

CITY CLERK DEPT.
05 JUL 14 PM 3:24

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX;	APT / SUITE #; CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
11 ELECTION	ELECTION DATE		ELECTION TYPE
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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		

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT
FORM C/OH
COVER SHEET PG 2
05 JUL 14 PM 3:22

15 C/OH NAME

DANIEL ROBLEDÓ

16 ACCOUNT # (Ethics Commission files)

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

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 195.00

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

\$ 13800.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 2,959.08

CONTRIBUTION BALANCE

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

\$

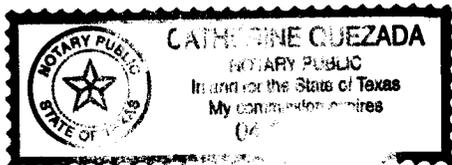
OUTSTANDING LOAN TOTALS

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

\$ - 0 -

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

Daniel Robledo
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Daniel Robledo, this the 11th day of July, 2005, to certify which, witness my hand and seal of office.

Catherine Quezada
Signature of officer administering oath

Catherine Quezada
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A

05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:
19

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

4 Date 1/24/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL ANCHONDO ATTY	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2509 MONTANA EL PASO TX 79903			

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

Date 1/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THERESA CABALLERO ATTY	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2726 RICHMOND AVE EL PASO, TX 79930			

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

Date 1/24/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SENCIO CONONADO ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1019 E. YANBELL EL PASO TX 79902			

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

Date 1/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY L. CHISOLM ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1012 CABLE PARAQUE DR EL PASO TX 79912			

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

Date 1/26/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH (SIB) ABRAHAM, JR ATTY	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 512312 EL PASO TX 79957			

Principal occupation / Job title (See Instructions) **ATTORNEY** 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

CITY CLERK DEPT A

05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBLEDLO			3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/25/05	5 Full name of contributor ROGER MONTOYA ATTY <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 101 S KANSAS EL PASO TX 79901				
9 Principal occupation / Job title (See Instructions) ATTORNEY			10 Employer (See Instructions)	
Date 1/20/05	Full name of contributor RICHARD CONTRERAS ATTY <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2150 TRAWOOD STE A-230 EL PASO, TX 79935				
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)	
Date 1/25/05	Full name of contributor ESTRADA & ASSOCIATES ATTY <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 501 KANSAS ST SUITE 200 EL PASO, TX 79901				
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)	
Date 1/25/05	Full name of contributor JOHN M. DICKEY & ASSOCIATES ATTY <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1520 N. CAMPBELL EL PASO, TX 79902				
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)	
Date 1/21/05	Full name of contributor STANTON & ANTONIUFF, PC ATTY'S <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 521 TEXAS AVE EL PASO TX 79901				
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEB **SCHEDULE A**
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/19/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL L. AARONSON ATTY	7 Amount of contribution (\$) 2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2524 MONTANA AVE EL PASO TX 79903			
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 1/27/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYATT & UNDERWOOD ATTY	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 TEXAS AVE STE. 600 EL PASO TX 79901			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUPE LOPEZ ATTY AT LAW	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 10469 EL PASO, TEXAS 79995			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS CARRASCO ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1220 MONTANA AVE EL PASO TEXAS 79902			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUDY ROMERO ATTY	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2507 MONTANA EL PASO, TX 79903			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBLERO		3 ACCOUNT # (Ethics Commission files)	
4 Date 2/1/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUART L. LEEDS ATTY	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5468 RIDGE ST EL PASO, TX 79932			
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 1/31/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM DANNELL ATTY.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 310 N MESA SUITE 212 EL PASO, TX 79901			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, ANDERSON BRIGHT & CROFT ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1533 N. LEE TRUVINO STE. 205 EL PASO, TX 79936			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT W. WARACH	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7300 VISCOUNT SUITE 101 EL PASO, TX 79925			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOUNCE, GREEN, BYENS, SAFI, & GALATZAN ATTY	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. DRAWER 1977 EL PASO TX 79950			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A
05 JUL 14 PM 3:22

