

# 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

Maria

MI

B

NICKNAME

LAST

SUFFIX

Ramirez

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT.  
05 APR 29 PM 2:20

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

John

MI

L.

NICKNAME

LAST

SUFFIX

Williams

Receipt #

Amount

Date Processed

Date Imaged

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) 544-2485

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 THROUGH 4 / 28 / 05

11 ELECTION

ELECTION DATE

Month Day Year  
5 / 7 / 05

ELECTION TYPE

- Primary
- Runoff
- General
- Special

12 OFFICE

OFFICE HELD (if any)

Municipal Court #1

13 OFFICE SOUGHT (if known)

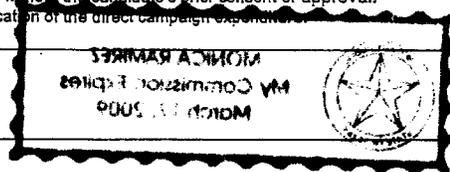
Municipal Court #1

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

\$

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

\$

1,700<sup>00</sup>

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6,513<sup>68</sup>

CONTRIBUTION BALANCE

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

\$

1,040<sup>00</sup>

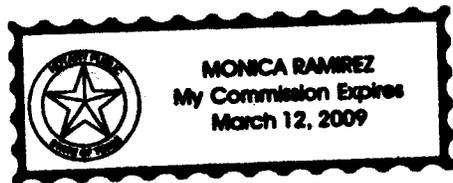
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

5,000<sup>00</sup>

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.

*Ma V*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

*Monica Ramirez*  
deputy assistant

# 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

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/15

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

Filiberto Ramirez

6 Contributor address; City; State; Zip Code

3724 Alameda El Paso, TX 79905

7 Amount of contribution (\$)

\$1,000<sup>00</sup>

8 In-kind contribution description (if applicable)

CITY CLERK DEPT.  
05 APR 29 PM 2:20

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/15

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

Paula Thomas

Contributor address; City; State; Zip Code

615 Schuster El Paso, TX 79902

Amount of contribution (\$)

\$150<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/30

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

Melendez + Williams

Contributor address; City; State; Zip Code

1119 E. San Antonio El Paso, TX 79901

Amount of contribution (\$)

\$500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/15

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

Clinton Cross

Contributor address; City; State; Zip Code

500 E. San Antonio El Paso, TX 79901

Amount of contribution (\$)

\$50<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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					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					
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.**

**LOANS**

**SCHEDULE E**

CITY CLERK DEPT.  
05 APR 29 PM 2:20

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 <b>4/27</b>	7 Name of lender <b>Mexico Ramirez Law office</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>119 E San Antonio</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
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 <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	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		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/8</b>	5 Payee name <b>Martin Soto</b> 6 Payee address; City; State; Zip Code <b>12208 Maria Seanes El Paso, TX 79936</b>	7 Amount (\$) <b>110<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Sign work (campaign signs)</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>4/16</b>	Payee name <b>Father Martinez Senior Citizen Center</b> Payee address; City; State; Zip Code <b>9411 Alameda El Paso, TX 79936</b>	Amount (\$) <b>100<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>advisory committee contribution</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <b>4/27</b>	Payee name <b>Cecilia Camarillo</b> Payee address; City; State; Zip Code	Amount (\$) <b>360<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>campaign worker</b>		-- 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**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1 of 2**

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

**Clear Channel**

8 Amount (\$)

**2,300<sup>00</sup>**

6 Payee address; City; State; Zip Code

**\$ 4550 Mex El Paso, TX 79902**

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

**radio**

Reimbursement from political contributions intended

CITY CLERK DEPT.  
05 APR 29 PM 2:20

Date

Payee name

**Vantage Point**

Amount (\$)

**25<sup>00</sup>**

Payee address; City; State; Zip Code

**1109 Arizona Ave.**

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

**Picture (campaign).**

Reimbursement from political contributions intended

Date

Payee name

**Apparel Enterprises**

Amount (\$)

**276<sup>06</sup>**

Payee address; City; State; Zip Code

**9508 Carnegie El Paso, TX 79925**

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

**Campaign T-shirts**

Reimbursement from political contributions intended

Date

Payee name

**Office Depot**

Amount (\$)

**\$188<sup>20</sup>**

Payee address; City; State; Zip Code

**1111 Geronimo 79925**

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

**campaign ID Badges + Labels**

Reimbursement from political contributions intended

Date

Payee name

**Printing By the Minute**

Amount (\$)

**\$487<sup>20</sup>**

Payee address; City; State; Zip Code

**3030 Tula rosa 79903**

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

**Push cards**

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		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name <div style="text-align: center;">⊕</div>	7 Amount (\$)
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name <div style="text-align: center;">.....</div> Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name <div style="text-align: center;">.....</div> Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	
Date	Business name <div style="text-align: center;">.....</div> Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Political Expenditures  
made from Personal Funds

Schedule  
G  
2022

Date

4/22 Printing by the minute  
3030 Tula rosa 79903

\$ 485<sup>00</sup>

Purpose: Push cards

4/19 Sams  
7970 N. Mesa 79912

\$572

Purpose:

water, food campaign  
volunteers

CITY CLERK DEPT.  
05 APR 29 PM 2:20

4/20 Walmart  
7755 N Mesa 79912 \$310<sup>18</sup>  
water, coolers, misc items  
for campaign volunteers

4/18 Univision Radio  
2211 E. Missouri 79903 \$1,300<sup>00</sup>  
El Paso, TX  
radio, Spanish

# 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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

6 Payee address; City; State; Zip Code

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

CITY CLERK DEPT.  
05 APR 29 PM 2:20

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

**CREDITS (optional)**

**SCHEDULE K**

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

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name <span style="float: right;">Ⓚ</span>	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 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	

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**