

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|--|---|------------------------------------|
| <p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p> | | <p>1 ACCOUNT # (Ethics Commission filers)</p> | <p>2 Total pages filed:</p> |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p> | <p><input checked="" type="radio"/> MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.2em;">Emma</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Acosta</p> | <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 1.5em; transform: rotate(90deg);">05 JAN 18 PM 3:35</p> <p style="font-size: 1.5em; transform: rotate(90deg);">CITY CLERK DEPT.</p> <p>Date Hand-delivered or Date Paid</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> | |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE</p> <p style="font-size: 1.2em;">PO Box 972182</p> <p style="font-size: 1.2em;">EL PASO, TX 79997-2182</p> | | |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(915) 779-5015</p> | | |
| <p>6 CAMPAIGN TREASURER NAME</p> | <p><input checked="" type="radio"/> MS / MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.2em;">RAY</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Ponteri</p> | | |
| <p>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</p> | <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE</p> <p style="font-size: 1.2em;">1116 Sun Ridge</p> <p style="font-size: 1.2em;">EL PASO, TX 79912</p> | | |
| <p>8 CAMPAIGN TREASURER PHONE</p> | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(915) 592-3710 115</p> | | |
| <p>9 REPORT TYPE</p> | <p><input checked="" 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)</p> <p><input 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)</p> | | |
| <p>10 PERIOD COVERED</p> | <p>Month Day Year THROUGH Month Day Year</p> <p style="font-size: 1.2em;">12 / 9 / 04 12 / 31 / 04</p> | | |
| <p>11 ELECTION</p> | <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p> <p style="font-size: 1.2em;">5 / 7 / 05</p> | | |
| <p>12 OFFICE</p> | <p>OFFICE HELD (if any)</p> | <p>13 OFFICE SOUGHT (if known)</p> <p style="font-size: 1.2em;">City Council</p> | |
| <p>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p> | <p>** 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. **</p> <p>Name</p> <hr/> <p>Address / PO Box Apt. / Suite # City State Zip Code</p> | | |
| <p>GO TO PAGE 2</p> | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

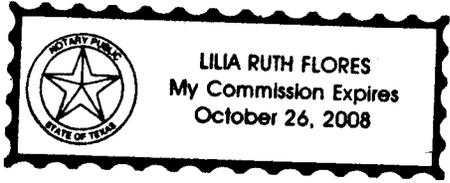
**FORM C/OH
COVER SHEET PG 2**

| | |
|---|--|
| 15 C/OH NAME <i>EMMA Acosta</i> | 16 ACCOUNT # (Ethics Commission filers) |
|---|--|

| | | |
|---|--|-----------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | 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 | \$ 410.- |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1900.- |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ 991.50 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 893.50 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Emma Acosta
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Emma Acosta, this the 18th day of Jan, 2005, to certify which, witness my hand and seal of office.

Lilia Ruth Flores
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 | |
| 2 FILER NAME EMMA ACOSTA | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date 12/9/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY Ponteri | 7 Amount of contribution (\$) 90.- | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1116 Sun Ridge EL PASO, TX 79912 | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 12/9/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN CARSON | Amount of contribution (\$) 250.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 5640 MONTANA EL PASO, TX 79925 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 12/9/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA Randleel | Amount of contribution (\$) 100.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 14793 BOMBAY HORIZON, TX 79928 | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 12/9/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Chavez | Amount of contribution (\$) 500.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8050 SAN JOSE EL PASO, TX 79915 | | | |
| Principal occupation / Job title (See Instructions) Owner JC Plumbing | | Employer (See Instructions) | |
| Date 12/9/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Chavez | Amount of contribution (\$) 250.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 7328 Golden Hawk EL PASO, TX 79912 | | | |
| 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**

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

| | | | |
|---|---|---|--|
| 4 Date 12/22/04 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIET MAY | 7 Amount of contribution (\$) 100.- | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 9508 DESERT HILL EL PASO, TX 79925 | | | |

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

| | | | |
|--|---|---|--|
| Date 12/22/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fermin Acosta | Amount of contribution (\$) 100.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1334 LOMA VERDE EL PASO, TX 79936 | | | |

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

| | | | |
|--|--|---|--|
| Date 12/22/04 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Salom | Amount of contribution (\$) 100.- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 807 S. EL PASO ST EL PASO, TX 79901 | | | |

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

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

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

| | | | |
|--|---|-----------------------------|--|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code | | | |

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

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POLITICAL EXPENDITURES

SCHEDULE F

| | | |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 Total pages Schedule F: 1 |
| 2 FILER NAME EMMA ACOSTA | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 12/20/04 | 5 Payee name EL PASO County | 7 Amount (\$) 121.50 |
| 6 Payee address; City; State; Zip Code 500 E. SAN ANTONIO EL PASO, TX 79901 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) District Map & Voter List | | 9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
| Date 12/24/04 | Payee name Empresario Marketing & Media | Amount (\$) 870.- |
| Payee address; City; State; Zip Code 7001 Westwind EL PASO, TX 79912 | | |
| Purpose of payment (See instructions regarding type of information required.) Post CARD Printing & BANNER | | .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held |
| Date | Payee name | Amount (\$) |
| Payee 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 | Payee name | Amount (\$) |
| Payee 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