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

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

4 Date 2/3/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES F. SCHERR ATTY.	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 109 N. OREGON SUITE 1200 EL PASO TX 79901			

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

Date 2/3/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENRIQUE MONERO ATTY.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 701 MAGOFFIN EL PASO TX 79901			

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

Date 2/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMERICA BAIL BONDS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 301 S. CAMPBELL ST EL PASO, TX 79901			

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

Date 2/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM ELIAS ATTY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 909 N. MESA EL PASO, TX 79902			

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

Date 2/5/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MULLENBERRY + WILLIAMS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1119 EAST SAN ANTONIO EL PASO, TX 79901			

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. SCHEDULE A

05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/6/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID MILLES ATTY	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9350 DYER STS EL PASO TX 79924			
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 2/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUANE A. BAKER ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 TEXAS ST #140 EL PASO TX 79901			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY GUTIERREZ ATTY	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1017 MONTANA AVE EL PASO, TX 79902			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUDY PEREZ ATTY	Amount of contribution (\$) 1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1981 PASO COLINA EL PASO, TX 79936			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL MENA ATTY	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3233 N PIEDRAS ST EL PASO, TX 79930			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A
CITY CLERK DEPT.**

05 JUL 15 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME DANIEL ROBLENDO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS GUTIERREZ ATTY	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 521 TEXAS AVE EL PASO, TX 79901			
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 2/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY WEISER ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1072 LOS JARDINES CIRCLE EL PASO, TX 79912			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARL H GRIEN ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1205 RIA RD EL PASO, TX 79902			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KURT PAXSON ATTY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 2450 EL PASO, TX 79950			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUBERTO ENRIQUES ATTY	Amount of contribution (\$) 175.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 705 COEUR D'AIENNE CIR EL PASO, TX 79922			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERKS OFFICE A
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/10/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES McDONALD 6 Contributor address; City; State; Zip Code 4150 RIO BRAVO STE 136 EL PASO TX 79902	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 2/10/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMILIO FLORES ATTY Contributor address; City; State; Zip Code 220 BLACKEN EL PASO TX 79902	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/11/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL BARRAZA ATTY Contributor address; City; State; Zip Code 201 RIVERSIDE DR EL PASO, TX 79915	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAMEL GONZALEZ ATTY Contributor address; City; State; Zip Code 1216 MONTANA EL PASO, TX 79902	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABELAN DO BERNAL ATTY Contributor address; City; State; Zip Code 11816 N. LOOP DR SOCORRO, TX 79927	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A
CITY CLERK DEPT.**

05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBINSON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/16/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RON HENNEY ATTY 6 Contributor address; City; State; Zip Code 800 N MEESA ST SUITE 200 EL PASO TX 79902	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 2/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUBEN MENDANOS ATTY Contributor address; City; State; Zip Code 1019 E YANOSKI EL PASO, TX 79902	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT TINNELL ATTY Contributor address; City; State; Zip Code 1108 N CAMPBELL ST EL PASO TX 79902	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADOLFO QUIJANO Contributor address; City; State; Zip Code 707 MYRTLE EL PASO TX 79901	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 2/23/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT VOGELMEIER Contributor address; City; State; Zip Code 303 TEXAS AVE. SUITE 502 EL PASO, TX 79901	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		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

