

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Acosta, Emma (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00033333

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,605.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	7,755.48
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CONTRIBUTION BALANCE

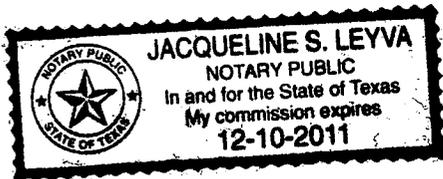
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	849.52
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,280.00
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18 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.



Emma Acosta
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta, this the 18th day of October, 2010, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva
Signature of officer administering oath

Jacqueline S. Leyva
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/10 Report: 7/34	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00033333	
4 Date 01/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez Campaign Account 6 Contributor address; City; State; Zip Code 500 E. San Antonio #801 El Paso, TX 79901	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hahn, Harold (Mr.) Contributor address; City; State; Zip Code 2244 Trawood Ste 100 El Paso, TX 79935	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Yshel Yolanda (Ms.) Contributor address; City; State; Zip Code 3432 Rugherglen El Paso, TX 79925	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Herndon, Nell P Contributor address; City; State; Zip Code 1620 Golden Hill Terrace El Paso, TX 79902	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holguin, G Contributor address; City; State; Zip Code TX	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/10 Report: 8/34	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00033333	
4 Date 01/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James, Frank T (Mr.) 6 Contributor address; City; State; Zip Code 700 West Paisano El Paso, TX 79901	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lilly Campaign, Ann Morgan (Mrs.) Contributor address; City; State; Zip Code 700 Blacker El Paso, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Groggan, Blaair & Sampson LLP Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKnight, Robert (Mr.) Contributor address; City; State; Zip Code 325 thunderbird El Paso, TX 79912	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Molina, Antonio (Mr.) Contributor address; City; State; Zip Code 3704 Alaska San Diego, CA	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/10 Report: 9/34	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00033333	
4 Date 01/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newton, WG or Mary 6 Contributor address; City; State; Zip Code 8704 Grover Dr El Paso, TX 79925	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) CITY CLERK DEPT 10 OCT 19 PM 5:10 <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma, Favela (Ms.) Contributor address; City; State; Zip Code 12083 Sterling Mary Way El Paso, TX 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Rourke, Robert F (Mr.) Contributor address; City; State; Zip Code 1209 Prospect El Paso, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pettigrew, Randy (Mr.) Contributor address; City; State; Zip Code 14125 Desert Willow El Paso, TX 79938	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Porras, David (Mr.) Contributor address; City; State; Zip Code 937 Duskin El Paso, TX 79907	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/10 Report: 18/34	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00033333	
4 Date 01/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raba-Kistner PAC 6 Contributor address; City; State; Zip Code TX	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodriguez, Yvonne (Ms.) Contributor address; City; State; Zip Code 4315 Park Hill Dr El Paso, TX 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Saavedra, Barbara Mary Contributor address; City; State; Zip Code PO Box 220112 El Paso, TX 79913	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sada, Bea (Ms.) Contributor address; City; State; Zip Code 7228 Barker Rd El Paso, TX 79915	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Jesse (Mr.) Contributor address; City; State; Zip Code 3017 Cork El Paso, TX 79925	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/10 Report: 11/34	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00033333	
4 Date 02/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandoval, Edward (Mr.) 6 Contributor address; City; State; Zip Code Kirkwall El Paso, TX 79925	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable) PH 5:21 CITY CLERK DEPT.
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, J.O. (Mr.) Contributor address; City; State; Zip Code 124 W. Castellano Ste 100 El Paso, TX 79912	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Torres, Carlos (Mr.) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$0.00	In-kind contribution description (if applicable) Sign Placement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Various volunteers Contributor address; City; State; Zip Code	Amount of contribution (\$) \$0.00	In-kind contribution description (if applicable) Sign Placement throughout district (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Venegas, Oscar (Mr.) Contributor address; City; State; Zip Code 516 Crossbend El Paso, TX 79932	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/18 Report: 14/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333
4 Date 02/25/2009	5 Payee name Acosta, Veronica (Ms.)			
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code El Paso, TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic designs	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 03/19/2009	Payee name Arditti, Anatasha (Ms.)			
Amount (\$) \$150.00	Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> management	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 03/30/2009	Payee name Arditti, Anatasha (Ms.)			
Amount (\$) \$250.00	Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Manager	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 03/30/2009	Payee name Arditti, Anatasha (Ms.)			
Amount (\$) \$300.00	Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> management	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/18 Report: 15/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/06/2009	5 Payee name Black El Paso Democrats
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/12/2009	Payee name Campaign secrets
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Amount (\$) \$1.75	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> website
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/25/2009	Payee name Campaign secrets
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Amount (\$) \$20.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/16/2009	Payee name Capetto's
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Amount (\$) \$20.05	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/18 Report: 16/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 03/30/2009	5 Payee name Carolina Senior Center				
6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/30/2009	Payee name Cash				
Amount (\$) \$20.00	Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - cash		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> misc		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/12/2009	Payee name City of El Paso Tx				
Amount (\$) \$250.00	Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> filing		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/30/2009	Payee name Concord Supplies				
Amount (\$) \$32.96	Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> laser toner		
	Candidate / Officeholder name		Office sought:	Office held:	

