

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: <div style="text-align: center; font-size: 24pt; font-weight: bold;">13</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Carlos NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Rivera</div>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 971653 <input type="checkbox"/> Change of Address	09 APR - 9 PM 4:25 CITY CLERK DEPT.	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 269-9274		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 18pt; font-weight: bold;">Davis</div>	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10200 Shipley Ave. El Paso, TX 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 594-3617		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 20 / 2009 THROUGH 03 / 30 / 2009		
11 ELECTION Mayoral	ELECTION DATE Month Day Year 05 / 09 / 2009	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 18pt; font-weight: bold;">Mayor</div>	
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 <input type="checkbox"/> additional pages		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Mr. Carlos Rivera

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

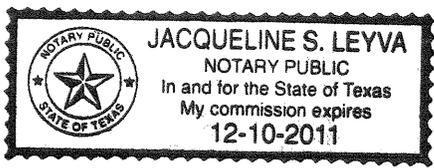
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required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

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	Committee to Elect Carlos Rivera
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	P.O. Box 370964, El Paso, TX 79937-0964
COMMITTEE CAMPAIGN TREASURER NAME	Mr. David Davis
COMMITTEE CAMPAIGN TREASURER ADDRESS	P.O. Box 370964, El Paso, TX 79937-0964

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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 462.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,883.01
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 153.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,691.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 793.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,160.00

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.

Carlos Rivera
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Rivera, this the 9th day of April, 20 09, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Printed name of officer administering oath
Jacqueline S. Leyva Title of officer administering oath
 Notary

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)
03/14/2009	H.W. "Bill" Sparks 6 Contributor address; City; State; Zip Code 2645 Anise Dr. El Paso, Tx 79936	37.50	50 Custom Buttons@ \$.75ea <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions) Self Employed		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)
01/31/2009	Mr. Richard Ortiz Contributor address; City; State; Zip Code 2150 Trawood Ste. B110 El Paso, TX 79925	500.00	<small>(If travel outside of Texas, complete Schedule T)</small>
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)
02/21/09	Mr. Ben Sanchez Contributor address; City; State; Zip Code 12339 Socorro Rd., San Elizario, Texas 79849	100.00	<small>(If travel outside of Texas, complete Schedule T)</small>
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)
02/21/09	Mr. Herb Koster Contributor address; City; State; Zip Code P.O. Box 961648 El Paso, TX 79996-1648	100.00	<small>(If travel outside of Texas, complete Schedule T)</small>
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)
02/21/09	Perla Peon Contributor address; City; State; Zip Code 1332 Cheyene Trail El Paso, TX79925	75.00	<small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Mr. Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/28/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Louis Balanos	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10705 Horn Rd. El Paso, TX 79927		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/23/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Devine	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10020 Galveston El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo Martinez	Amount of contribution (\$) 308.51	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4756 Excaliber El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
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		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 3 <u>1</u> of 3
2 FILER NAME Mr. Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 01/30/2009	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Carlos Rivera	9 Loan Amount (\$) 250.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code P.O. Box 971653 El Paso, TX 79997	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input 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 01/31/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Carlos Rivera	Loan Amount (\$) 342.00
Is lender a financial Institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code P.O. Box 970653 El Paso TX 79997	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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 of 3
2 FILER NAME Mr. Carlos Rivera		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 03/06/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Carlos Rivera	9 Loan Amount (\$) 500.00
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997	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 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan 03/09/09	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Carlos Rivera	Loan Amount (\$) 400.00
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79997	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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">3 of 3</p>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 02/28/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Roger North	9 Loan Amount (\$) 1000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 7101 North Mesa#348 El Paso, TX 79912	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Web Development/Media consultant		13 Employer (See Instructions) Complete Campaigns
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input 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 03/03-03/27	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Carlos Rivera	Loan Amount (\$) 278.06
Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code P.O. Box 971653, El Paso, TX 79903	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F: **6** of **6**

2 FILER NAME **Carlos Rivera** **3** ACCOUNT # (Ethics Commission filers)

4 Date 01/30/09	5 Payee name Carlos Rivera <small>Payee address; City; State; Zip Code</small> P.O. Box 971653 El Paso, TX 79997	7 Amount (\$) 332.00
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8 Purpose of payment (See instructions regarding type of information required.) Reimbursement <small>(If travel outside of Texas, complete Schedule T)</small>	9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: Carlos Rivera Office sought: Mayor Office held:
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02/21/09	El Zarape Restaurant <small>Payee name</small> <small>Payee address; City; State; Zip Code</small> 6369 Montana St. El Paso, TX 79925	173.50 <small>Amount (\$)</small>
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Purpose of payment (See instructions regarding type of information required.) Breakfast Meeting <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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02/20/09	Sam's Club <small>Payee name</small> <small>Payee address; City; State; Zip Code</small> 7091 Gateway West El Paso, TX 79925	13.55 <small>Amount (\$)</small>
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Purpose of payment (See instructions regarding type of information required.) Office Supplies <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
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02/28/09	Luis Ruiz <small>Payee name</small> <small>Payee address; City; State; Zip Code</small> 825 Regan El Paso, TX 79903	300.00 <small>Amount (\$)</small>
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Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	<small>.. Complete if direct expenditure to benefit C/OH ..</small> 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 of 6
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date 03/03/09	5 Payee name El Paso County Electioins	7 Amount (\$) 8.00
6 Payee address; City; State; Zip Code 500 E. San Antonio El Paso TX 79901		