CITY CLERK ~~SECRET~~ **SCHEDULE A**

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME DANIEL ROSARIO				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/24/05	5 Full name of contributor JAINIE SANCHEZ ATTY	<input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1368 SABINA LYNN EL PASO, TX 79936					
9 Principal occupation / Job title (See Instructions) ATTORNEY			10 Employer (See Instructions)		
Date 2/24/05	Full name of contributor ROBERT McKNIGHT	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 325 THUNDER BERRY DR EL PASO, TX 79912					
Principal occupation / Job title (See Instructions) PROBATION OFFICER			Employer (See Instructions)		
Date 2/25/05	Full name of contributor EDUARDO LERMA SR. ATTY	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1417 MONTANA AVE. EL PASO TX 79902					
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)		
Date 2/25/05	Full name of contributor LAW OFFICE OF MANUEL SOLIS	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 715 N. OREGON EL PASO, TX 79902					
Principal occupation / Job title (See Instructions) ATTORNEY			Employer (See Instructions)		
Date 2/25/05	Full name of contributor ELLIS + ORTEGA ATTY	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 609 MYRTLE SUITE 100 EL PASO, TX 79901					
Principal occupation / Job title (See Instructions) ATTORNEY			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**

CITY CLERK SCHEDULE A

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission files)

4 Date

2/21/05

5 Full name of contributor

BASKIND + HANFORD ATTYS

6 Contributor address; City; State; Zip Code

300 E. MAIN ST. 908
EL PASO, TX 79901

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

Date

3/9/05

Full name of contributor

DAVID FARNELL ATTYS

Contributor address; City; State; Zip Code

10514 MONTWOOD DR
EL PASO TX 79935

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

2/27/05

Full name of contributor

JEFF RAGO ATTYS

Contributor address; City; State; Zip Code

1013 MONTANA AVE
EL PASO, TX 79902

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

3/3/05

Full name of contributor

JORGE C. MERRENA ATTYS

Contributor address; City; State; Zip Code

1002 MAGOFFIN AVE
EL PASO, TX 79901

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

3/3/05

Full name of contributor

FRANCISCO MACIAS

Contributor address; City; State; Zip Code

107 N. CAMPBELL
EL PASO, TX 79902

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

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

CITY CLERK DEPT.

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME DANIEL ROBICHO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/17/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALAS + SALAS ATTY'S 6 Contributor address; City; State; Zip Code 1500 MONTANA AVE EL PASO, TX 79902	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) ATTORNEY		10 Employer (See Instructions)	
Date 3/01/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT PAC LAW FIRM Contributor address; City; State; Zip Code 1100 CHASE TOWER EL PASO, TX 79901	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 3/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAEL PARRA Contributor address; City; State; Zip Code 3022 MONTANA EL PASO, TX 79903	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 3/4/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SENGIO ENRIQUEZ ATTY Contributor address; City; State; Zip Code 3281 RAIN DANCE EL PASO, TX 79936	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)	
Date 3/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK DAVIS ATTY Contributor address; City; State; Zip Code 1554 LONACAND DR. EL PASO, TX 79935	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) ATTORNEY		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

CITY CLERK DEPT.
SCHEDULE A

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

DANIEL ROBLEDU

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/05

5 Full name of contributor

 out-of-state PAC (ID#:

WILLIAM R. COPELAND, ATTY

6 Contributor address; City; State; Zip Code

1533 LEE TRUJANO SUITE 207
EL PASO, TX 799347 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

Date

3/1/05

Full name of contributor

 out-of-state PAC (ID#:

ENRIQUE RAMIREZ, ATTY

Contributor address; City; State; Zip Code

1006 MAGOFFIN
EL PASO, TX 79901Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

2/26/05

Full name of contributor

 out-of-state PAC (ID#:

JUAN CARLOS CANAY

Contributor address; City; State; Zip Code

3402 MONTANA AVE
EL PASO, TX 79903Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

4/4/05

Full name of contributor

 out-of-state PAC (ID#:

GEORGE PAUL ANDRITOS, ATTY

Contributor address; City; State; Zip Code

3116 MONTANA
EL PASO, TX 79903Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

4/14/05

Full name of contributor

 out-of-state PAC (ID#:

GARY A. ABOUD

Contributor address; City; State; Zip Code

400 E OUSHLAND AVE
EL PASO, TX 79901Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

ATTORNEY

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 CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form.	<div style="text-align: right; font-weight: bold;">05 JUL 14 PM 3:23</div> 1 Total pages Schedule A:
---	---

