

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:

16

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. RICHARD A.
RICK OLIVO

OFFICE USE ONLY

Date Received

CITY CLERK DEPT.
05 APR 29 PM 3:39

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

421 Executive Center, El Paso, TX 79902

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 544-6200

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Kenneth A.
Ken Lucero

Date Processed

Date Imaged

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

PHONE NUMBER

EXTENSION

(915) 588-8436

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 THROUGH Month Day Year

4 / 8 / 05 4 / 29 / 05

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary Runoff General Special

5 / 7 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Judge #1

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 expenditures.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CITY CLERK DEPT.
05 APR 2005 PM 3:39

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

RICK OLIVO

16 ACCOUNT # (Ethics Commission files)

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

\$ *445.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *7270.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *302.04*

4. TOTAL POLITICAL EXPENDITURES

\$ *5025.17*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

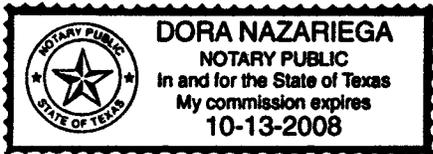
\$ *2244.83*

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.

Richard A. Olivo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard A. Olivo, this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

Dora Nazariega
Signature of officer administering oath

Dora Nazariega
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS CITY CLERK DEPT. SCHEDULE A
OTHER THAN PLEDGES OR LOANS

05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A: **5**

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

4 Date 4/12/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton & Antcliff, P.C.	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 521 Texas Ave, El Paso TX 79901			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 4/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Stein, DDS	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7189 Westwind, El Paso TX 79912			

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

Date 4/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay J. Armes III	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 Montana, El Paso TX 79902			

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

Date 4/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay J. Armes	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1717 Montana, El Paso, TX 79902			

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

Date 4/14/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ysidro Barreras	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 26885, El Paso, TX 79926			

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**

CITY CLERK DEPT.
05 APR 29 PM 3:39

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 files)

4 Date

4/14/05

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

Dr. Robert Olivares

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5913 Quinta Real Ct, El Paso TX 79912

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

4/14/05

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

Arnold 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)

Date

4/14/05

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

George Rego

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

609 Alta Cumbre

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/15/05

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

Jaime Alvarado

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1411 Montana, El Paso TX 79902

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/15/05

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

H.E. Cooper

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1324 Madeline, El Paso, TX 79902

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**

CITY CLERK DEPT. SCHEDULE A
05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>RICK OLIVO</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4/15/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Humberto Enriquez</i>	7 Amount of contribution (\$) <i>\$ 150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>705 Couer D'Alene, El Paso, TX 79922</i>			

9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sheila Raleigh</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>816 Brisa del Mar, El Paso, TX 79912</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>4/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rodolfo Romero</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2507 Montana, El Paso TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>4/15/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. Rene Rosas</i>	Amount of contribution (\$) <i>\$ 100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4300 Donnybrook, El Paso TX 79902</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <i>4/20/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sib Abraham</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 52312, El Paso, TX 79951</i>			
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**

CITY CLERK DEPT. SCHEDULE A
05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>RICK OLIVO</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4/7/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Terry Wenner</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable) <i>Food and Beverages</i>
6 Contributor address; City; State; Zip Code <i>477 Oak Tree Ct, El Paso TX 79932</i>			

9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/8/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Rizk</i>	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable) <i>Food and Beverages</i>
Contributor address; City; State; Zip Code <i>1612 Dede Ln, El Paso, TX 79902</i>			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>David Jurado</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable) <i>Food and Beverages</i>
Contributor address; City; State; Zip Code			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Squirrel Productions</i>	Amount of contribution (\$) <i>\$125.00</i>	In-kind contribution description (if applicable) <i>Radio ad Production</i>
Contributor address; City; State; Zip Code <i>714 University, El Paso, TX 79902</i>			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Greg Daw</i>	Amount of contribution (\$) <i>\$750.00</i>	In-kind contribution description (if applicable) <i>Advertisement EP Shopper</i>
Contributor address; City; State; Zip Code <i>7714 Gateway West, El Paso TX 79915</i>			

