST GRAHAM SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE: ZIP CODE
5512 LONGVIEW CIRCLE EL PASO TX 79930

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 822-3647

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
6 / 30 / 03 THROUGH 6 / 30 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
8 / 31 / 03 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Representative

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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
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

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 9,805

EXPENDITURE TOTALS

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

\$

Itemized

—

4. TOTAL POLITICAL EXPENDITURES

\$

0

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

9975

OUTSTANDING LOAN TOTALS

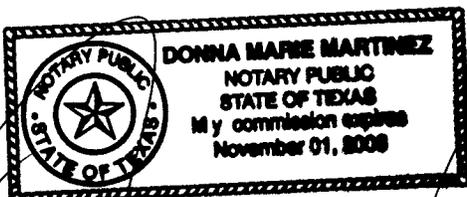
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

4194.52

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Robert A. Cushing, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert A. Cushing, Jr., this the 15th day of August, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed 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

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

MARC OR C.C. SWARTZ

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

12251 EAGLE HEART DRIVE EL PASO, TX 79936

1,000

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

DELGADO, ACOSTA, BRADEN

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

221 N. KAUSAS EL PASO, TX 79901

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

MR & MRS. ROBERT HOYI, JR

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1122 AIRWAY EL PASO, TX 79925

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

DONALD R. MARGO II

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. 981021 EL PASO, TX 79998

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

DAVID / PAT BRASCH

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5203 WIMBELTON EL PASO, TX 79932

250

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

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1 Total pages Schedule A:

2 EILER NAME

ROBERT A. CUSHING, JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

NICOLE OR RAFAEL ADAMS, JR

6 Contributor address; City; State; Zip Code

764 Dahlia Ct. El Paso, TX 79932

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

GARY B. HEDRICK

Contributor address; City; State; Zip Code

608 Willow Glen El Paso, TX 79922

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

STEVEN M. SAMBRANO

Contributor address; City; State; Zip Code

284 PUESTA DEL SOL El Paso, TX 79912

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

J. ROBERT / SHERRY BEWIS

Contributor address; City; State; Zip Code

6949 MARKET ST. El Paso, TX 79915

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#:

J.A. CARDWELL

Contributor address; City; State; Zip Code

P.O. Box 26808 El Paso, TX 79926

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission files)

4 Date

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

JAN ENGELS

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2219 KING JAMES PLACE EL PASO, TEXAS 79903

20

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

JANE RATCLIFF

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8706 MAGNETIC EL PASO, TX 79904

35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

ROBERT L. / JOANNE BOWLING

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6705 PEARL RIDGE EL PASO, TX 79912

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

GREGORY BOWLING

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7484 PLAZA REDONDA EL PASO, TX 79912

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

GARY P. / CECILIA

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1795 BILLY CASPER EL PASO, TX 79936

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

KEENEETH WATERS

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

19031 ARMINSTON HORIZON CITY TX 79928

350

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

PAUDALL BOWLING

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6453 Calle Vista El Paso, TX 79912

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

GARY PORRAS

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4606 Memphis El Paso, TX 79903

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

TIMOTHY FOSTER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1790 Lee Trevino El Paso, TX 79936

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

DOUGLAS SCHWARTZ

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 13111 El Paso, TX 79913

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

W.L. Gayle Hunt

6 Contributor address; City; State; Zip Code

P.O. Box 12220 El Paso, TX 79913

7 Amount of contribution (\$)

500

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

RAMIRO GUZMAN ASSOCIATES

Contributor address; City; State; Zip Code

10216 Buckwood El Paso, TX 79925

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

BOB BOWLING

Contributor address; City; State; Zip Code

P.O. Box 4136 El Paso, TX 79914

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

CARRYOVER

7 Name of lender

ROBERT A. CUSHING JR

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

4194.52

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

2525 RICHMOND AVE EL PASO, TX 79930

10 Interest rate

✓

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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.