

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
 Emma
 NICKNAME LAST SUFFIX
 Acosta

OFFICE USE ONLY

Date Received

CITY CLERK DEPT.
05 APR 12 PM 3:08

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 PO Box 972182
 EL PASO, TX 79997-2182
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (915) 779-5015

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 RAY
 NICKNAME LAST SUFFIX
 Ponteri

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 1116 Sun Ridge
 EL PASO, TX 79912

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (915) 592-3710 115

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
 1 / 1 / 05 THROUGH 3 / 28 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 5 / 7 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council

14 NOTICE OF 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

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**

15 C/OH NAME
Emma Acosta

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. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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 \$ *900.-*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *4200.-*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ *458.86*

4. TOTAL POLITICAL EXPENDITURES \$ *6379.27*

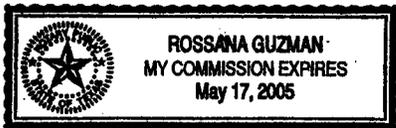
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *1507.23*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *2843.-*

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.

Emma Acosta
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **EMMA ACOSTA**, this the **11TH** day of **APRIL**, 20 **05**, to certify which, witness my hand and seal of office.

ROSSANA GUZMAN

NOTARY PUBLIC

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 (See Attached)

3 ACCOUNT # (Ethics Commission filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor 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 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 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 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)

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
Emma Acosta

1 Page Total

Date	Name	Address	Amount	
3/18/2005	Luis Sandoval	7670 Barton, 79915	500	
3/25/2005	Oscar Venegas	516 Crossbend, 79932	250	
3/18/2005	Lorenzo Aguilar	7237 Tierra Alta, 79912	250	
2/25/2005	Oscar Venegas	516 Crossbend 79932	250	
2/14/2005	Juan Villalobos	1418 E Yandell 79902	250	
1/26/2005	John Carson	5640 Montana, 79925	250	
2/10/2005	Richard Olague	7929 Alameda, 79915	250	
1/26/2005	Steve Franco	1221 Lonewood, 79925	250	
1/26/2005	Miguel Garcia	268 S Clark, 79905	250	
3/18/2005	Raul Mendoza	7866 La Senda, 79915	200	
1/26/2005	Daniel Anchondo	2509 Montana, 79903	200	
3/18/2005	Yavier Alvarez	1112 Montana, 79902	100	
2/25/2005	Rebecca Conde	3117 Devils Tower 79904	100	
1/26/2005	Luis De La Cruz	9013 Lait 79925	100	
1/25/2005	Amparo Villa	11932 Paseo Corona 79936	100	3300

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

EMMA ACOSTA

3 ACCOUNT # (Ethics Commission filers)

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

\$ 0

5 Date of loan
1/25/05

7 Name of lender out-of-state PAC (ID#: _____)
EMMA ACOSTA (candidate)

9 Loan Amount (\$) 2543.-

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code
PO Box 972182
EL PASO, TX 79997-2182

10 Interest rate N/A

11 Maturity date N/A

12 Principal occupation / Job title (See Instructions)
CONSULTANT

13 Employer (See Instructions)
NONE

14 Description of Collateral
 none

15 GUARANTOR INFORMATION
 not applicable

16 Name of guarantor
17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan
1/7/05

Name of lender out-of-state PAC (ID#: _____)
Jose Luis Hernandez

Loan Amount (\$) 400.-

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code
1816 October
EL PASO, TX 79935

Interest rate N/A

Maturity date N/A

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Description of Collateral
 none

GUARANTOR INFORMATION
 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME
EMMA Acosta

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/7/05	5 Payee name Badges Work Plus	7 Amount (\$) 211.09
6 Payee address; City; State; Zip Code 1810 Inwood, Suite M El Paso TX		

8 Purpose of payment (See instructions regarding type of information required.)
Badges for workers

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

Date 2/3/05	Payee name EL PASO Network Inc	Amount (\$) 108.20
Payee address; City; State; Zip Code 1401 Montan, Ste A El Paso, TX 79902		

Purpose of payment (See instructions regarding type of information required.)
Voter Registration List

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

Date 2/2/05	Payee name SAMS	Amount (\$) 54.02
Payee address; City; State; Zip Code El Paso, TX		

Purpose of payment (See instructions regarding type of information required.)
SNACKS FOR WORKERS

