Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: 12

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT. 05 APR -7 AM 10:10

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR
FIRST: Robert
MI: A.
NICKNAME
LAST: Cushing
SUFFIX: JR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2525 RICHMOND AVE ELPASO TX 79930

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (915)
PHONE NUMBER: 564-4654
EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
FIRST: ELIJAH
MI
NICKNAME
LAST: Graham
SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10780 Plesant Sand Dr ELPASO TX 79924

8 CAMPAIGN TREASURER PHONE

AREA CODE: (822)
PHONE NUMBER: 3050
EXTENSION

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: 1 / 15 / 05 THROUGH Month Day Year: 4 / 7 / 05

11 ELECTION

ELECTION DATE Month Day Year: 5 / 7 / 05

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Representative

13 OFFICE SOUGHT (if known): Dist 2 Rep

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Robert A Cushing Jr

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

COMMITTEE NAME

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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 12,450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 6491.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11738.68
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.

LUJANA ROMO
MY COMMISSION EXPIRES
June 3, 2008

Robert A. Cushing Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert A Cushing Jr., this the 7 day of April, 20 05, 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
	Lujana Romo	Notary

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 6

2 FILER NAME: Robert A. Cushing Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/15/05	Cynthia Lyons 1625 Billy Casper ELPASO TX 79936	250 00/XX	

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)
2/19/05	Gary Porras 4506 Memphis ELPASO TX 79903	500 00/XX	

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)
2/22/05	EP Municipal Police Officers 747 San Antonio Ste 103 ELPASO TX 79901	1000 00/XX	

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)
2/22/05	Jane Ratcliff 8706 Magnetic St ELPASO TX 79904	50 00/XX	

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2 of 6

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/23/05	Jaime Barron, Ph.D 2530 Richmond Ave El Paso Tx 79930	350 00/xx	

9 Principal occupation / Job title (See instructions)

10 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)
2/23/05	Steven Sambrano 284 Puesta Del Sol El Paso Tx 79912	250 00/xx	

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)
2/23/05	Gary & Cecilia P Porras 1795 Billy Casper El Paso Tx 79936	250 00/xx	

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)
2/23/05	Theresa Caballero 2726 Richmond Ave El Paso Tx 79930	200 00/xx	

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)
2/23/05	Regan & Karen Giese 10004 Cantabria Ct Las Cruces, NM 88007	500 00/xx	

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3 of 6

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/23/05	Ben L. Ivey, LTd 960 Americas Ave N ELPaso TX 79907	500.00 TX	

9 Principal occupation / Job title (See Instructions)	10 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)
2/23/05	Robert & Joanne Bowling 6705 Pearl Ridge ELPaso TX 79912	500.00 TX	

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)
2/23/05	Demetrio & Leticia Jimenez 6600 Quail Cove Ct El Paso, TX 79912	100.00 TX	

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)
2/23/05	Gregory Bowling 7484 Plaza Redonda El Paso TX 79912	500.00 TX	

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)
2/23/05	Randall J. Bowling 6453 Calle Vista Dr. ELPaso TX 79912	500.00 TX	

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: 4 of 4

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/23/05	Bob Bowling, Builder PO Box 4136 El Paso TX 79914	500.00 XX	

9 Principal occupation / Job title (See instructions)

10 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)
2/23/05	Douglas Schwartz PO Box 13611 El Paso TX 79913	1000.00 XX	

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)
2/23/05	Conrad & Rebecca Conde 3117 Devils Tower El Paso TX	250.00 XX	

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)
2/23/05	Terry & Zulema Bassham 714 Westlake Ct El Paso TX 79912	250.00 XX	

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)
3/8/05	Robert Bowling IV 6705 Pearl Ridge El Paso TX 79912	500.00 XX	

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.

* zip

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 5 of 6

2 FILER NAME: Robert A. Cushing, Jr.

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/8/05	Gregory Bowling 7484 Plaza Redonda ElPaso TX 79912	500 00/XX	

9 Principal occupation / Job title (See Instructions):

10 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)
3/8/05	Bob Bowling Builder PO Box 4136 ElPaso TX 79914	500 00/XX	

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)
3/8/05	Randall Bowling 6453 Calle Vista Dr ElPaso TX 79912	500 00/XX	

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)
3/14/05	Carlos & Lisa Bombach 41 Sun Point Ln ElPaso TX 79912	1000 00/XX	

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)
3/15/05	James Scherr 109 N. Oregon, Ste 1200 ElPaso TX 79901	1000 00/XX	

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: 6 of 6

2 FILER NAME: Robert A. Cushing, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/31/05	Nicholas Bombach 6397 Calle Azul El Paso, TX 79912	1000 00 XX	

9 Principal occupation / Job title (See instructions)	10 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)

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 4

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/5/05	PDX 100 Porfirio Diaz ELPASO TX 79902	1245.70 XX

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12/05	Austin High School Jr Class	250.00 XX

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12/05	Austin High School Sr Class	250.00 XX

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 / Payee address; City; State; Zip Code	Amount ($)
2/12/05	Walgreens 2879 Montana ELPASO TX	12.32

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 4

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/12/05	Good Time Store 2306 N. Copia El Paso Tx	1.83

8 Purpose of payment (See instructions regarding type of information required.): ice for srvy grp

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/12/05	Walgreens 2800 N. Mesa El Paso Tx 79	4.85 XX

Purpose of payment (See instructions regarding type of information required.): Snacks for srvy grp

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/17/05	AUS (PAYPAL) 2020 Mills Ave El Paso Tx 79901	1080.32 XX

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/7/05	City of El Paso	250.00 XX

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

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SCHEDULE F

POLITICAL EXPENDITURES

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME: Robert A. Cushing Jr

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/5/05	David's Pennants & Banners 9911 Carnegie St El Paso TX 79925	996 04/XX

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/12/05	David's Pennants & Banners 9911 Carnegie St El Paso TX 79925	191 60/XX

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/13/05	Lowes	33 41/XX

Purpose of payment (See instructions regarding type of information required.): Stapler & staples

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/18/05	PDX 100 Porfirio Diaz El Paso TX 79902	897 91/XX

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 4

2 FILER NAME: Robert A. Cushing Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/18/05	AUS 2020 Mills	650.03 +405.07 1055.10

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/12/05	Little Caesars 2500 N. Mesa El Paso TX 79902	175.9 XX

Purpose of payment (See instructions regarding type of information required.): pizzas for survey grp

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/1/05	Marty Snortum Studio 2905 Pershing Drive El Paso TX 79903	124.9 XX

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 / Payee address; City; State; Zip Code	Amount ($)
4/3/05	Kinko's 4190 N. Mesa St El Paso TX 79902	80.16 XX

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

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