



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME**  
Marlene Gonzalez

**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. ••

additional pages

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,440.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 100.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

**19 AFFIDAVIT**

**MARTHA G. ROMERO  
NOTARY PUBLIC**  
In and for the State of Texas  
My commission expires  
November 6, 2005

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

*Marlene Gonzalez*  
Signature of Candidate or Officeholder

*Martha G. Romero*  
Notary Public

Sworn to and subscribed before me, by the said Marlene Gonzalez, this the 6TH 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:  
1

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date  
03/30/05

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mark Berry

7 Amount of contribution (\$)  
\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4171 N. Mesa El Paso, Texas 79902  
Suite B-202

9 Principal occupation / Job title (See Instructions)  
Attorney at Law

10 Employer (See Instructions)  
Self

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.**

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

**1** Total pages Schedule B:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
	<b>7</b> Pledgor address;      City;    State;    Zip Code		

<b>10</b> Principal occupation / Job title (See Instructions)	<b>11</b> Employer (See Instructions)
---	---------------------------------------

Date	Full name of pledgor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.**

<b>LOANS</b>	<b>SCHEDULE E</b>
--------------	-------------------

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule E:
---	----------------------------------

<b>2</b> FILER NAME Marlene Gonzalez	<b>3</b> ACCOUNT # (Ethics Commission filers)
---	---

<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$ 3,500.00
---	-------------

<b>5</b> Date of loan 3-10-05	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Self	<b>9</b> Loan Amount (\$) \$3,500.00
----------------------------------	--	---

<b>6</b> Is lender a financial institution? Y    N	<b>8</b> Lender address;   City;   State;   Zip Code 912 Magoffin Ave. El Paso, Texas 79901	<b>10</b> Interest rate
		<b>11</b> Maturity date

<b>12</b> Principal occupation / Job title (See Instructions)	<b>13</b> Employer (See Instructions)
---	---------------------------------------

<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none
---

<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;   City;   State;   Zip Code	<b>18</b> Amount Guaranteed (\$)
---	---	----------------------------------

<b>19</b> Principal Occupation	<b>20</b> 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
--

<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
---	---	------------------------

Principal Occupation	Employer
----------------------	----------

<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p><b>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>
--

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  ..... 6 Payee address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/29/05

5 Payee name

La Cuesta Mexican Food & Cantina

6 Payee address; City; State; Zip Code

1926 Montana Ave.  
El Paso, Texas 79903

8 Amount (\$)

\$100.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Deposit-Fund Raiser

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME Marlene Gonzalez		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/12/05	5 Payee name David's Pennants & Banners 6 Payee address; City; State; Zip Code 9911 Carnegie St. El Paso, Texas 79925	8 Amount (\$)  \$1,403.19
7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Banners		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/12/05	Payee name David's Apparel Payee address; City; State; Zip Code 9901 Carnegie St. El Paso, Texas 79925	Amount (\$)  \$298.42
Purpose of expenditure (See instructions regarding type of information required.) Campaign T-Shirts		<input type="checkbox"/> Reimbursement from political contributions intended
Date 03/14/05	Payee name All Print Payee address; City; State; Zip Code 7230 -D Gateway East El Paso, Texas 79915	Amount (\$)  \$146.14
Purpose of expenditure (See instructions regarding type of information required.) Campaign Stickers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/18/05	Payee name All Print Payee address; City; State; Zip Code 7230-D Gateway East El Paso, Texas 79915	Amount (\$)  \$119.08
Purpose of expenditure (See instructions regarding type of information required.) Leaflets		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/14/05	Payee name PRO Print & Label Payee address; City; State; Zip Code 1221 Barranca Dr. El Paso, Texas 79925	Amount (\$)  \$373.22
Purpose of expenditure (See instructions regarding type of information required.) Campaign Post Cards		<input checked="" 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.	<b>1</b> Total pages Schedule I: _____
<b>2</b> FILER NAME _____	<b>3</b> ACCOUNT # (Ethics Commission filers) _____

<b>4</b> Date	<b>5</b> Payee name ..... <b>6</b> Payee address;            City; State; Zip Code ..... <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
---------------	---	----------------------

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address;            City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
---------------	---	----------------------

Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
------	--	-------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**