

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR.** FIRST **RICHARD** MI **A.**
NICKNAME **RICK** LAST **OLIVO** SUFFIX

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

4 ORIGINAL REPORT TYPE

January 15 Runoff Other (specify)

July 15 Exceeded \$500 limit

30th day before election 15th day after treasurer appointment (officeholder only)

8th day before election Final report

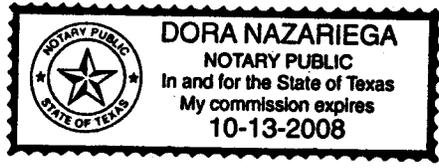
5 ORIGINAL PERIOD COVERED

Month Day Year Month Day Year
2 / 14 / 05 THROUGH **4 / 7 / 05**

6 EXPLANATION OF CORRECTION

Oversight, we forgot to include these items.

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Richard A. Olivo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Richard A. Olivo this the 29th day of April, 20 05.

to certify which, witness my hand and seal of office.

Dora Nazariega Dora Nazariega Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CITY CLERK DEPT
05 APR 29 PM 3:39

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

A report filed with the Ethics Commission is considered to be late for purposes of late-filing penalties unless the report as originally filed substantially complies with the applicable law and if the person filing the report files a corrected report not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

A filer who files a corrected report must submit a correction affidavit. The correction affidavit must identify the information that has changed. Also, if you would like to request that the Ethics Commission consider whether the report as originally filed substantially complied with the applicable law, or consider waiving or reducing the late-filing penalty, you should include the basis of your request in the correction affidavit. You may attach additional pages if necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

**CITY CLERK DEPT.
05 APR 29 PM 3:39**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule G:

2 FILER NAME *RICK OLIVO* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/14/05</i>	5 Payee name <i>City of El Paso</i>	8 Amount (\$) <i>\$ 250.00</i>
6 Payee address; City; State; Zip Code <i>2 Civic Center Plaza, El Paso, TX 79901</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Filing Fee</i>		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RICK OLIVO

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/9/05

5 Payee name

Northeast Civic Leaders Council

7 Amount (\$)

\$ 100.00

6 Payee address; City; State; Zip Code

8888 Dyer, Ste 515, El Paso TX 79904

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

Parade entry + donation

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

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 MR.	FIRST RICHARD	MI A.	OFFICE USE ONLY
	NICKNAME RICK	LAST OLIVO	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
421 Executive Center El Paso TX 79902					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 544-6200	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kenneth	MI A.
	NICKNAME Ken	LAST LUCERO	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
421 Executive Center, El Paso, TX 79902					

8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 588-8436	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	2	14	05		4	7	05

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 5 / 7 / 05	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Municipal Judge
--	--

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>** 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. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>
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GO TO PAGE 2

CITY CLERK DEPT.
05 APR - 7 PM 4:24

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

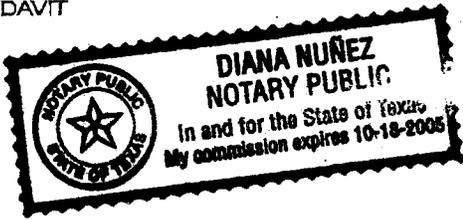
15 C/OH NAME Rick Olivo 16 ACCOUNT # (Ethics Commission file)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	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	\$ 540.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8446.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 116.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 5580.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2865.39
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.

Rick A. Olivo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rick Olivo, this the 7th day of April, 2005, to certify which, witness my hand and seal of office.

Diana Nunez Signature of officer administering oath
Diana Nunez Printed name of officer administering oath
Notary Public 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:

7

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/05

5 Full name of contributor

 out-of-state PAC (ID#: _____)

Chris and Gina Carameros

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

808 Cervantes, El Paso TX 79922

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Helen of Troy

Date

2/24/05

Full name of contributor

 out-of-state PAC (ID#: _____)

Enrique and Alicia Castillo

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

404 Indian Bluff El Paso TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

Date

2/24/05

Full name of contributor

 out-of-state PAC (ID#: _____)

Greg and Susan Daw

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4790 Sol de Alma, El Paso, TX 79922

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Daw's Home Furnishings

Date

2/24/05

Full name of contributor

 out-of-state PAC (ID#: _____)

Emilio Flores

Amount of contribution (\$)

\$ 60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

740 El Parque, El Paso TX 799 2

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Self-employed

Date

2/24/05

Full name of contributor

 out-of-state PAC (ID#: _____)

Henry and Ida Gallardo

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1029 Calle Milagro, El Paso TX 79912

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

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

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

10 Principal occupation / Job title (See Instructions)	11 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/24/05

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

Stuart Leeds

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5468 Ridge St. El Paso, TX 79932

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self-employed

Date

2/24/05

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

Alfred and Janet Lucero

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6604 Burciaga, El Paso TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Helen of Troy

Date

2/24/05

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

Robert Olivares

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5913 Quinta Real Ct. EP TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Doctor

Date

2/24/05

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

Arnold and Luisa Olivo

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6824 La Cadena, El Paso TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

2/24/05

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

Carlos and Zenia Olivo

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7131 Oval Rock, El Paso TX 79912

