

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) N/A	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	(MS) MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Gracie Cain			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
10716 Aquamarine El Paso TX, 79924			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 999-1781		
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Isabel Salcido			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
6004 Manila Dr El Paso TX, 79924			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 355-1428		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	THROUGH		
02 / 05 / 09		03 / 30 / 09	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05 / 09 / 09		<input checked="" 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)
	N/A		City Representative, Distric 4
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	N/A		
Address / PO Box; Apt. / Suite #; City; State; Zip Code			
N/A			
GO TO PAGE 2			

OFFICE USE ONLY

CITY CLERK DEPT.

Date Received: **APR - 9 PM 4:18**

Date Hand-delivered or Date Postmarked:

Receipt #	Amount
Date Processed	Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Gracie Cain

16 ACCOUNT # (Ethics Commission Filers)

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. ••

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	CITY CLERK DEPT. 09 APR -9 PM 4:48
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

N/A
N/A
N/A
N/A

18 CONTRIBUTION TOTALS

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

CONTRIBUTION BALANCE

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

\$ 0

OUTSTANDING LOAN TOTALS

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

\$ 0

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 469.55

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.



Gracie Cain
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 9th day of April, 2009, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Laura Millorn Printed name of officer administering oath
Notary Public Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Gracie Cain</u>		3 ACCOUNT # (Ethics Commission filers) <u>N/A</u>
4 Date <u>03/09/09</u>	5 Payee name <u>Elan Marketing Solutions</u> 6 Payee address; City; State; Zip Code <u>5849 SIXTA EL PASO TX, 79932</u>	8 Amount (\$) <u>\$180.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Business Cards</u> (If travel outside of Texas, complete Schedule T)		
Date <u>03/24/09</u>	Payee name <u>County Clerk Delia Brubos</u> Payee address; City; State; Zip Code <u>500 E. San Antonio Km. 105 EL PASO, TX 79901</u>	Amount (\$) <u>\$120.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>r</u> (If travel outside of Texas, complete Schedule T)		
Date <u>03/24/09</u>	Payee name <u>Wells Fargo Bank</u> Payee address; City; State; Zip Code <u>4600 Woodrow Bean EL PASO TX, 79924</u>	Amount (\$) <u>\$1100.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Open Business account</u> (If travel outside of Texas, complete Schedule T)		
Date <u>3/30/09</u>	Payee name <u>Sign Brothers</u> Payee address; City; State; Zip Code <u>1641 N. Zaragoza EL PASO TX, 79936</u>	Amount (\$) <u>\$1269.55</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Signs</u> (If travel outside of Texas, complete Schedule T)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CITY OF EL PASO DEPT. OF APPOINTMENT 09 APR - 4:48