

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Alexander F Catucci 16 ACCOUNT # (Ethics Commission Filers) 4109341

17 NOTICE FROM POLITICAL COMMITTEE(S)

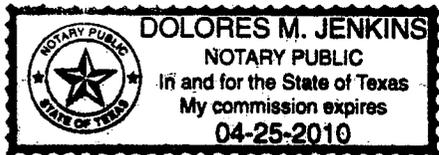
•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>Alfrank Catucci for Mayor</u>
	COMMITTEE ADDRESS	<u>1017 Montana ave EL Paso TX 79902</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Hector Phillips</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>1017 Montana ave EL Paso TX 79902</u>

CITY CLERK DEPT.
MAY - 1 PM 3:44

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)	\$ <u>870.⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3161.⁰⁶</u>
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	\$ <u>N/A</u>

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alexander F. Catucci, this the 1st day of May, 20 09, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

ORIGINAL - 1 PM 3:44
 CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.		1 Total pages this Schedule B: 1	
2 FILER NAME Alexander F Catucci		3 ACCOUNT # (Ethics Commission filers) 4109341	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date 4-20-09	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Mary Fulton	8 Amount of pledge (\$) 25.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 5121 Harlan Dr EL Paso TX 79924		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 4-09-09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Tamara D. John	Amount of pledge (\$) 50.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 3118 Mesa Verde Dr EL Paso TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-10-09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Reynaldo and Sallie Elizondo	Amount of pledge (\$) 250.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 6701 Pearl Ridge Dr EL Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-10-09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: T. or V. Roberts	Amount of pledge (\$) 45.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 8001 Morley Dr EL Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-09	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Paul Dipp, SUZANNE Dipp	Amount of pledge (\$) 500.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code P.O. Box 55 EL Paso TX 79940		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers) 4109341
4 Date 4-1-09	5 Payee name Eagle Properties 6 Payee address; City; State; Zip Code 1017 Montana EL Paso TX 79902	7 Amount (\$) 650.⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Rent for office (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-10-09	Payee name Coyote Strategies Payee address; City; State; Zip Code 500 North ORGAN 2nd Floor EL Paso TX 79901	Amount (\$) 300.⁰⁰
Purpose of payment (See instructions regarding type of information required.) Political AD (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-10-09	Payee name Perky Press Payee address; City; State; Zip Code 11385 James Watt, Ste B EL Paso TX 79936	Amount (\$) 300.⁰⁰
Purpose of payment (See instructions regarding type of information required.) Printing (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-4-09	Payee name Perky Press Payee address; City; State; Zip Code 11385 James Watt Ste B EL Paso TX 79936	Amount (\$) 1911.⁰⁶
Purpose of payment (See instructions regarding type of information required.) Printing (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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