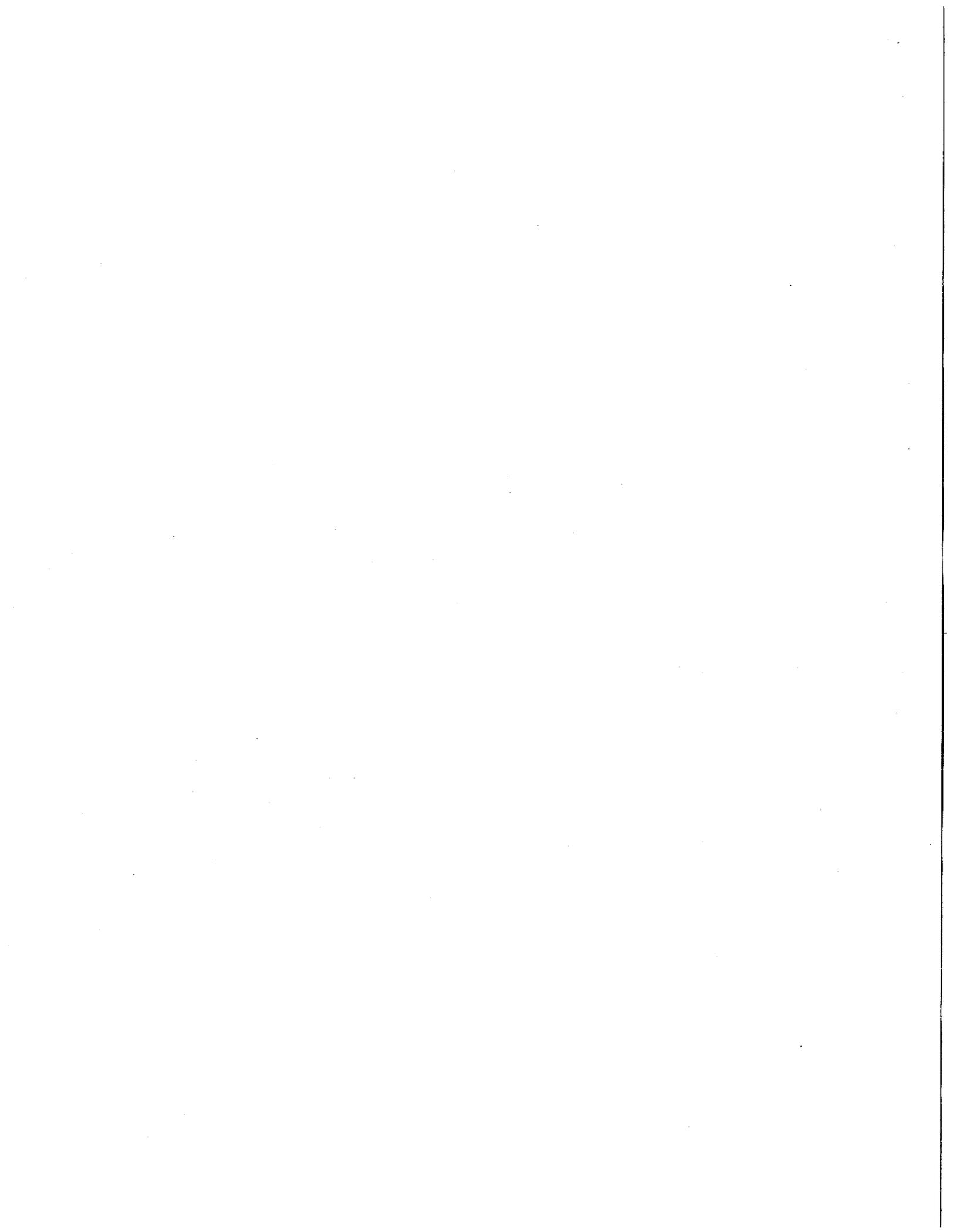
Principal occupation / Job title (See Instructions)

Employer (See Instructions)

U.S.M.C.

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:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/24/05

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

Victor Poulos

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$ 336.00

6 Contributor address; City; State; Zip Code

5915 Silver Springs, Bldg 1, El Paso TX 79912

*Wine - 4 cases
(48 bottles)*

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Volk, Poulos + Coates LLP

Date

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

2/24/05

George and Isabel Rego

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$ 200.00

609 Alta Cumbre, El Paso TX 79912

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

2/24/05

John + Veronica Wenke

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$ 200.00

501 E. California, El Paso TX 79902

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self-employed

Date

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

2/24/05

Robert + Terri Wenner

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$ 100.00

477 Oak Tree, El Paso TX 79932

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Hewlett Packard

Date

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

3/1/05

Michael Aaronson

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

\$ 500.00

1362 Remcon Cir, El Paso TX 79912

Principal occupation / Job title (See Instructions)

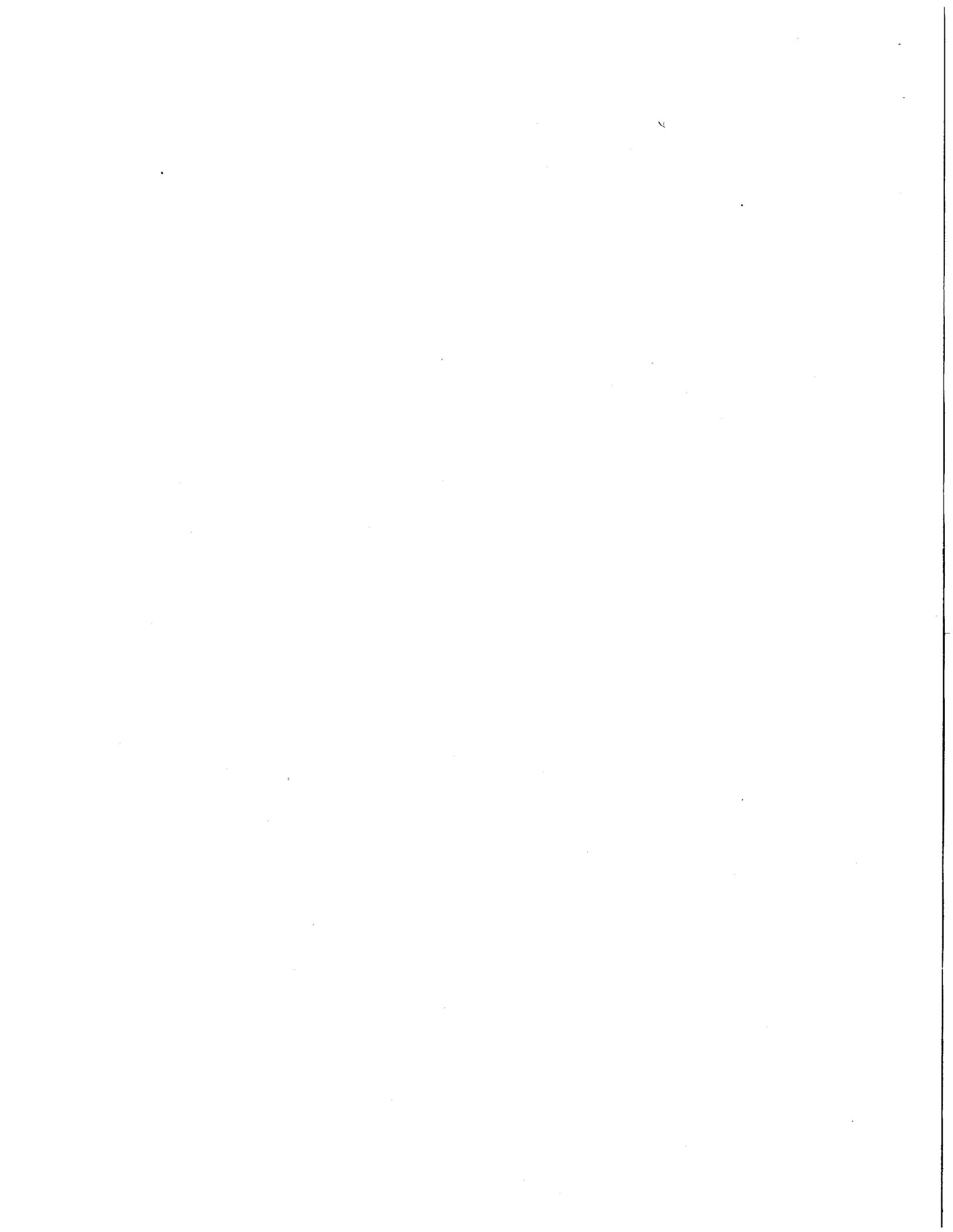
Attorney

Employer (See Instructions)