8 Purpose of payment (See instructions regarding type of information required.) Precinct Walk Lists <small>(If travel outside of Texas, complete Schedule T)</small>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/02/09	Payee name Black El Paso Democrats	Amount (\$) 250.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) Annual Banquet Table <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/07/09	Payee name Luis Ruiz	Amount (\$) 300.00
Payee address; City; State; Zip Code 825 regan El Paso, Tx 79903		

Purpose of payment (See instructions regarding type of information required.) Computer Website Development <small>(If travel outside of Texas, complete Schedule T)</small>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/09/09	Payee name Complete Campaigns	Amount (\$) 500.00
Payee address; City; State; Zip Code 3635 Ruffin Road third Fl. San Diego Ca 92123		

Purpose of payment (See instructions regarding type of information required.) Web Site Hosting/Development <small>(If travel outside of Texas, complete Schedule T)</small>	** 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: 3 of 6
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
03/11/09	City of El Paso	500.00
	6 Payee address: City, State, Zip Code 2 Civic Center Plaza El Paso, TX 79925	

8 Purpose of payment (See instructions regarding type of information required.) Candidate filing fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
03/14/09	Sam's Club	24.53
	Payee address: City, State, Zip Code 7001 Gateway West, El Paso, TX 79925	

Purpose of payment (See instructions regarding type of information required.) Sponsor Coffee Service for Vet. Business Association (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
03/14/09	Luis Ruiz	300.00
	Payee address: City, State, Zip Code 825 Regan El Paso, TX 79903	

Purpose of payment (See instructions regarding type of information required.) Computer/Web Site Development (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
03/18/09	Complete Campaign	3.25
	Payee address: City, State, Zip Code 3635 Ruffin Rd. 3rd Fl. San Diego Ca 92123	

Purpose of payment (See instructions regarding type of information required.) Online Credit Dard Dard Processing (If travel outside of Texas, complete Schedule T)	** 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: 4 of 6
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
03/19/09	GECU	75.96
	6 Payee address: City: State: Zip Code	
	P.O. Box 20998 El Paso, TX 79998	

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
Campaign Check Book (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
03/19/09	Bowie Bakery	16.68
	Payee address: City: State: Zip Code	
	901 S. Park El Paso, TX 79906	

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
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
03/21/09	El Zarape Restaurant	32.36
	Payee address: City: State: Zip Code	
	6369 Montana El Paso, TX 79925	

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
Breakfast Meetin (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
03/23/09	Complete Campaign	2.50
	Payee address: City: State: Zip Code	
	3635 Ruffin Rd. 3rd Flr., San Diego, CA 92123	

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
Online Credit Card Processing (If travel outside of Texas, complete Schedule T)	

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form. **1** Total pages Schedule F: 5 of 6

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

4 Date	5 Payee name	7 Amount (\$)
03/26/09	Quality Signs Payee address: City: State: Zip Code 7423 Alameda El Paso, TX 79915	40.00

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

Campaign Banner
(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
03/27/09	Sam's Club Payee address: City: State: Zip Code 7001 Gateway West El Paso, TX 79925	107.69

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

Campaign Office Supplies
(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
03/25/09	Office Depot Payee address: City: State: Zip Code 1111 Geronimo El Paso, TX 79925	56.80

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

Campaign Office Supplies
(If travel outside of Texas, complete Schedule T)

Date	Payee name	Amount (\$)
03/27/09	Sam's Club Payee address: City: State: Zip Code 7001 Gateway West El Paso, TX 79925	35.00

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

Membership
(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES

SCHEDULE F

6 of 6

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/28/09	5 Payee name Luis Ruiz <small>6 Payee address; City; State; Zip Code</small> 825 Regan El Paso, TX 79903	7 Amount (\$) 300.00
8 Purpose of payment (See instructions regarding type of information required.) Computer/Website Development <small>(If travel outside of Texas, complete Schedule T)</small>		9 <small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 03/28/09	Payee name Luis Ruiz <small>Payee address; City; State; Zip Code</small> 825 Regan El Paso, TX 79903	Amount (\$) 275.00
Purpose of payment (See instructions regarding type of information required.) Computer/Website Development <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 03/30/09	Payee name Complete Campaigns <small>Payee address; City; State; Zip Code</small> 3655 Ruffin Rd. 3rd Flr, San Diego, CA 92123	Amount (\$) 10.00
Purpose of payment (See instructions regarding type of information required.) Credit Card Online Processing Fee <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
Date 03/13/09	Payee name El Paso County <small>Payee address; City; State; Zip Code</small> 500 E. San Antonio El Paso, TX 79901	Amount (\$) 10.00
Purpose of payment (See instructions regarding type of information required.) Voter Registration List <small>(If travel outside of Texas, complete Schedule T)</small>		<small>** Complete if direct expenditure to benefit C/OH **</small> Candidate / Officeholder name Office sought Office held
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