

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
Ms. Marlene Gonzalez
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

CITY CLERK DEPT.
05 MAY 26 PM 2:42

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
912 Magoffin Avenue
El Paso, Texas 79901

Date Hand-delivered or by Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 544-3388

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Hector A. Hernandez
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
912 Magoffin Avenue
El Paso, Texas 79901

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 588-2695

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 / 29 / 05 THROUGH 5 / 26 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
6 / 4 / 05

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Court-Appellate Judge

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

.. 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 N/A

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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Marlene Gonzalez

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

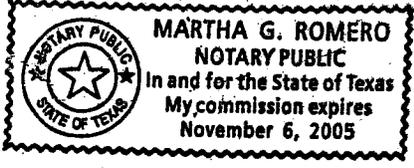
** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <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

CITY CLERK DEPT.
 05 MAY 26 PM 2:42

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)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,440.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,500.00

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.

Marlene Gonzalez
 Signature of Candidate or Officeholder

Martha G. Romero
 Notary Public

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marlene Gonzalez, this the 6TH day of APRIL, 20 05, 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

05 MAY 26 PM 2:10
ACCOUNT #
(Ethics Commission filers)

The C/OH INSTRUCTION GUIDE explains how to complete this form.

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Marlene Gonzalez
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
912 Magoffin Ave. El Paso, Texas 79901

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 544-3388

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Hector A. Hernandez
NICKNAME LAST SUFFIX

Date Processed

Date Imaged

CITY CLERK DEPT.
05 APR - 6 PM 4:30

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
912 Magoffin Ave. El Paso, Texas 79901

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 588-2695

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 MONTH Day Year
03 / 10 / 05 THROUGH 04 / 01 / 05

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05 / 07 / 2005

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Municipal Court-Appellate Judge

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
N/A

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 Marlene Gonzalez

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 <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

CITY CLERK DEPT.
05 MAY 26 PM 2:42

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)

\$ 3,515.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,092.49

CONTRIBUTION BALANCE

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

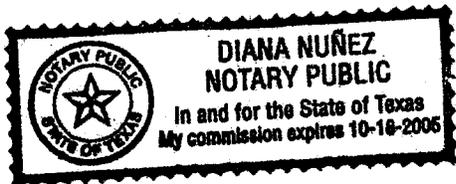
\$

OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

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.

Marlene Gonzalez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marlene Gonzalez, this the 26th day of May, 2005, to certify which, witness my hand and seal of office.

Diana Nuñez
Signature of officer administering oath

Diana Nuñez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

FORM C/OH COVER SHEET PG 2

05 APR 29 AM 11:35

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

CITY CLERK DEPT.
05 MAY 26 PM 2:42

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)

\$ 2,115.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,113.89

CONTRIBUTION BALANCE

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

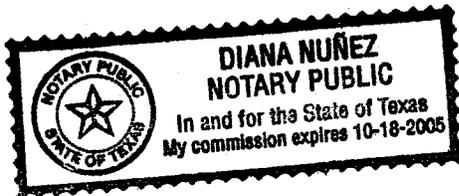
\$

OUTSTANDING LOAN TOTALS

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

\$ 5,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Marlene Gonzalez
Signature of Candidate or Officeholder

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

Diana Nuñez
Signature of officer administering oath

Diana Nuñez
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

05 APR 29 AM 11:35

CITY CLERK DEPT
 05 MAY 26 PM 2:42

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME Marlene Gonzalez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/30/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Berry	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4171 N. Mesa El Paso, Texas 79902 Suite B-202			
9 Principal occupation / Job title (See Instructions) Attorney at Law		10 Employer (See Instructions) Self	
Date 4-9-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose A. Ramos	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5436 Edmonton st El Paso, Texas			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 4-1-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Salvador Gonzalez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1216 Montana Ave. El Paso, Texsa 79902			
Principal occupation / Job title (See Instructions) Self-Attorney		Employer (See Instructions)	
Date 4-1-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernesto Alvarado	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1805 San Antonio st. El Paso, Texas 79901			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 4-2-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfredo Chavez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 303 Texas Ave. Suite 1003 El Paso, Texas 79901			
Principal occupation / Job title (See Instructions) Judge		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