Self-employed

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:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/05

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

David Cavazos

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1201 N. Mesa El Paso TX 79902

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

self-employed

Date

3/1/05

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

Ron + Ceci Miles Mulvihill

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3933 Flamingo El Paso TX 79902

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RM Personnel

Date

3/3/05

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

Ken Lucero

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5890 Bandolero #2039, El Paso TX 79912

Principal occupation / Job title (See Instructions)

Teacher

Employer (See Instructions)

SISD

Date

3/3/05

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

Jose + Irma Payan

Amount of contribution (\$)

\$60.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7820 Parral, El Paso, TX 79915

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/10/05

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

Dereck Wyatt

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

303 Texas Ave, #600, El Paso TX 79902

Principal occupation / Job title (See Instructions)

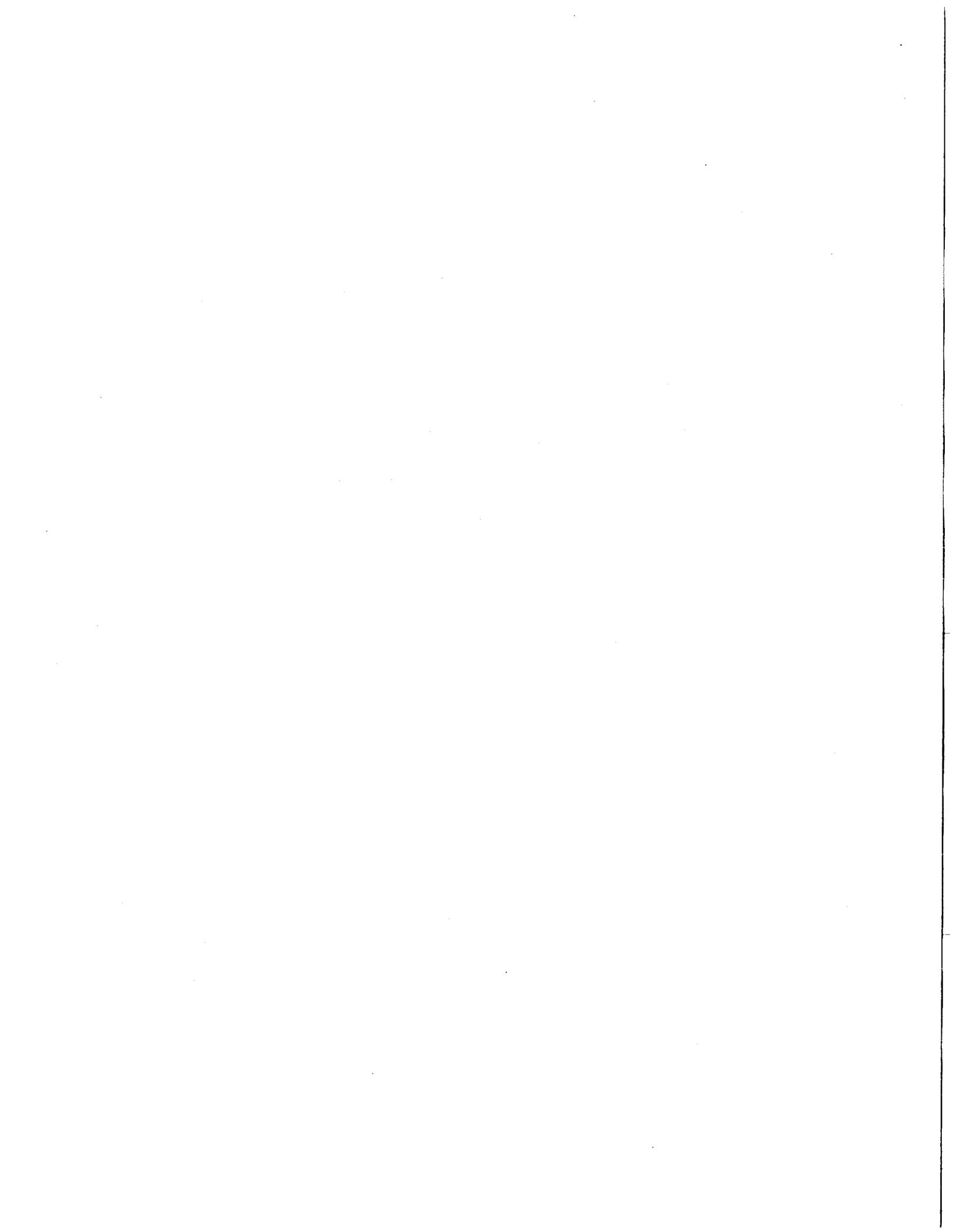
Attorney

Employer (See Instructions)

self-employed

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:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/21/05

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

Bryan + Annette Haddad

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1444 Montana #200 El Paso TX 79902

9 Principal occupation / Job title (See instructions)

Real Estate Broker

10 Employer (See instructions)

Self-employed

Date

3/21/05

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

Joel Hendryx

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1580 Lomaland, El Paso TX 79935

Principal occupation / Job title (See instructions)

Doctor

Employer (See instructions)

Date

3/21/05

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

Mike Mc Corgary

Amount of contribution (\$)

\$1500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6400 Airport, Ste Q, El Paso TX 79925

Campaign - Brochures and Business cards

Principal occupation / Job title (See instructions)

Employer (See instructions)

Airport Printing Service

Date

3/21/05

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

Frank Lopez

Amount of contribution (\$)

\$400.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9821 Montana, El Paso TX 79925

Auto window decals

Principal occupation / Job title (See instructions)

Employer (See instructions)

F+L Auto Body

Date

3/21/05

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

Scott + Dana Vogelmeier

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6793 Pearl Ridge, El Paso TX 79912

Principal occupation / Job title (See instructions)