2 FILER NAME <i>DANIEL ROBLERO</i>	3 ACCOUNT # (Ethics Commission filers)
--	---

4 Date <i>4/1/05</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>COLBERT COLDWELL ATTY AT LAW</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>6300 ALABAMA ST EL PASO, TX 79904</i>			

9 Principal occupation <i>ATTORNEY</i>	10 Employer (optional)
--	-------------------------------

Date <i>5/5/2005</i>	Full name of contributor <input type="checkbox"/> out of state PAC <i>RICHARD L. BISCHOFF ATTY</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>PO BOX 5325 EL PASO, TX 79954</i>			

Principal occupation <i>ATTORNEY</i>	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
CITY CLERK DEPT.

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Daniel Robledo

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

NONE

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

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
CITY CLERK DEPT.

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME DANIEL ROBLEAU		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <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 NONE	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		18 Amount Guaranteed (\$)
		17 Guarantor address; City; State; Zip Code	
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		Amount Guaranteed (\$)
		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.

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME DANIEL ROBLERO		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/4/05	5 Payee name REGARDS LABELS	7 Amount (\$) 66.18
6 Payee address; City; State; Zip Code 220 BLACKHORN EL PASO, TX 79902		
8 Purpose of payment (See instructions regarding type of information required.) ATTORNEY'S LIST LABELS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held DANIEL "DANNY" ROBLERO JUDGE JUDGE MC#5 MC#5	
Date 2/4/05	Payee name ZIPPY PRINTING	Amount (\$) 495.71
Payee address; City; State; Zip Code 2855 PENSACOLA EL PASO TEXAS 79903		
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN BADGES AND MAIL MAILING	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held DANIEL "DANNY" ROBLERO JUDGE JUDGE MC#5 MC#5	
Date 2/5/05	Payee name CITY OF EL PASO	Amount (\$) 250.00
Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TEXAS 79901		
8 Purpose of payment (See instructions regarding type of information required.) FILING FEES FOR POSTER	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held DANIEL "DANNY" ROBLERO JUDGE JUDGE MC#5 MC#5	
Date 2/5/05	Payee name DAVID'S BANNERS & PENNANTS	Amount (\$) 584.55
Payee address; City; State; Zip Code 9911 CARNEGIE AV EL PASO, TX 79905		
8 Purpose of payment (See instructions regarding type of information required.) 8 X 4 CAMPAIGN SIGNS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held DANIEL "DANNY" ROBLERO JUDGE JUDGE MC#5 MC#5	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK SCHEDULE F

05 JUL 14 PM 3:23

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/1/05	5 Payee name ZIPPY PRINTING 6 Payee address; City; State; Zip Code 2855 PENSINK EL PASO, TX 79903	7 Amount (\$) 57.64
8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN PUSH CARDS		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: DANIEL 'DANNY' ROBLODO Office sought: JUDGE NC #5 Office held: JUDGE NC #5
Date 4/22/05	Payee name EL PASO HIGH GOLF TEAM Payee address; City; State; Zip Code 800 E. SCHUITEN EL PASO, TX 79902	Amount (\$) 230.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL CAMPAIGN SPONSORSHIP SIGN		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: DANIEL 'DANNY' ROBLODO Office sought: JUDGE NC #5 Office held: JUDGE NC #5
Date 4/22/05	Payee name SIN FRONTENAS Payee address; City; State; Zip Code 201 9th ST EL PASO, TX 79901	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) POLITICAL CONTRIBUTION MEAL TICKETS FARM WORKERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: DANIEL 'DANNY' ROBLODO Office sought: JUDGE NC #5 Office held: JUDGE NC #5
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**SCHEDULE G
CITY CLERK DEPT.**

