

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

TITLE FIRST MI
Mr. Fernando (NMI)

NICKNAME LAST SUFFIX
Fernie Pena Jr.

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE
1217 Morgan Marie el Paso, TX 79936

Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mr. Gilbert Pineda

NICKNAME LAST SUFFIX

Receipt #

HD / PM

Amount

Date Processed

CITY CLERK DEPT
05 APR - 6 PM 12:49

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE. ZIP CODE
9201 Montana El Paso, TX 79925

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 594-0252

8 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)

9 PERIOD COVERED

Month Day Year Month Day Year
03 / 07 / 2005 THROUGH 04 / 08 / 2005

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 07 / 2005
 Primary Runoff General Spec.a

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

El Paso City Rep. Dist. 6

13 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
None

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Fernando Pena, Jr** 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes 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. **

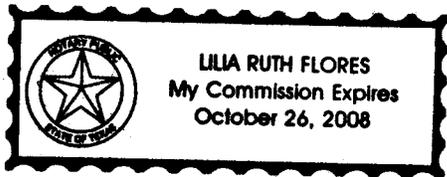
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME None
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$914.18
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$1,108.22

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Fernando Pena Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Fernando Pena this the 5th day of April 2005, to certify which, witness my hand and seal of office.

Lilia Ruth Flores
Signature of officer administering oath

Lilia Ruth Flores
Print name of officer administering oath

NOTARY FOR THE STATE OF TEXAS
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1

2 FILER NAME **Fernando Pena, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor None	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address: City: State: Zip Code			

9 Principal occupation	10 Employer (optional)
------------------------	------------------------

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor	<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

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:

1

2 FILER NAME **Fernando Pena, Jr.**

3 ACCOUNT # (Ethics Commission filers)

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

\$ None

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		

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)
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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:

1

2 FILER NAME

Fernando Peña, Jr.

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: → → → → → → →

\$ None

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

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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: 1

2 FILER NAME **Fernando Peña, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name None	7 Amount (\$)
6 Payee address: _____ City: _____ State: _____ Zip Code _____		

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
2

2 FILER NAME
Fernando Pena, Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/6/2005	5 Payee name Art Center	8 Amount (\$) \$45.33
	6 Payee address; City; State; Zip Code 3101 E. Yandell El Paso, TX 79903	
	7 Purpose of expenditure (See instructions regarding type of information required.) Supplies for street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/24/2005	Payee name Proform Plastics and Adhesives	Amount (\$) \$189.00
	Payee address; City; State; Zip Code 1530 Goodyear El Paso, TX 79936	
	Purpose of expenditure (See instructions regarding type of information required.) Coroplast sheets, H-Frames for street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/2/2005	Payee name Art Center	Amount (\$) \$44.38
	Payee address; City; State; Zip Code 3101 E. Yandell El Paso, TX 79903	
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for Street Signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/8/2005	Payee name Reece Supply Co. of Dallas, Inc.	Amount (\$) \$64.78
	Payee address; City; State; Zip Code 1530 Goodyear El Paso, TX 79936	
	Purpose of expenditure (See instructions regarding type of information required.) Material for silk screening street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/21/2005	Payee name Art Center	Amount (\$) \$56.92
	Payee address; City; State; Zip Code 3101 E. Yandell El Paso, TX 79903	
	Purpose of expenditure (See instructions regarding type of information required.) Supplies for street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
2

2 FILER NAME **Fernando Pena, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date 3/15/2005	5 Payee name Baker Plastics	8 Amount (\$) \$30.31
	6 Payee address; City; State; Zip Code 4005 Montana El Paso, TX 79923	
	7 Purpose of expenditure (See instructions regarding type of information required.) Material for silk screening street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/17/2005	Payee name Reece Supply Co. of Dallas, Inc.	Amount (\$) \$95.99
	Payee address; City; State; Zip Code 1530 Goodyear El Paso, TX 79936	
	Purpose of expenditure (See instructions regarding type of information required.) Material for silk screening street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/28/2005	Payee name Art Center	Amount (\$) \$27.01
	Payee address; City; State; Zip Code 3101 E. Yandell El Paso, TX 79903	
	Purpose of expenditure (See instructions regarding type of information required.) Material for making street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 3/28/2005	Payee name Home Depot	Amount (\$) \$29.21
	Payee address; City; State; Zip Code 11360 Rojas El Paso, TX 79936	
	Purpose of expenditure (See instructions regarding type of information required.) Material for making street signs	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4/3/2005	Payee name Kinko's	Amount (\$) \$331.25
	Payee address; City; State; Zip Code 1410 Lee Trevino El Paso, TX 79936	
	Purpose of expenditure (See instructions regarding type of information required.) Campaign flyers	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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:
1

2 FILER NAME **Fernando Pena, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

None

7

Amount
(\$)

6 Business address: City, State, Zip Code

8 Purpose of payment

9

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Business name

Amount
(\$)

Business address: City, State, Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Business name

Amount
(\$)

Business address: City, State, Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Business name

Amount
(\$)

Business address: City, State, Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / 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:
1

2 FILER NAME **Fernando Pena, Jr.**

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name None	8 Amount (\$)
	6 Payee address: City, State, Zip Code	
	7 Purpose of expenditure	
	Payee name Payee address: City, State, Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address: City, State, Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address: City, State, Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name Payee address: City, State, Zip Code	Amount (\$)
	Purpose of expenditure	

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