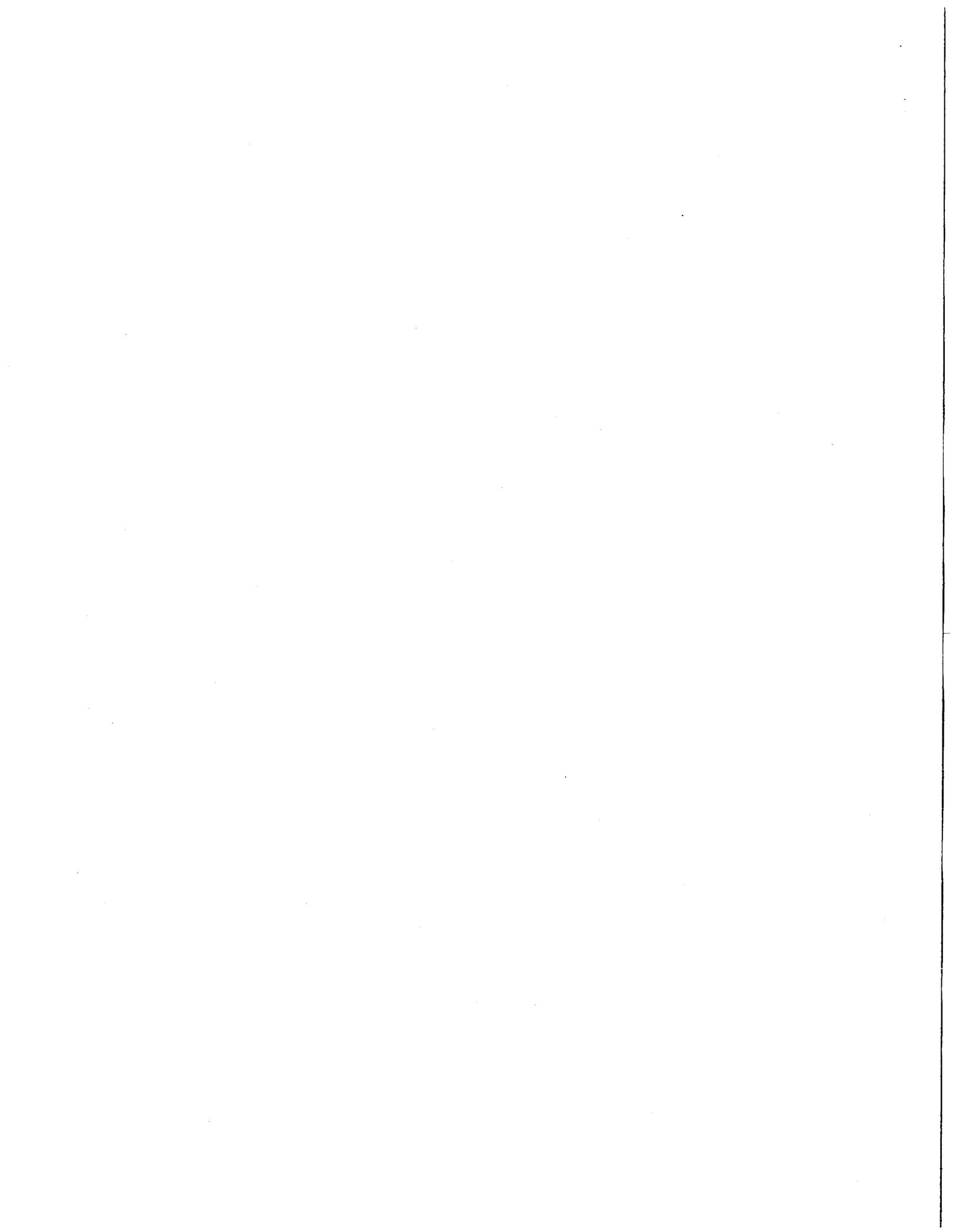
Attorney

Employer (See instructions)

self-employed

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:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/21/05

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

Bill + Angie White

6 Contributor address; City; State; Zip Code

648 Moondale, El Paso TX 79912

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Retired

10 Employer (See Instructions)

Date
3/28/05

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

Richard + Helen Knopp

Contributor address; City; State; Zip Code

5756 Box Elder, El Paso TX 79932

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

El Paso Electric Co. / Executive Office

Date
3/28/05

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

Joe + Marc Rosales

Contributor address; City; State; Zip Code

1400 Montana, El Paso TX 79902

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorneys

Employer (See Instructions)

Self-employed

Date
3/28/05

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

Omar + Rebecca Tovar

Contributor address; City; State; Zip Code

1111 Galloway, El Paso TX 79902

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Helen of Troy

Date
3/28/05

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

Steve + Tracy Yellen

Contributor address; City; State; Zip Code

925 McKelligon, El Paso TX 79902

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

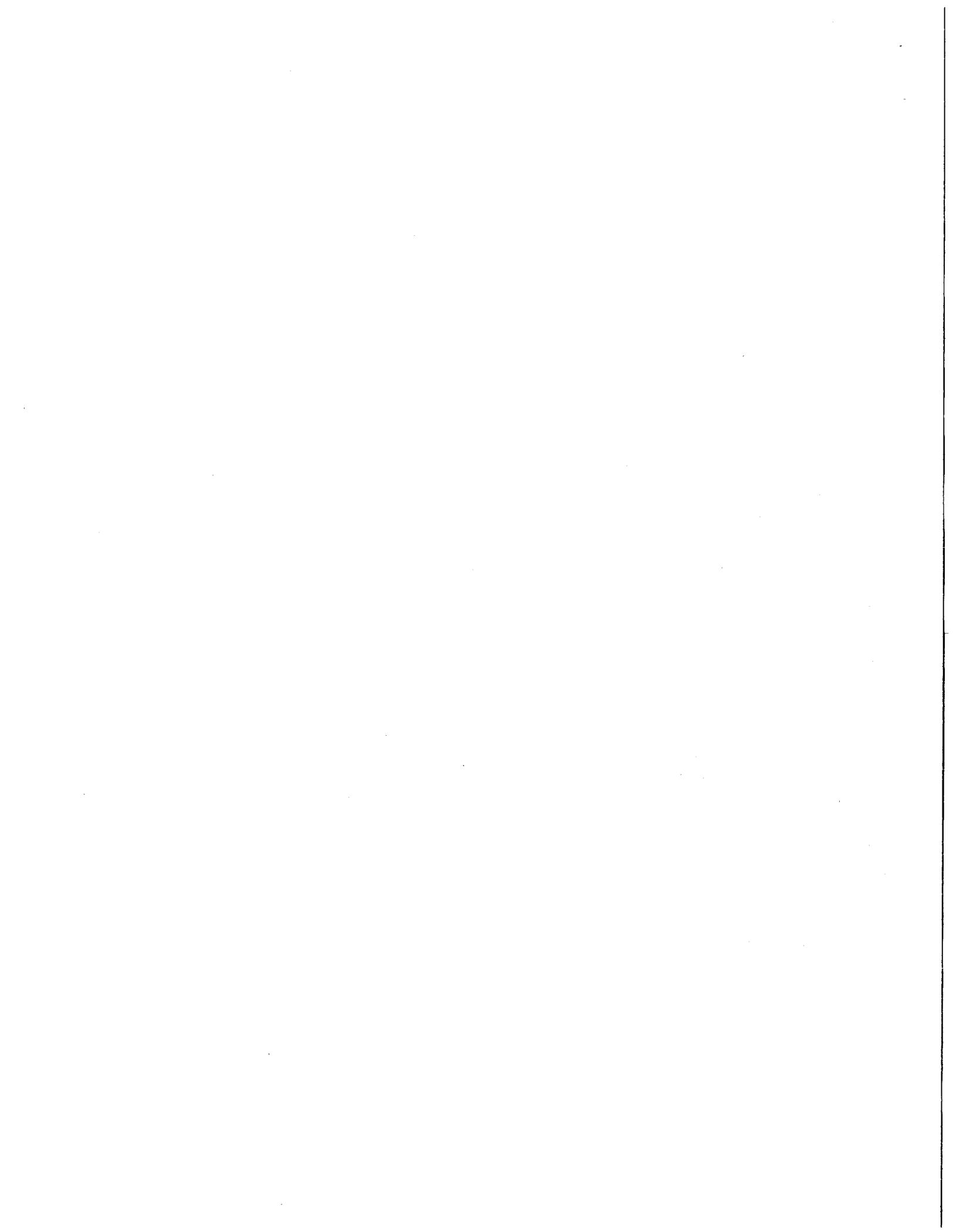
Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Morgan Stanley