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/25/05	5 Payee name EL PASO COUNTY DEMOCRATES City: State: Zip Code 1401 MONTANA SCITE C EL PASO, TEXAS 79901	8 Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	
Date 2/25/05	Payee name ST. JUDE CHILDREN'S RESEARCH HOSPITAL City: State: Zip Code 332 N. LAUDENDALE MEMPHIS, TN 38105	Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) CONTRIBUTION RESEARCH	
Date 3/4/05	Payee name AMERICAN IMMIGRANT ADVOCACY CENTER City: State: Zip Code 106 E YARBELL DR EL PASO, TX 79902	Amount (\$) 125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION TAXI.	
Date 3/8/05	Payee name EL PASO HIGH SCHOOL City: State: Zip Code 800 E. SCHUSTER EL PASO TX 79902	Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION ADVERTISING	
Date 3/11/05	Payee name EL PASO HIGH SCHOOL BAND City: State: Zip Code 800 E. SCHUSTER EL PASO, TX 79902	Amount (\$) 65.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) GOLD TOWN: Band SPONSORSHIP	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**SCHEDULE G
CITY CLERK DEPT.**

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME DANIEL ROBLEDO		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/24/05	5 Payee name EL PASO ASSOCIATION OF COURT ASSISTANTS CHECK # 6619 6 Payee address; City; State; Zip Code 500 E SAN ANTONIO # 702 EL PASO TX 79901	8 Amount (\$) 130.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
3/25/05	7 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTIONS ADVERTISING	
3/25/05	5 Payee name THE INVADERS BASEBALL CHECK # 6625 6 Payee address; City; State; Zip Code 179 CONADO RD EL PASO TEXAS 79915	8 Amount (\$) 80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTIONS ADVERTISING	
3/30/05	5 Payee name MUSCULAR DYSTROPHY ASSOCIATION CHECK # 6677 6 Payee address; City; State; Zip Code 3300 EAST SUNSHINE PARK TUCSON, AZ. 85718-3208	8 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION	
4/1/05	5 Payee name SILVER MOUNTAIN 6 Payee address; City; State; Zip Code [Faded]	8 Amount (\$) [Faded] <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) FRM	
4/5/05	5 Payee name DELTA SIGMA PI CHECK # 6652 6 Payee address; City; State; Zip Code 500 W. UNIVERSITY AVE EL PASO TX 79968	8 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION AD	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**SCHEDULE G
CITY CLERK DEPT.**

05 JUL 14 PM 3:23
1 Total pages Schedule G: 3

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City: State: Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name NOLAN RICHARDSON GOLF TOWN. <small>CHR# 6657</small>	Amount (\$)
4/8/05	Payee address: City: State: Zip Code 2539 E. JOYCE BLVD. FAYETTEVILLE, ARKANSAS 72703	125.00
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION TABLE	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name CHILD ADVOCACY ANNUAL BANQUET <small>MANIA CHR# 6667</small>	Amount (\$)
4/14/05	Payee address: City: State: Zip Code 2020 PIEN LN JR 1100 E. CLIFF DR, BLDG 2 29936 ELPAFU ELPORTY 29902	50.00
	Purpose of expenditure (See instructions regarding type of information required.) POLITICAL CONTRIBUTION TABLE	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

**SCHEDULE H
CITY CLERK DEPT.**

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages: **05-10-11 PM 3:24**

2 FILER NAME

DANIEL ROBLERO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

NONE

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I
CITY CLERK DEPT.**

05 JUL 14 PM 3:24

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

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

4 Date	5 Payee name 6 Payee address; City; State; Zip Code NONE	8 Amount (\$)
7 Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

**SCHEDULE K
CITY CLERK DEPT.**

The INSTRUCTION GUIDE explains how to complete this form.

1 05 JUL 14 PM 9:24
Total pages Schedule K:

2 FILER NAME

DANIEL ROBLERO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

NONE

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR
CITY CLERK DEPT.

05 JUL 14 PM 3:24

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

DANIEL ROBLEDO

2 ACCOUNT # (Ethics Commission files)

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 not an officeholder. --

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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder