

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

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms Ramirez B.
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

05 MAR - 8 PM 2:33

CITY CLERK DEPT

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

1119 E. San Antonio
El Paso, TX 79901

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 544-6115

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

John L.
NICKNAME LAST SUFFIX
Williams

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1119 E. San Antonio
El Paso, TX 79901

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915)

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
2 / 14 / 05 3 / 2 / 05

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year
5 / 7 / 05

Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Ct #1

Municipal Ct #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 expenditure. **

Name

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

15 C/OH NAME _____ 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$.50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Ramirez, this the 2 day

of March, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Monica Ramirez
Printed name of officer administering oath

Legal Assistant
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:

2 FILER NAME

Mariz Ramirez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/14

5 Full name of contributor

 out-of-state PAC (ID# _____)

Law Office of Mariz Ramirez

7 Amount of contribution (\$)

\$2,000⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1119 E. San Antonio El Paso, TX
79901

9 Principal occupation / Job title (See Instructions)

Law office

10 Employer (See Instructions)

Date

2/14

Full name of contributor

 out-of-state PAC (ID# _____)

Melendez & Williams

Amount of contribution (\$)

\$500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1119 E. San Antonio El Paso, TX
79901

Principal occupation / Job title (See Instructions)

law office

Employer (See Instructions)

Date

2/18

Full name of contributor

 out-of-state PAC (ID# _____)

Stuart Schwartz

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Phase Tower El Paso, TX
79901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/01

Full name of contributor

 out-of-state PAC (ID# _____)

Anteliff & Stanton

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

521 TEXAS El Paso, TX
79901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28

Full name of contributor

 out-of-state PAC (ID# _____)

David Escobar

Amount of contribution (\$)

\$250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8811 Alamedz El Paso, TX 79907

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

SCHEDULE A

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

2 FILER NAME **Maniz Ramirez** 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#: _____) Richard Mattersdorf	8 Amount of pledge (\$)	9 In-kind description (if applicable)
3/1	7 Pledgor address; City; State; Zip Code 9101 Dyer Ste 202 El Paso TX 79902	50⁰⁰	

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

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

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

SCHEDULE F

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

2 FILER NAME *Maria Ramirez* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>2/7</i>	5 Payee name <i>City of El Paso</i>	7 Amount (\$) <i>\$250⁰⁰</i>
	6 Payee address; City; State; Zip Code <i>City Hall El Paso, TX 79901</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>filing fee</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held <i>Maria Ramirez Municipal Court #1</i>
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Date <i>2/21</i>	Payee name <i>Apparel Enterprises</i>	Amount (\$) <i>\$34950</i>
	Payee address; City; State; Zip Code <i>9508 Carnegie El Paso, TX 799AB</i>	

Purpose of payment (See instructions regarding type of information required.) <i>political signs</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2/28</i>	Payee name <i>Apparel Enterprises</i>	Amount (\$) <i>\$395³⁸</i>
	Payee address; City; State; Zip Code <i>9508 Carnegie El Paso, TX 799AB</i>	

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