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:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/05

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

Jan Nielsen

7 Amount of contribution (\$)

\$250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6006 N. Mesa St. #405, EP TX 79912

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

3/29/05

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

David + Gezelle Rizk

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1612 Dede Lane, El Paso TX 79902

Principal occupation / Job title (See instructions)

Dentist

Employer (See instructions)

Self-employed

Date

3/29/05

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

Charles + Marisa Watkins

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*803 Hackberry Ct. #2202, Bellevue NE
68005*

Principal occupation / Job title (See instructions)

Retired USAF

Employer (See instructions)

Date

4/1/05

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

James + Teresa Cogan

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3124 Stone Edge El Paso TX 79904

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/1/05

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

EPMPOA PAC

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

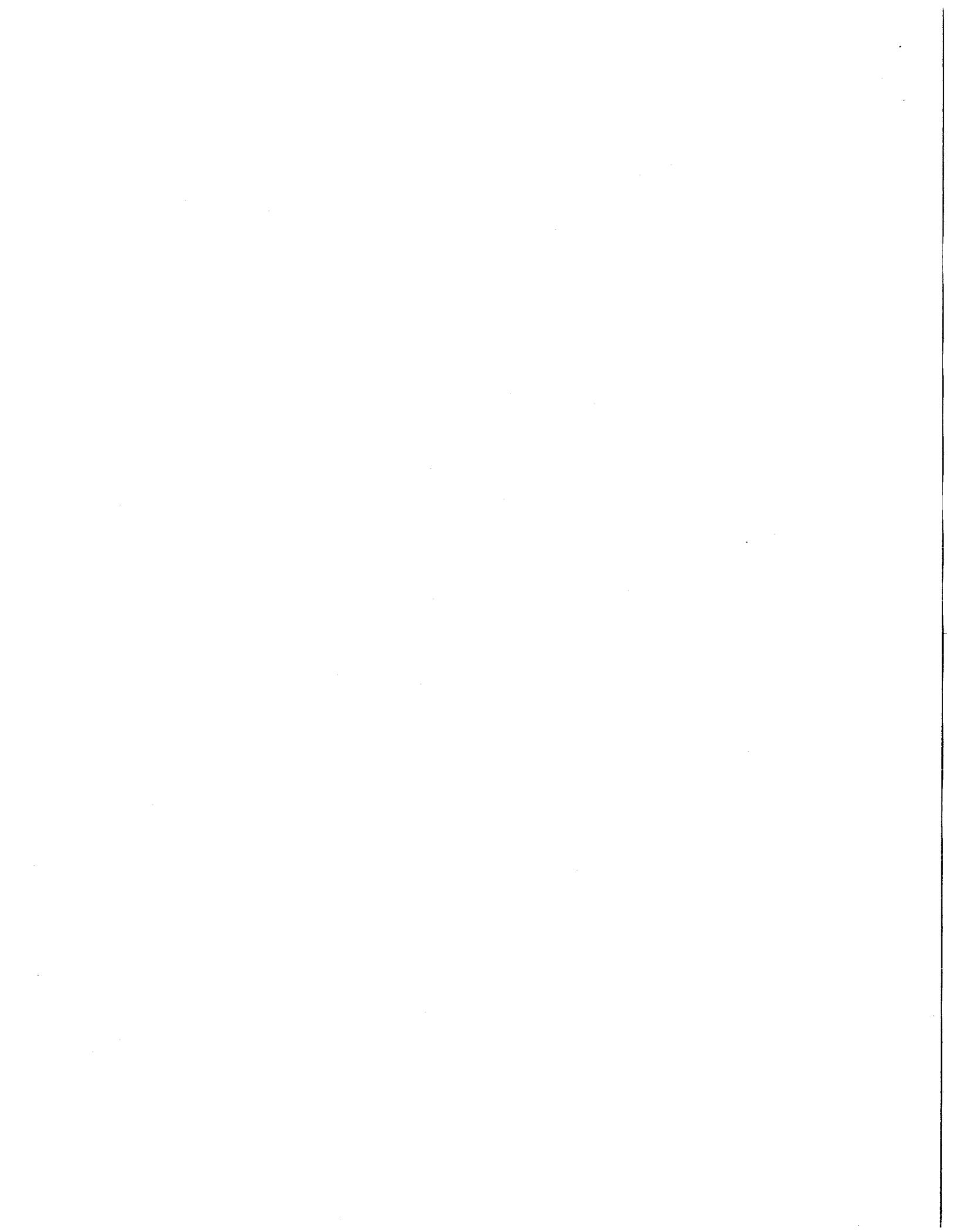
*747 E. San Antonio, El Paso TX 79901
#103*

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.



LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Rick Olivo* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>N/A</i>	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 <input type="checkbox"/> 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 <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

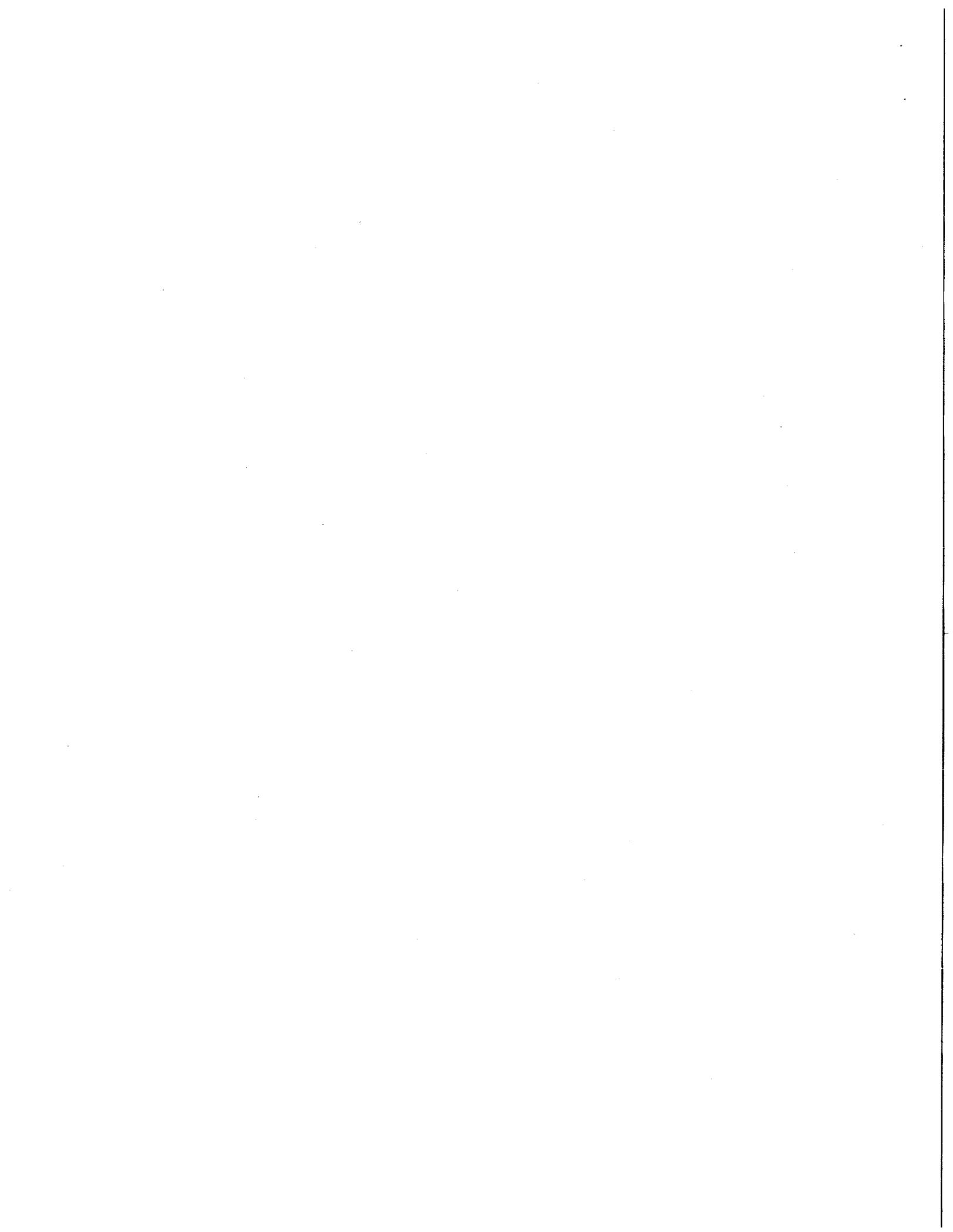
Principal occupation / Job title (See instructions) Employer (See instructions)

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> 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: **4**

2 FILER NAME **Rick Olivo**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3-24-05	5 Payee name Rock's / School Wear	7 Amount (\$) \$ 457.36
6 Payee address; City; State; Zip Code 8307 Dyer St. El Paso TX 79904		

8 Purpose of payment (See instructions regarding type of information required.) Campaign T-shirts	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 3/24/05	Payee name Sign Graphics	Amount (\$) \$ 1677.87
Payee address; City; State; Zip Code 7108 N. Mesa, El Paso TX 79912		

Purpose of payment (See instructions regarding type of information required.) Corrugated signs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

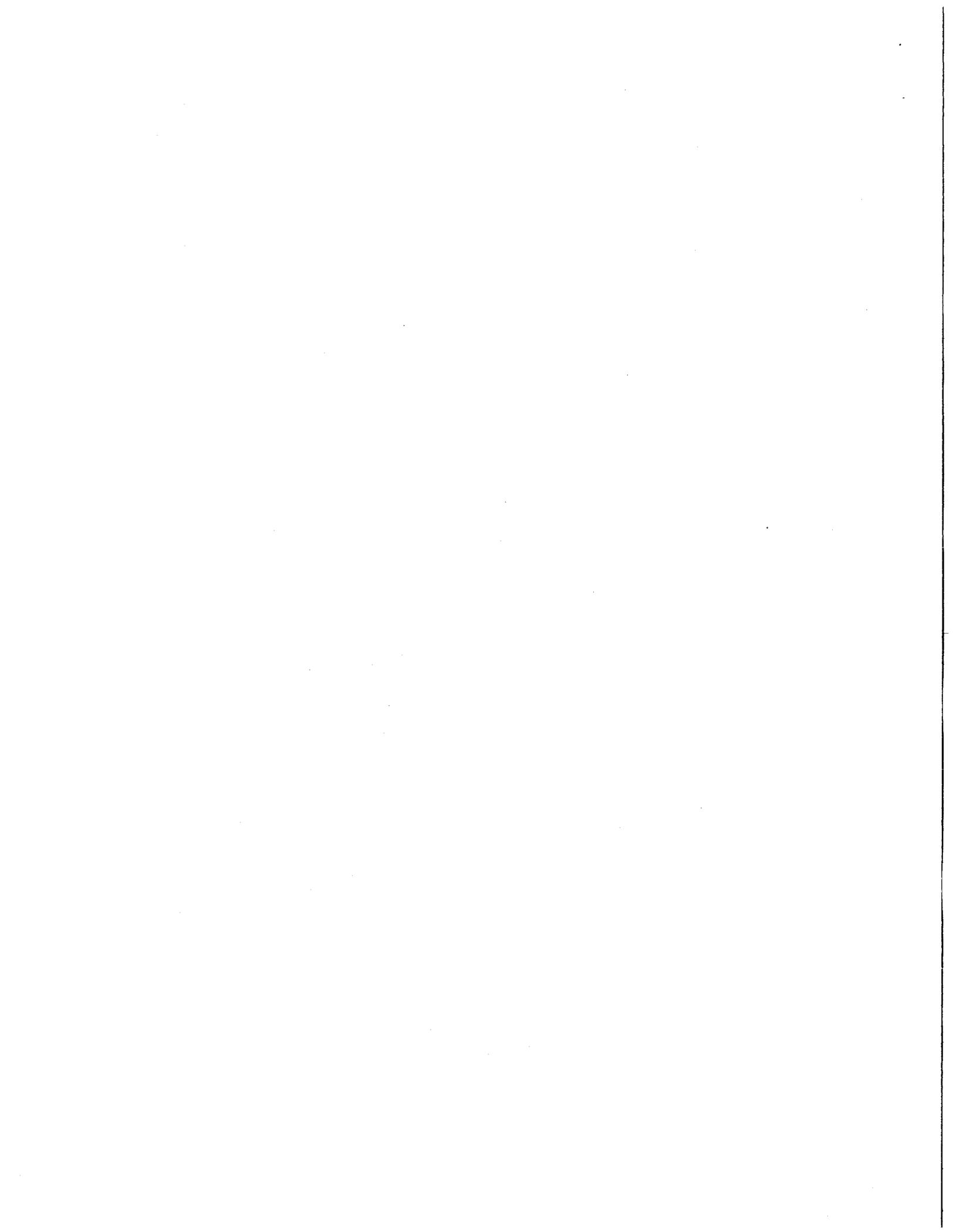
Date 3/29/05	Payee name Airport Printing Service	Amount (\$) \$ 541.25
Payee address; City; State; Zip Code 6400 Airport Rd-Q El Paso TX 79925		