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

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>RICK OLIVO</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/25/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daniel S. Gonzalez</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1216 Montana, El Paso TX 79902</i>			

9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/26/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arnold Olivo</i>	Amount of contribution (\$) <i>\$ 1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6824 La Cadena, El Paso, TX 79912</i>			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ruben Ortiz</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1141 Rio Grande, El Paso TX 79902</i>			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/27/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mark Daw</i>	Amount of contribution (\$) <i>\$ 750.00</i>	In-kind contribution description (if applicable) <i>Advertisement EP Shopper</i>
Contributor address; City; State; Zip Code <i>7710 Gateway West, El Paso TX 79915</i>			

Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

CITY CLERK DEPT.

SCHEDULE E

05 APR 29 PM 3:39

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?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

N/A

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?

Lender address; City; State; Zip Code

Interest rate

Y N

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 SCHEDULE F

CITY CLERK DEPT.
05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME RICK OLIVO		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/14/05	5 Payee name New System Radio	7 Amount (\$) \$ 260.00
6 Payee address; City; State; Zip Code 2211 E Missouri El Paso, TX 79903		
8 Purpose of payment (See instructions regarding type of information required.) Campaign radio spot		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14/05	Payee name Mike Diaz	Amount (\$) \$ 150.00
Payee address; City; State; Zip Code Alameda, El Paso, TX 79901		
Purpose of payment (See instructions regarding type of information required.) Sign placement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/14/05	Payee name El Diario	Amount (\$) \$ 336.00
Payee address; City; State; Zip Code 425 N. Kansas, El Paso, TX 79901		
Purpose of payment (See instructions regarding type of information required.) Voter Guide ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/15/05	Payee name LCNEP	Amount (\$) \$ 2200.00
Payee address; City; State; Zip Code 1255 Country Club Rd, Santa Teresa, NM 88008		
Purpose of payment (See instructions regarding type of information required.) Billboard		** 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

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 4/18/05	5 Payee name Walgreens 6 Payee address; City; State; Zip Code North Loop @ Yarbrough, El Paso TX 79924	7 Amount (\$) \$ 104.63
8 Purpose of payment (See instructions regarding type of information required.) Bottled water + lunch money -volunteers		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/18/05	Payee name Bar B Q Company Payee address; City; State; Zip Code George Dieter, El Paso TX 79936	Amount (\$) \$ 84.14
Purpose of payment (See instructions regarding type of information required.) Lunch for volunteers		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/27/05	Payee name Squirrel Productions Payee address; City; State; Zip Code 1714 University, El Paso, TX 79902	Amount (\$) \$ 475.10
Purpose of payment (See instructions regarding type of information required.) radio spots		-- 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT SCHEDULE G

05 APR 29 PM 3:39

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME

RICK OLIVO

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/20/05

5 Payee name

Shabby Productions LLC

6 Payee address; City; State; Zip Code

8001-E N. Mesa #113, El Paso TX 79932

8 Amount (\$)

\$ 1000.00

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

Sun City Woman ad

Reimbursement from political contributions intended

Date

4/22/05

Payee name

Rock's T-shirts

Payee address; City; State; Zip Code

8307 Dyer, El Paso, TX 79904

Amount (\$)

\$ 100.00

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

T-shirts

Reimbursement from political contributions intended

Date

4/28/05

Payee name

Albertson's Grocery

Payee address; City; State; Zip Code

3000 N. Mesa St, El Paso TX 79902

Amount (\$)

\$ 13.26

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

cookies

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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

CITY CLERK DEPT.
05 APR 29 PM 5:15

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

7 Amount (\$)

6 Business address; City; State; Zip Code

N/A

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

CITY CLERK DEPT SCHEDULE I
05 APR 29 PM 3:39

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.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY CLERK DEPT.
05 APR 29 PM 3:39

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	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

N/A

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

CITY CLERK DEPT FORM C/OH - FR
05 APR 29 PM 3:39

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