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): N/A

2 Total pages filed: 16

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

CITY CLERK DEPT. 05 APR -7 PM 3:09

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR; FIRST: Antonio; MI: F.; NICKNAME: Tony; LAST: Lewis; SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 9400 McCombs Street El Paso TX 79924
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915); PHONE NUMBER: 755-4321; EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR; FIRST: Anthony; MI: P.; NICKNAME: Tony; LAST: Benitez; SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4685 Round Rock Drive; El Paso, TX; 79924
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915); PHONE NUMBER: 821-2011; 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 / 27 / 2005 THROUGH Month Day Year 3 / 28 / 2005

11 ELECTION: ELECTION DATE Month Day Year 5 / 7 / 2005

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE: OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): Northeast Representative, City District 4

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: Antonio F. Lewis

16 ACCOUNT # (Ethics Commission filers): N/A

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	$ 822.30
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3972.30
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 60.75
	4.	TOTAL POLITICAL EXPENDITURES	$ 2475.11
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,147.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

DIANA NUÑEZ
NOTARY PUBLIC
In and for the State of Texas
My commission expires 10-18-2006

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 Antonio F. Lewis, this the 7th 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
Diana Nuñez	Diana Nuñez	Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

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)
2/15/05	William V. Walker 10349 Dyer St. El Paso, TX 79924	500.00	

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)
3/1/05	Mike Rosales 10520 Springwood El Paso, TX 79925	100.00	

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)
3/1/05	Erasmo Lewis 4929 Tetons El Paso, TX 79904	100.00	

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)
3/1/05	Joe Mimbela 7500 Gateway El Paso, TX 79904	100.00	

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)
3/1/05	Vernon Haverstick 4932 Pikes Peak El Paso, TX 79924	100.00	

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.

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

PLEDGED 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: $

5 Date	6 Full name of pledgor ☐ out-of-state PAC ID# _____ / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

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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

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

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)
3/1/05	James R. Bustamante 2021 Greenlee Dr. El Paso, Tx 79936	100.00	

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)
3/1/05	Jose C. Pacheco 3312 Old Spanish Trail El Paso, Tx 79904	100.00	

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)
3/16/05	James W. Saenz P.O. Box 6138 Fort Bliss, Tx 79906 ~~Fort~~	100.00	

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)
3/16/05	Daniel G. Pascale 10316 Blythe El Paso, Tx 79924	100.00	

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)
3/16/05	T. R. Chaney 4545 Hondo Pass, Ste. C, El Paso, Tx 79904	100.00	

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

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PLEDGED 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: $

5 Date	6 Full name of pledgor ☐ out-of-state PAC ID# _____ / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

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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: 4

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

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)
3/16/05	Carleen Barth 5720 Ethel Rd. ElPaso, TX 79932	100.00	

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	Billie H. Tiller 9949 Dyer St. ElPaso, TX 79924	100.00	

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)
3/16/05	George Angelos 1701 E. Yandell ElPaso, TX 79902	250.00	

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)
3/12/05	Juan Mimbela 4532 CJ Levan ElPaso, TX 79924	150.00	

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)
3/1/05	Edna Esparza 9225 Dyer ElPaso, Texas 79924	$150.00 [redacted]	Food [redacted]

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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PLEDGED 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: $

5 Date	6 Full name of pledgor ☐ out-of-state PAC ID# _____ / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation / Job title (See Instructions) | 11 Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

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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: 4

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

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)
3/16/05	Pancho Diaz 10710 Gateway North El Paso, TX 79924	$200.00	Food

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)

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

PLEDGED 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: $

5 Date	6 Full name of pledgor ☐ out-of-state PAC ID# _____ 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation / Job title (See instructions)

11 Employer (See instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC ID# _____ Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind 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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

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: 2

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/18/05	David's Pennants & Banners 9911 Carnegie ElPaso, Texas 79925	$1209.69

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 ($)
3/1/05	Lapaloma Restaurant 922 S. Dyer ElPaso, Texas 79924	300.00

Purpose of payment (See instructions regarding type of information required.): Food for fundraiser

-- 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 ($)
3/15/05	David's Pennants & Banners 9911 Carnegie ElPaso, Texas 79925	391.05

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	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

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($)

6 Is lender a financial institution? Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

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

Name of lender ☐ 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
☐ 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

Printed on recycled paper

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/16/05	Fedex Kinko's 1410 Lee Trevino, El Paso, Texas 79936	167.21

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

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 ($)
3/17/05	DeMarcko Graphic Services 1790 Lee Trevino, Ste. 303 El Paso, TX 79936	$184.03

Purpose of payment (See instructions regarding type of information required.): Business "Elect" Cards

-- 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 ($)
3/28/05	DeMarcko Graphic Services 1790 Lee Trevino, Ste. 303 El Paso, TX 79936	162.38

Purpose of payment (See instructions regarding type of information required.): Elect Tony Lewis Business Cards

-- 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.): ~~Elect Tony Lewis Business~~

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Antonio F. Lewis

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
2/18/05	[redacted] Tony Lewis Enterprises 9400 McCombs El Paso, Texas 79924 Purchase of Signs	700.00 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 6 Business address; City; State; Zip Code	7 Amount ($)

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 Business 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

Date	Business name Business address; City; State; Zip Code	Amount ($)

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Date	Business name Business 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