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

Date 2/1/05	Payee name ERNESTO DOMINQUEZ	Amount (\$) 120.-
Payee address; City; State; Zip Code 1401 Montan El Paso, TX 79902		

Purpose of payment (See instructions regarding type of information required.)
Web Design

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

EMMA ACOSTA

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/7/05

5 Payee name

Go Direct

7

Amount (\$)

1,234.02

6 Payee address; City; State; Zip Code

8400 Boern, El Paso, TX 79925

8 Purpose of payment (See instructions regarding type of information required.)

Marketing Services

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/14/05

Payee name

The Squeegee

Amount (\$)

185.10

Payee address; City; State; Zip Code

406 S. Dunning, El Paso, TX

Purpose of payment (See instructions regarding type of information required.)

Campaign tee shirts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/10/05

Payee name

City of EL PASO

Amount (\$)

250.-

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Filing fee

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

2/10/05

Payee name

Office Depot

Amount (\$)

120.67

Payee address; City; State; Zip Code

8701 Gateway west El Paso 79925

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME
EMMA Acosta

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/2/05

5 Payee name
Apparel Enterprises

7 Amount (\$)
1320.35

6 Payee address; City; State; Zip Code
9508 Carnegie El Paso, TX 79925

8 Purpose of payment (See instructions regarding type of information required.)
sign

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

Date
3/24/05

Payee name
Apparel Enterprises

Amount (\$)
162.32

Payee address; City; State; Zip Code
9508 Carnegie El Paso, TX 79925

Purpose of payment (See instructions regarding type of information required.)
signs

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

Date
3/24/05

Payee name
Office MAX

Amount (\$)
74.07

Payee address; City; State; Zip Code
9001 Gateway W El Paso 79925

Purpose of payment (See instructions regarding type of information required.)
Office Supplies

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

Date
3/22/05

Payee name
US Postmaster

Amount (\$)
74.-

Payee address; City; State; Zip Code
Airport Main El Paso, TX 79922

Purpose of payment (See instructions regarding type of information required.)
Postage

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **5**

2 FILER NAME
EMMA ACOSTA

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/24/05

5 Payee name
EMMA ACOSTA

7 Amount (\$)
100.-

6 Payee address; City; State; Zip Code
**PO BOX 972182
EL PASO, TX 79997-2182**

8 Purpose of payment (See instructions regarding type of information required.)
LOAN REIMBURSEMENT

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

Date
2/8/05

Payee name
VISTA PRINT

Amount (\$)
161.19

Payee address; City; State; Zip Code

100 Hayden Ave Lexington MA 02421

Purpose of payment (See instructions regarding type of information required.)
BUSINESS CARDS

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

Date
2/8/05

Payee name
VISTA PRINT

Amount (\$)
56.61

Payee address; City; State; Zip Code

100 Hayden Ave Lexington MA 02421

Purpose of payment (See instructions regarding type of information required.)
THANK YOU CARDS

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

Date
2/16/05

Payee name
VISTA PRINT

Amount (\$)
353.32

Payee address; City; State; Zip Code

100 Hayden Ave Lexington MA 02421

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6

2 FILER NAME
EMMA Acosta

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/20/05	5 Payee name Office Depot	7 Amount (\$) 191.49
6 Payee address; City; State; Zip Code 8701 Gateway West El Paso 79925		

8 Purpose of payment (See instructions regarding type of information required.) **Office Supplies**

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

Date 2/4/05	Payee name Office Depot	Amount (\$) 96.-
Payee address; City; State; Zip Code 8701 Gateway W El Paso 79925		

Purpose of payment (See instructions regarding type of information required.) **office Supplies**

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

Date 2/23/05	Payee name Apparel Enterprise	Amount (\$) 200.-
Payee address; City; State; Zip Code 9508 Carnegie El Paso, TX 79925		

Purpose of payment (See instructions regarding type of information required.) **Signs**

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

Date 3/2/05	Payee name Home Depot	Amount (\$) 103.06
Payee address; City; State; Zip Code 11360 Rojas Dr El Paso, TX		

Purpose of payment (See instructions regarding type of information required.) **Sign Material**

-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

EMMA Acosta

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/05

5 Payee name

NATIONAL Pen

7 Amount (\$)

154.02

6 Payee address; City; State; Zip Code

*P.O. Box 55000
Detroit Mi 48255-2745*

8 Purpose of payment (See instructions regarding type of information required.)

Pens

9 ** 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

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