Purpose of payment (See instructions regarding type of information required.) Campaign brochures	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/22/05	Payee name Walmart	Amount (\$) \$ 18.07
Payee address; City; State; Zip Code N. Mesa El Paso TX 79912		

Purpose of payment (See instructions regarding type of information required.) White caps	** 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 FILER NAME *Rick Olivo* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>3/24/05</i>	5 Payee name <i>Party World</i>	7 Amount (\$) <i>\$ 34.48</i>
6 Payee address; City; State; Zip Code <i>5044 Doniphan El Paso TX 79932</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Balloons, streamers (parade)</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>3/24/05</i>	Payee name <i>Sam's Club</i>	Amount (\$) <i>\$ 186.34</i>
Payee address; City; State; Zip Code <i>N. Mesa, El Paso TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Items for NE Parade (Bottled water, candy, cake)</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

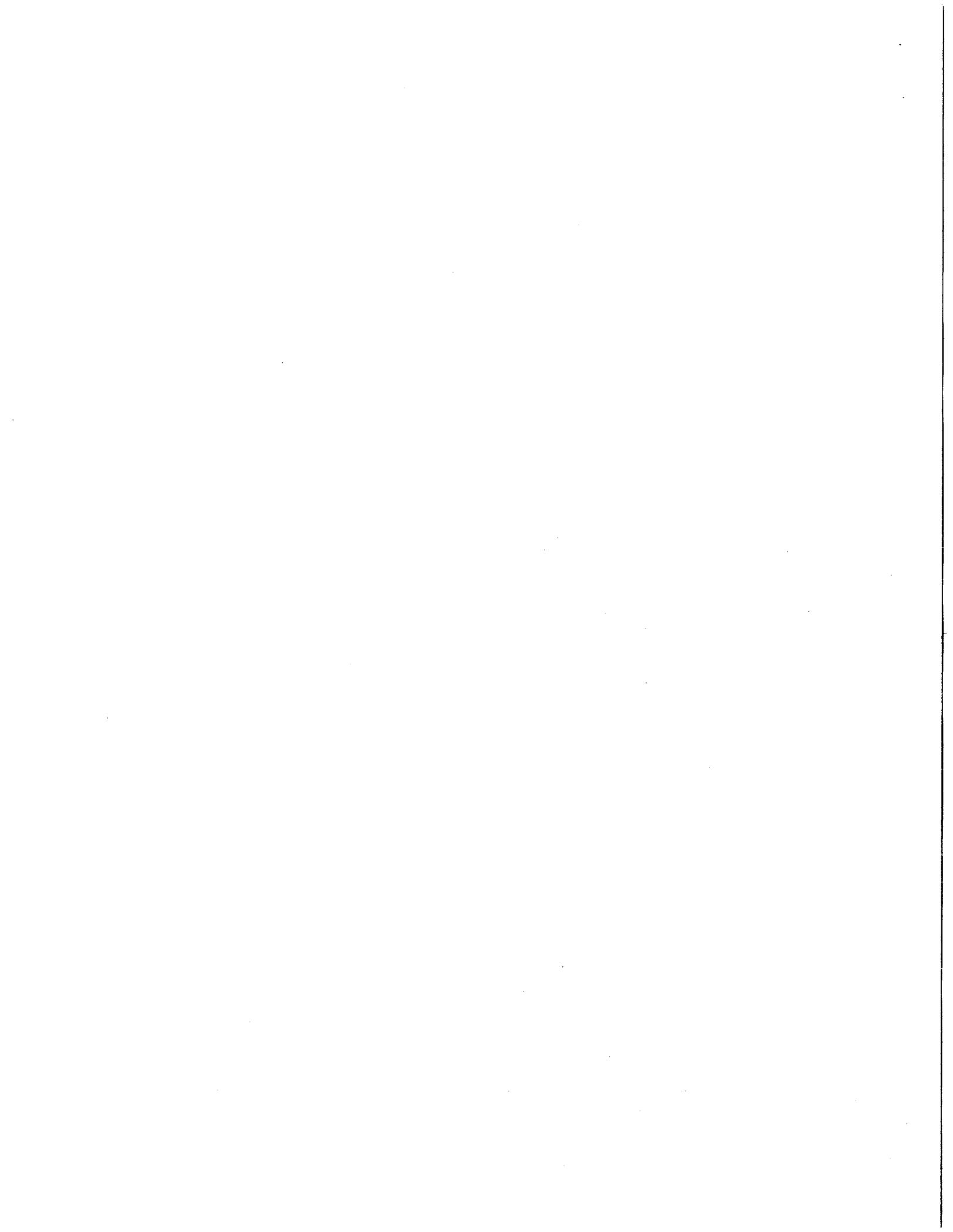
Date <i>3/25/05</i>	Payee name <i>Target</i>	Amount (\$) <i>\$ 51.09</i>
Payee address; City; State; Zip Code <i>Sunland Park Dr., El Paso TX 79912</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Hats</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>3/25/05</i>	Payee name <i>Lowe's</i>	Amount (\$) <i>\$ 87.36</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>plywood, plastic ties, supplies</i>	9 -- 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 FILER NAME *Rick Olivo*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/26/05

