

# 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**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR** FIRST MI  
**OSCAR**  
NICKNAME LAST SUFFIX  
**CONZALEZ**

**OFFICE USE ONLY**

Date Received

CITY CLERK DEPT.  
05 JAN 14 PM 4:18

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**819 SIERRA, EL PASO, TX 79903**

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915) 566-2188**

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MS** FIRST MI  
**LUCINDA**  
NICKNAME LAST SUFFIX  
**QUELLAR**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**6335 ARCE, EL PASO, TX 79932**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915) 584-7770**

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  
**01 / 03 / 05** THROUGH **01 / 14 / 05**

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

**N/A**

13 OFFICE SOUGHT (if known)

**CITY REPRESENTATIVE, DIST. #2**

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

**OSCAR 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**N/A**

CITY CLERK DEPT.  
05 JAN 14 PM 4:18

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ **0**

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

\$ **345.00**

EXPENDITURE TOTALS

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

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **0**

CONTRIBUTION BALANCE

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

\$ **345.00**

OUTSTANDING LOAN TOTALS

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

\$ **0**

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.

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said **OSCAR GONZALEZ**, this the **14TH** day of **JANUARY**, 20 **05**, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

**JOAN C LOPEZ**  
Printed name of officer administering oath

**NOTARY PUBLIC**  
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 **OSCAR GONZÁLEZ**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**01/03/05**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RUTH REYES**

7 Amount of contribution (\$)  
**70.00**

8 In-kind contribution description (if applicable)  
**BANNER**

6 Contributor address; City; State; Zip Code  
**704 SAGUARO, EL PASO, TX 79907**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**01/10/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ROBERT RUBIO**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1105 CIMARRON, EL PASO, TX 79915**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/11/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**RICHARD MELENTREZ**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3030 ALTURA, EL PASO, TX 79930**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**01/12/05**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DR. NEIL J. DEVEREAUX**

Amount of contribution (\$)  
**15.00**

In-kind contribution description (if applicable)  
**TRANSLATION SERVICES**

Contributor address; City; State; Zip Code  
**3033 TAYLOR, EL PASO, TX 79930**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.  
05 JAN 14 PM 4:18