CITY CLERK DEPT
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/18 Report: 17/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/30/2009	5 Payee name Constant Contact
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6 Amount (\$) \$95.64	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> e-mail service
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/20/2009	Payee name County of El Paso
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Amount (\$) \$37.10	Payee address City; State; Zip Code El Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Maps
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name County of El Paso
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Amount (\$) \$12.00	Payee address City; State; Zip Code El Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> data disc
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/09/2009	Payee name Danes Restaurant
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Amount (\$) \$80.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/18 Report: 18/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 03/30/2009		5 Payee name DOUBLETREE HOTEL			
6 Amount (\$) \$64.50		7 Payee address City; State; Zip Code Austin, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel Out Of District		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Austin trip	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/20/2009		Payee name El Paso Democratic Party			
Amount (\$) \$25.00		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2009		Payee name EPEFCU			
Amount (\$) \$22.00		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2009		Payee name Family Dollar			
Amount (\$) \$65.66		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Snacks/Office		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> snacks & clip boards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

CITY CLERK DEPT.
 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/18 Report: 19/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 01/28/2009	5 Payee name Fortis Restaurant
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6 Amount (\$) \$12.77	7 Payee address City; State; Zip Code Chelsea El Paso, TX 79905
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/04/2009	Payee name Fortis Restaurant
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Amount (\$) \$28.90	Payee address City; State; Zip Code Chelsea El Paso, TX 79905
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Herrera, Marie
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Amount (\$) \$210.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone banking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2009	Payee name Idea Spreaders
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Amount (\$) \$372.53	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> t-shirts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/18 Report: 20/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 03/19/2009	5 Payee name Idea Spreaders				
6 Amount (\$) \$643.48	7 Payee address City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/30/2009	Payee name Idea Spreaders				
Amount (\$) \$289.46	Payee address City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/30/2009	Payee name Idea Spreaders				
Amount (\$) \$694.97	Payee address City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> door hangers		
	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/25/2009	Payee name JJSDiscount				
Amount (\$) \$65.00	Payee address City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> software upgrade		
	Candidate / Officeholder name		Office sought:	Office held:	

CITY CLERK DEPT
 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/18 Report: 21/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 02/28/2009	5 Payee name Kinkos
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6 Amount (\$) \$67.09	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/28/2009	Payee name Kinkos
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Amount (\$) \$25.17	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/23/2009	Payee name Kinkos
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Amount (\$) \$129.34	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/25/2009	Payee name Ld-4inkjets
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Amount (\$) \$59.98	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printer ink
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/18 Report: 22/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/22/2009	5 Payee name Lil' Ceasars pizza
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6 Amount (\$) \$21.65	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Mier, Marie (Ms.)
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Amount (\$) \$40.00	Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> misc
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Mier, Marie (Ms.)
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Amount (\$) \$40.00	Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> misc
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/24/2009	Payee name Office Depot
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Amount (\$) \$141.75	Payee address City; State; Zip Code El Paso, TX
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gifts/Awards/Memorial Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/18 Report: 23/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 02/26/2009	5 Payee name Office Depot
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6 Amount (\$) \$175.35	7 Payee address City; State; Zip Code El Paso, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - office	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/07/2009	Payee name Office Depot
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Amount (\$) \$258.06	Payee address City; State; Zip Code El Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Office Depot
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Amount (\$) \$82.24	Payee address City; State; Zip Code El Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> paper/files
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Office Depot
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Amount (\$) \$38.06	Payee address City; State; Zip Code El Paso, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - office	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/18 Report: 24/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 01/22/2009	5 Payee name Olvera, Joe (Mr.)
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code El Paso, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - Contribution	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Retired Media Reporter Event
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/17/2009	Payee name Papa Johns Pizza
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Amount (\$) \$38.53	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/17/2009	Payee name Papa Johns Pizza
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Amount (\$) \$32.45	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Popeye's chicken
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Amount (\$) \$27.14	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 12/18 Report: 25/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/30/2009	5 Payee name Richards printing
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6 Amount (\$) \$138.56	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> copies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Richards printing
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Amount (\$) \$138.56	Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> letter printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/17/2009	Payee name Rocha, Siria (Ms.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Manager
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Sams club
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Amount (\$) \$284.67	Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> water/sodas/snacks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 13/18 Report: 26/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 03/03/2009		5 Payee name Saranana, Rita (Ms.)			
6 Amount (\$) \$50.00		7 Payee address City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/23/2009		Payee name Saranana, Rita (Ms.)			
Amount (\$) \$25.00		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2009		Payee name Seville Center			
Amount (\$) \$50.00		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/29/2009		Payee name Shell Service			
Amount (\$) \$19.43		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

CITY CLERK DEPT.
 10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 14/18 Report: 27/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 01/29/2009	5 Payee name Su Casa Restaurant
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6 Amount (\$) \$16.78	7 Payee address City; State; Zip Code El Paso, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/21/2009	Payee name Subway
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Amount (\$) \$21.65	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/26/2009	Payee name Subway
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Amount (\$) \$21.65	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2009	Payee name Subway
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Amount (\$) \$24.78	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 15/18 Report: 28/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/30/2009	5 Payee name Subway
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6 Amount (\$) \$24.78	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> volunteer meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/07/2009	Payee name Symatec
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Amount (\$) \$64.99	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Antivirus software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/05/2009	Payee name Tejano Democrats
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Amount (\$) \$50.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/27/2009	Payee name Tejano Democrats
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Amount (\$) \$100.00	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 16/18 Report: 29/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/30/2009	5 Payee name Texas Democratic Party
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6 Amount (\$) \$125.00	7 Payee address City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> System license
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/23/2009	Payee name Vista Printing
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Amount (\$) \$140.82	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cards/signs/other
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/23/2009	Payee name Vista Printing
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Amount (\$) \$26.99	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> cards signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/23/2009	Payee name Vista Printing
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Amount (\$) \$82.43	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs/other
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 17/18 Report: 30/34		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 03/25/2009		5 Payee name Vista Printing			
6 Amount (\$) \$37.06		7 Payee address City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> business cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/27/2009		Payee name Vista Printing			
Amount (\$) \$17.97		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing of checks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/30/2009		Payee name Vista Printing			
Amount (\$) \$55.58		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> cards/signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/18/2009		Payee name Wal-Mart			
Amount (\$) \$301.52		Payee address City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer beverages and snacks	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

CITY CLERK DEPT.
 10 OCT 18 PM 5:22

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 18/18 Report: 31/34	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 00033333
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4 Date 03/11/2009	5 Payee name Wynngs
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6 Amount (\$) \$11.73	7 Payee address City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/25/2009	Payee name yahoo
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Amount (\$) \$34.95	Payee address City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> domain sign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CITY CLERK DEPT.
10 OCT 18 PM 5:22

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/18 Report: 32/35		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 00033333	
4 Date 01/22/2009		5 Payee name Olvera, Joe (Mr.)			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code El Paso, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Contribution		(b) Description (See instructions regarding type of information required.) Retired Media Reporter Event	

CITY CLERK DEPT.
 10 OCT 18 PM 5:23

Information entered by filer as a memo

Schedule Cover Sheet

A Cash contribution of \$500 was received in an envelop at the 2/26 fundraiser. The only name on the envelope was G. Holguin.

CITY CLERK DEPT.
10 OCT 18 PM 5:23

Information entered by filer as a memo

Schedule A

Mr. Alfred Borrego, Mr. Carlos Torres, Mr. Mike Enriquez, and many other volunteers placed signs throughout the district using their own vehicles and their own gas. Estimated in-kind service \$1,050.

CITY CLERK DEPT.
10 OCT 18 PM 5:23

Information entered by filer as a memo

Schedule F Non-Political Contribution Made from Political funds, if categorized correctly, totals will not be correct.

CITY CLERK DEPT.
10 OCT 18 PM 5:23