5 Payee name
VFW Post 812
6 Payee address; City; State; Zip Code
Mckelligon Canyon

7 Amount (\$)
\$ 20.00

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

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

Date
3/29/05

Payee name
LCNEP
Payee address; City; State; Zip Code
1255 Country Club Rd.-A, Santa Teresa NM 88008

Amount (\$)
\$ 684.37

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

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

Date
4/4/05

Payee name
AKben Business Development
Payee address; City; State; Zip Code
5813 Coronado Ridge El Paso TX 79912

Amount (\$)
\$ 650.00

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

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

Date
4/05/05

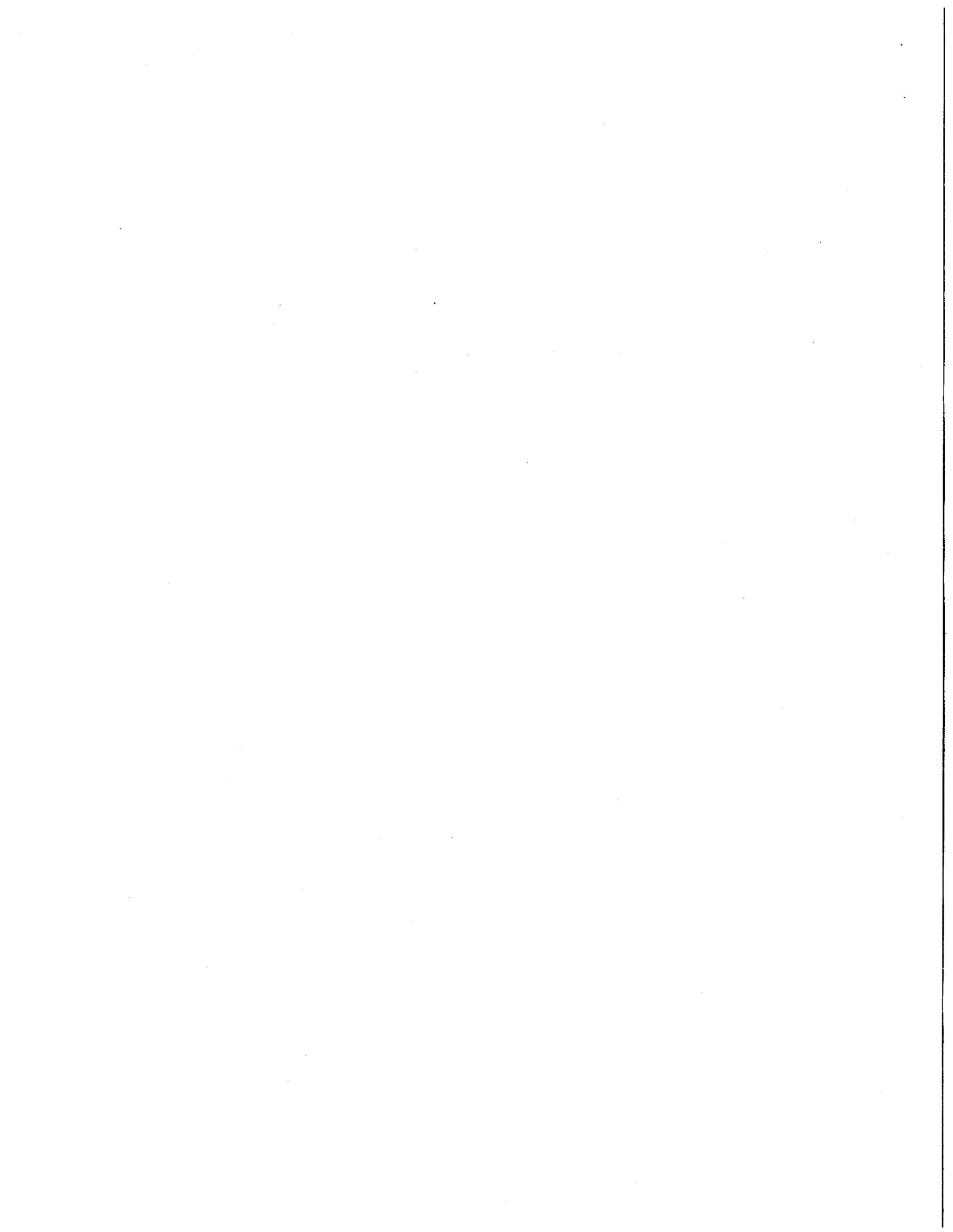
Payee name
Office Depot
Payee address; City; State; Zip Code
801 Sunland Park, El Paso TX 79912

Amount (\$)
\$ 49.12

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

2 FILER NAME *Rick Olivo* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/1/05</i>	5 Payee name <i>Mike Diaz</i>	7 Amount (\$) <i>\$ 150.00</i>
6 Payee address; City; State; Zip Code <i>El Paso, TX 79901</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>Sign Placements</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date <i>4/5/05</i>	Payee name <i>U.S. Postmaster</i>	Amount (\$) <i>\$ 74.00</i>
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date <i>4/06/05</i>	Payee name <i>Freeway Properties</i>	Amount (\$) <i>\$ 300.00</i>
Payee address; City; State; Zip Code <i>601 N. Cotton, El Paso TX 79902</i>		

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	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E;

2 FILER NAME

Rick Olivo

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

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/12/05

5 Payee name

Fed Ex Kinkos

6 Payee address; City; State; Zip Code

4190 N. Mesa El Paso TX 79902

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

Name tags + misc.

8 Amount (\$)

\$ *149.66* Reimbursement from political contributions intended

Date

2/23/05

Payee name

Office Depot

Payee address; City; State; Zip Code

801 Sunland Pk Dr. El Paso TX 79912

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

Campaign supplies

Amount (\$)

\$ *102.84* Reimbursement from political contributions intended

Date

3/2/05

Payee name

Jim's Photo Lab

Payee address; City; State; Zip Code

6600 N. Mesa El Paso TX 79912

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

Photo - brochures + signs

Amount (\$)

\$ *37.83* Reimbursement from political contributions intended

Date

2/23/05

Payee name

Cowtown Discount Liquor

Payee address; City; State; Zip Code

4804 Doniphan, El Paso TX 79922

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

Beer keg - fundraiser

Amount (\$)

\$ *135.76* Reimbursement from political contributions intended

Date

4/3/05

Payee name

Lowe's

Payee address; City; State; Zip Code

Redd Road, El Paso, TX 79912

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

Sign supplies

Amount (\$)

\$ *57.08* 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

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

N/A

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Rick Olivo

3 ACCOUNT # (Ethics Commission filers)

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

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

Richard A. Olivo

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder