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: 7

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT. 05 APR 29 PM 4 15

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 EL PASO 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: ( ) PHONE NUMBER: 822 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: 4 / 7 / 05 THROUGH Month Day Year: 4 / 29 / 05

11 ELECTION

ELECTION DATE Month Day Year: 5 / 7 / 05

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council Rep

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

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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)	$ 4,200
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 7,049.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 8888.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
DIANA NUÑEZ
NOTARY PUBLIC
In and for the State of Texas
My commission expires 10-18-2005

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert A. Cushing, Jr., this the 29th day of April 20 05, to certify which, witness my hand and seal of office.

Diana Nuñez — Signature of officer administering oath

Diana Nuñez — Printed name of officer administering oath

Notary Public — Title of officer administering oath

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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: 1 of 1

2 FILER NAME: Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/31/05 CK 4/22/05 rcvd	Jones Family Trust PO Box 221048 El Paso TX 79913	1000.00 XX	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/8/05	Y. I. Santoscoy 200 N. Oregon St. El Paso TX 79901	100.00 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/10/05	Randal Oleary 7910 Gateway East Suite 102 El Paso TX 79915	2000.00 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/19/05	EP Assoc Builders PAC of EP 6046 Surety Dr El Paso, TX 79905	1000.00 XX	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/22/05	Daniel Delahaye PMB 204 8900 Viscount El Paso TX 79925	100.00 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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Revised 11/05/2003

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POLITICAL EXPENDITURES

CITY CLERK DEPT.

05 APR 29 PM 4:13

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 ($)
4/1/05	Kristen Swanson 910 Mesita El Paso TX 79902	100 00 XX

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

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 ($)
4/3/05	Kinkos 4190 N. Mesa El Paso TX 79902	86 77 XX

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

•• 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 ($)
4/5/05	Office Depot 1111 Geronimo Dr El Paso TX 79925	67 03 XX

Purpose of payment (See instructions regarding type of information required.): Paper/Supplies

•• 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 ($)
4/6/05	Kinkos 4190 N. Mesa El Paso TX 79902	24.98

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

05 APR 29 PM 4:15

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 ($)
4/7/05	PPX 100 Porfirio Diaz El Paso Tx 79902	1058 74 xx

8 Purpose of payment (See instructions regarding type of information required.): print/mailer

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 ($)
4/10/05	Kinkos 4190 N. Mesa El Paso Tx 79902	173 55 xx

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

•• 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 ($)
4/12/05	AUS 2020 Mills Ave El Paso Tx 79901	1423 71 xx

Purpose of payment (See instructions regarding type of information required.): print/mailer

•• 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 ($)
4/12/05	G.L. Mortimer PO Box 335 Sandwich, MA 02563-0335	100 00 xx

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

•• 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: 3 of 4

2 FILER NAME: Robert A Cushing

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/13/05	Aida Candelaria	75.00

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

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 ($)
4/13/05	PDX 100 Porfirio Diaz ELPASO TX 79902	1754.36

Purpose of payment (See instructions regarding type of information required.): Printing / Mailer

•• 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 ($)
4/14/05	AUS 2020 Mills Ave ELPASO TX 79901	615.88

Purpose of payment (See instructions regarding type of information required.): Printing / mailer

•• 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 ($)
4/22/05	PDX 100 Porfirio Diaz ELPASO TX 79902	245.32

Purpose of payment (See instructions regarding type of information required.): Printing / mailer

•• 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

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/05	Kinkos 4190 N. Mesa El Paso TX 79902	87 12 TX

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

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 ($)
4/27/05	GL Mortimer PO Box 335 Sandwich, MA 02563-0335	55 00 TX

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

•• 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 ($)
4/29/05	AUS 2020 Mills Ave El Paso TX 79901	1182 44 TX

Purpose of payment (See instructions regarding type of information required.): Printing/ Mailer

•• 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 ($)

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