CITY CLERK DEPT.
05 APR 29 AM 11:35

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: _____

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-7-05

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

Minerva Najera

6 Contributor address; City; State; Zip Code

9383 Bellagio Lane
El Paso, Texas 79938

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

CITY CLERK DEPT.
05 MAY 26 PM 2:42

9 Principal occupation / Job title (See Instructions)

Hairdresser

10 Employer (See Instructions)

Self

Date

4-7-05

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

Irma Capek

Contributor address; City; State; Zip Code

11728 Teachers Dr.
El Paso, Texas 79936

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

4-7-05

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

Manuela Luna

Contributor address; City; State; Zip Code

3426 Van Buren Ave.
El Paso, Texas 79930

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

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

Jorge Kareh Cordero

Contributor address; City; State; Zip Code

777 Bluff Canyon Cr.
El Paso, Texas 79912

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Medicine-Doctor

Employer (See Instructions)

Self

Date

4-26-05

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

Ray V. Gutierrez

Contributor address; City; State; Zip Code

1017 Montana Ave.
El Paso, Texas 79902

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

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 AM 11:35

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A:

2 FILER NAME
Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-7-05

5 Full name of contributor out-of-state PAC (ID#: _____)
Melendez & Williams
6 Contributor address; City; State; Zip Code
1119 East San Antonio st.
El Paso, Texas 79901

7 Amount of contribution (\$)
\$100.00

8 In-kind contribution description (if applicable)

CITY CLERK DEPT.
05 MAY 26 PM 2:42

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date
4-10-05

Full name of contributor out-of-state PAC (ID#: _____)
Thomas Wright
Contributor address; City; State; Zip Code
916 Magoffin Ave.
El Paso, Texas 79901

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self

Date
4-7-05

Full name of contributor out-of-state PAC (ID#: _____)
Gloria or Carlos Torres
Contributor address; City; State; Zip Code
8204 Morley Dr.
El Paso, Texas 79925

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4-7-05

Full name of contributor out-of-state PAC (ID#: _____)
Lydia Flores
Contributor address; City; State; Zip Code
8509 Mineola
El Paso, Texas 79925

Amount of contribution (\$)
\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Retired

Date
4-7-05

Full name of contributor out-of-state PAC (ID#: _____)
Ofelia Morales
Contributor address; City; State; Zip Code
8909 Cosmos Ave.
El Paso, Texas 79925

Amount of contribution (\$)
\$25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Retired

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

CITY CLERK DEPT.
05 APR 29 AM 11:35

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

2 FILER NAME
Marlene Gonzalez **3** ACCOUNT # (Ethics Commission filers)

4 Date 4-7-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupita Flores	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 731 Elmwood Ct. El Paso, Texas 79932			

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

Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nestor or Maria Asencio	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6428 Regal Lane El Paso, Texas 79904			

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

Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Janosek	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 617 Laramie Prier Avenue El Paso, Texas 79932			

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

Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis C. Labrado	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2601 Montana Ave. El Paso, Texas 79903			

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

Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Hernandez	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1741 Pico Alto El Paso, Texas 79935			

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

CITY CLERK DEPT.
05 APR 26 PM 2:42

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
05 APR 29 AM 11:36

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Marlene Gonzalez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-7-05.	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Chavaria	7 Amount of contribution (\$) \$10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 648 Bluff Canyon El Paso, Texas 79912			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Retired	
Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Aaronson	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7362 Remcom Cr. El Paso, Texas 79912			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmen Duarte	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4615 Bonds El Paso, Texas 79903			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	
Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leticia Herrera	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7718 Hacienda El Paso, Texas 79915			
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Texas Tech	
Date 4-7-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma or Jerry Keith	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7608 Franklin Loop El Paso, Texas 79915			
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	

CITY CLERK DEPT.
05 MAY 05 PM 2:42

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

CITY CLERK DEPT.
05 APR 29 AM 11:36

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Marlene Gonzalez			3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-7-05	5 Full name of contributor Jose Ramos 6 Contributor address: City: State: Zip Code 5436 Edmonton St. El Paso, Texas 79924	<input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 5-6-05	Full name of contributor C. & Yolanda Martinez Contributor address: City: State: Zip Code 11256 Pony Soldier Ave. El Paso, Texas 79936	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired	
Date 5-5-05	Full name of contributor Sergio Enriquez Contributor address: City: State: Zip Code 3281 Raindance El Paso, Texas 79936	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 5-5-05	Full name of contributor Donald Williams Contributor address: City: State: Zip Code 2829 Montana Ave. El Paso, Texas 79901	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self	
Date 5-5-05	Full name of contributor Irma Capek Contributor address: City: State: Zip Code 11728 Teachers Drive El Paso, Texas 79936	<input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions) Retired	

CITY CLERK DEPT.
05 MAY 26 PM 2:42

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 Marlene Gonzalez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-11-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Macias 6 Contributor address; City; State; Zip Code 1001 North Campbell El Paso, Texas 79902	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable) CITY CLERK DEPT. 05 MAY 26 PM 2:43
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) Self	
Date 5-13-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Berry Contributor address; City; State; Zip Code 4171 North Mesa El Paso, Texas 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 5-5-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Barraza Contributor address; City; State; Zip Code 8090 Alameda El Paso, Texas 79915	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-5-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Longoria Contributor address; City; State; Zip Code 6261 Los Bancos Dr. El Paso, Texas 79912	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 5-23-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Barragan Contributor address; City; State; Zip Code 1823 Karl Wyler Dr. El Paso, Texas 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired	

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

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-5-05

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

Rosales Law Firm

6 Contributor address; City; State; Zip Code

1400 Montana Avenue
El Paso, Texas 79902

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

CITY CLERK DEPT.
MAY 26 2:43 PM '05

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

5-25-05

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

Gregorio or Veronica Gonzalez

Contributor address; City; State; Zip Code

4920 Flower Dr.
El Paso, Texas 79905

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Secretary

Employer (See Instructions)

County Court

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)

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)

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)

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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			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code				
9 Principal occupation / Job title (See Instructions)			10 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)	
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)	
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)	
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)	
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)	

CITY CLERK DEPT.
 05 MAR 2006 PM 2:43

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS CITY CLERK DEPT.

SCHEDULE B

05 APR 29 AM 11:36

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)

CITY CLERK DEPT.
05 MAR 2006
PM 2:43

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

CITY CLERK DEPT.

05 APR 29 AM 11:36

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Marlene Gonzalez		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 3,500.00
5 Date of loan 3-10-05	7 Name of lender Self <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$3,500.00
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 912 Magoffin Ave. El Paso, Texas 79901	10 Interest rate
12 Principal occupation / Job title (See Instructions)		11 Maturity date
13 Employer (See Instructions)		CITY CLERK DEPT. 05 MAY 26 PM 2:46
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" 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 04-10-05	Name of lender Self <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$1,500.00
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 912 Magoffin Ave. El Paso, Texas 79901	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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

CITY CLERK DEPT.

The INSTRUCTION GUIDE explains how to complete this form. **05 APR 29 AM 11:36** 1 Total pages Schedule H:

2 FILER NAME
Marlene Gonzalez 3 ACCOUNT # (Ethics Commission filers)

4 Date 4-19-05	5 Business name KBNA-Radio Station 6 Business address; City; State; Zip Code 2211 E. Missouri El Paso, Texas 79901	7 Amount (\$) \$497.25 05 MAY 26 9 25 43 CITY CLERK DEPT.
-------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.) Radio Adv.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Marlene Gonzalez Appelate Medical Judge Office sought Office held
---	---

Date 4-27-05	Business name United States Post Office Business address; City; State; Zip Code Boeing Drive El Paso, Texas 79925	Amount (\$) \$ 263.96
-----------------	---	--------------------------

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

Date 4-25-05	Business name United States Post Office Business address; City; State; Zip Code Boeing Drive El Paso, Texas 79925	Amount (\$) \$175.96
-----------------	---	-------------------------

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

Date 4-27-05	Business name David's Pennants Business address; City; State; Zip Code 9911 Carnegie El Paso, Texas 79925	Amount (\$) \$243.56
-----------------	---	-------------------------

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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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-19-05

5 Payee name
El Paso Times

7 Amount (\$)

6 Payee address; City; State; Zip Code
300 N. Campbell
El Paso, Texas 79901

\$469.00

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

Political Adv.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

As Stated

CITY CLERK DEPT.
05 MAY 26 PM 2:43

Date

Payee name

Amount (\$)

5-20-05

David's Banner

Payee address; City; State; Zip Code

9901 Carnegie
El Paso, Texas 79925

\$288.60

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

T-Shirts

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

Candidate / Officeholder name Office sought Office held

As Stated

Date

Payee name

Amount (\$)

5-11-05

All Print

Payee address; City; State; Zip Code

7230-D Gateway East
El Paso, Texas 79915

\$97.43

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

Cards

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

Candidate / Officeholder name Office sought Office held

As Stated

Date

Payee name

Amount (\$)

5-5-05

David's Banner

Payee address; City; State; Zip Code

9911 Carnegie st.
El Paso, Texas 79925

\$382.12

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

Campaing Signs

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

Candidate / Officeholder name Office sought Office held

As Stated

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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

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-24-05

5 Payee name

All Print

7 Amount
(\$)

\$189.44

6 Payee address; City; State; Zip Code

7230-D Gateway East
El Paso, Texas 79915

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

Push Cards

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

As Stated

Date

5-18-05

Payee name

All Print

Amount

\$189.44

Payee address; City; State; Zip Code

7230-D Gateway East
El Paso, Texas 79915

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

Push Cards

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

As Stated

Date

5-8-05

Payee name

U.S. Post Office

Amount
(\$)

\$43.45

Payee address; City; State; Zip Code

Boeing Drive-Main Office
El Paso, Texas 79925

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

Mail Out

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

As Stated

Date

5-6-05

Payee name

El Diario

Amount
(\$)

\$168.00

Payee address; City; State; Zip Code

1801 Texas
El Paso, Texas 79901

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

Political Adv.

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

As Stated

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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
Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date
5-6-05

5 Payee name
Univision Broadcast-KBNA
6 Payee address; City; State; Zip Code
2211 East Missouri
El Paso, Texas 79903

7 Amount (\$)
\$255.00

CITY CLERK DEPT
MAY 26 PM 2:43

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

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

Date

Payee name
David's Banners
Payee address; City; State; Zip Code
9911 Carnegie St.
El PASO, Texas 79925

Amount (\$)
\$318.75

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

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

Date

Payee name
Univision Broadcast-KBNA
Payee address; City; State; Zip Code
2211 East Missouri
El Paso, Texas 79903

Amount (\$)
\$952.00

Purpose of payment (See instructions regarding type of information required.)
Advertisement-Broadcast

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

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

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee 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

Payee name

Payee address; City; State; Zip Code

CITY CLERK DEPT.
MAY 26 PM 2:43

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

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

CITY CLERK DEPT.
05 MAY 26 PM 2:43

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

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

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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

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

CITY CLERK DEPT.
 05 MAY 26 PM 9:43

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

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

CITY CLERK DEPT.
05 APR 29 AM 11:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date
03/12/05

5 Payee name
David's Pennants & Banners
6 Payee address; City; State; Zip Code
9911 Carnegie St.
El Paso, Texas 79925

8 Amount (\$)
\$1,438.00

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

Reimbursement from political contributions intended

CITY CLERK DEPT.
05 MAY 20 09 AM 2:43

Date
03/12/05

Payee name
David's Apparel
Payee address; City; State; Zip Code
9901 Carnegie St.
El Paso, Texas 79925

Amount (\$)
\$298.42

Purpose of expenditure (See instructions regarding type of information required.)
Campaign T-Shirts

Reimbursement from political contributions intended

Date
03/14/05

Payee name
All Print
Payee address; City; State; Zip Code
7230 -D Gateway East
El Paso, Texas 79915

Amount (\$)
\$146.14

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

Reimbursement from political contributions intended

Date
03/18/05

Payee name
All Print
Payee address; City; State; Zip Code
7230-D Gateway East
El Paso, Texas 79915

Amount (\$)
\$119.08

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

Reimbursement from political contributions intended

Date
03/14/05

Payee name
PRO Print & Label
Payee address; City; State; Zip Code
1221 Barranca Dr.
El Paso, Texas 79925

Amount (\$)
\$373.22

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

CITY CLERK DEPT.
05 APR 29 AM 11:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Marlene Gonzalez

3 ACCOUNT # (Ethics Commission filers)

4 Date

03/29/05

5 Payee name

La Cuesta Mexican Food & Cantina

6 Payee address; City; State; Zip Code

1926 Montana Ave.
El Paso, Texas 79903

8 Amount (\$)

\$100.00

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

Deposit-Fund Raiser

Reimbursement from political contributions intended

Date

4-01-05

Payee name

David's Pennants

Payee address; City; State; Zip Code

9911 Carnegie St.
El Paso, Texas 79925

Amount (\$)

\$351.81

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

Signs

Reimbursement from political contributions intended

Date

4-07-05

Payee name

Pro print & Label

Payee address; City; State; Zip Code

1221 Barranca
El Paso, Texas 79935

Amount (\$)

\$319.88

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

Push Cards

Reimbursement from political contributions intended

Date

4-08-05

Payee name

La Cuesta Mexican Food

Payee address; City; State; Zip Code

1926 Montana Ave.
El Paso, Texas 79903

Amount (\$)

\$544.57

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

Reimbursement from political contributions intended

Date

4-12-05

Payee name

The Sweat Shop

Payee address; City; State; Zip Code

224 Hardesty
El Paso, Texas

Amount (\$)

\$225.00

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

Signs

Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

CITY CLERK DEPT.

05 APR 29 AM 11:36

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

2 FILER NAME: **Marlene Gonzalez** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4-20-05	5 Payee name All Print 6 Payee address; City; State; Zip Code 7230-D Gateway East El Paso, Texas 79915	8 Amount (\$) \$378.88
7 Purpose of expenditure (See instructions regarding type of information required.) Mail Cards & Push Cards		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 4-25-05	Payee name Pro Print. & Label Payee address; City; State; Zip Code 1221 Barranca Dr. El Paso, Texas 79935	Amount (\$) \$408.97
Purpose of expenditure (See instructions regarding type of information required.) Signs		<input type="checkbox"/> Reimbursement from political contributions intended

Date 4-25-05	Payee name El Paso, Times Payee address; City; State; Zip Code 425 N. Kansas El Paso, Texas 79901	Amount (\$) \$264.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5-16-05	Payee name All Print Payee address; City; State; Zip Code 7230-D Gateway East El Paso, Texas 79915	Amount (\$) \$43.25
Purpose of expenditure (See instructions regarding type of information required.) Cards		<input checked="" 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

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MAY 26 PM 2:44

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

CITY CLERK DEPT.
APR 29 AM 11:36

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	CITY CLERK DEPT. 05 MAY 26 PM 2:44
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	CITY CLERK DEPT. 05 MAY 26 PM 2:44
	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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