



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

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

**15 C/OH NAME**  
Cheryl S. Lay

**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. ••

|  |                                      |
|--|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE NAME                       |
|  | COMMITTEE ADDRESS                    |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

CITY CLERK DEPT.  
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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 | \$          |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 1,200.00 |
| 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$          |
| 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,224.38 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 1,805.28 |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$          |

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

**19 AFFIDAVIT**

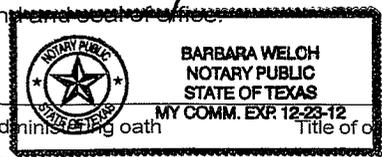
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHERYL LAY, this the 1ST day of MAY, 20 09, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath



\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **3**

2 FILER NAME  
Cheryl S. Lay 3 ACCOUNT # (Ethics Commission filers)

|  |   |   |  |
|--|---|---|--|
| 4 Date<br>04/16/09   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Michael Aaronson | 7 Amount of contribution (\$)<br>50.00            | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>7362 Remcon, El Paso, TX 79912 |   | (If travel outside of Texas, complete Schedule T) |  |

9 Contributor's principal occupation Attorney 10 Contributor's job title Attorney

11 Contributor's employer/law firm Aaronson Law Firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

|  |  |   |  |
|--|--|---|--|
| Date<br>04/16/09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Donald Leslie | Amount of contribution (\$)<br>100.00             | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br>PO Box 4960, Ruidoso, NM 88355 |  | (If travel outside of Texas, complete Schedule T) |  |

Contributor's principal occupation Retired Contributor's job title Retired

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

|   |  |   |  |
|---|--|---|--|
| Date<br>04/21/09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Scott Vogelmier | Amount of contribution (\$)<br>500.00             | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br>6793 Pearl Ridge Dr., El Paso, TX 79912 |  | (If travel outside of Texas, complete Schedule T) |  |

Contributor's principal occupation Attorney Contributor's job title Attorney

Contributor's employer/law firm Scott Vogelmier, Attorney at Law Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **3**

2 FILER NAME  
Cheryl S. Lay 3 ACCOUNT # (Ethics Commission filers)

|   |   |   |  |
|---|---|---|--|
| 4 Date<br>04/22/09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Melissa Dorman | 7 Amount of contribution (\$)<br>100.00           | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br>6411 Glennox Lane, Dallas, TX 75214 |   | (If travel outside of Texas, complete Schedule T) |  |

9 Contributor's principal occupation **Attorney** 10 Contributor's job title **Attorney**

11 Contributor's employer/law firm  
Hartline, Dacus, Barger, Dryer & Kern, LLP 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

|   |  |   |  |
|---|--|---|--|
| Date<br>04/23/09  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Terrie Todd | Amount of contribution (\$)<br>100.00             | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br>204 Moon Silver, Santa Teresa, NM 88008 |  | (If travel outside of Texas, complete Schedule T) |  |

Contributor's principal occupation **Events** Contributor's job title **Executive Director**

Contributor's employer/law firm  
Amigo Airsho Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

|  |   |   |  |
|--|---|---|--|
| Date<br>04/27/09   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Elizabeth Washburn | Amount of contribution (\$)<br>250.00             | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br>6894 N. Casas Adobes Dr., Tucson, AZ 85704 |   | (If travel outside of Texas, complete Schedule T) |  |

Contributor's principal occupation **Attorney** Contributor's job title **Attorney**

Contributor's employer/law firm  
Elizabeth Washburn, Attorney at Law Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J): **3**

2 FILER NAME  
Cheryl S. Lay 3 ACCOUNT # (Ethics Commission filers)

|   |   |   |   |
|---|---|---|---|
| 4 Date<br>04/27/09  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sidney Diamond | 7 Amount of contribution (\$)<br>100.00           | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>3800 N. Mesa, El Paso, TX 79902 |   | (If travel outside of Texas, complete Schedule T) |   |

9 Contributor's principal occupation Attorney 10 Contributor's job title Attorney

11 Contributor's employer/law firm Diamond Law Firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

|  |   |   |   |
|--|---|---|---|
| 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) |   |

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

|  |   |   |   |
|--|---|---|---|
| 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) |   |

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

|   |                                    |
|---|------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F: <b>2</b> |
|---|------------------------------------|

|                               |  |
|-------------------------------|--|
| 2 FILER NAME<br>Cheryl S. Lay | 3 ACCOUNT # (Ethics Commission filers) |
|-------------------------------|--|

|                    |  |                        |
|--------------------|--|------------------------|
| 4 Date<br>04/10/09 | 5 Payee name<br>Dollar General<br>6 Payee address; City; State; Zip Code<br>5100 Doniphan Drive, El Paso, TX 79932 | 7 Amount (\$)<br>27.06 |
|--------------------|--|------------------------|

|  |  |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Parade items<br>(If travel outside of Texas, complete Schedule T) | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held |
|--|--|

|                  |   |                       |
|------------------|---|-----------------------|
| Date<br>04/20/09 | Payee name<br>El Paso, Inc.<br>Payee address; City; State; Zip Code<br>120 Porfirio Diaz, El Paso, TX 79902 | Amount (\$)<br>924.00 |
|------------------|---|-----------------------|

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>campaign ads<br>(If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|--|---|

|                  |   |                       |
|------------------|---|-----------------------|
| Date<br>04/13/09 | Payee name<br>Zippy Printing Center<br>Payee address; City; State; Zip Code<br>2855 Pershing Drive, El Paso, TX 79903 | Amount (\$)<br>303.10 |
|------------------|---|-----------------------|

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>campaign pushcards<br>(If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH **<br>Candidate / Officeholder name Office sought Office held |
|--|---|

|                  |  |                       |
|------------------|--|-----------------------|
| Date<br>04/21/09 | Payee name<br>Idea Spreaders<br>Payee address; City; State; Zip Code<br>3580 Oxcart Run, El Paso, TX 79936 | Amount (\$)<br>709.04 |
|------------------|--|-----------------------|

|  |   |
|--|---|
| Purpose of payment (See instructions regarding type of information required.)<br>campaign signs<br>(If travel outside of Texas, complete Schedule T) | ** Complete if direct expenditure to benefit C/OH **<br>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**

2 FILER NAME **Cheryl S. Lay** 3 ACCOUNT # (Ethics Commission filers)

|   |   |                                |
|---|---|--------------------------------|
| 4 Date<br><b>04/21/09</b>   | 5 Payee name<br><b>Upper Valley Press</b> | 7 Amount (\$)<br><b>140.50</b> |
| 6 Payee address; City; State; Zip Code<br><b>6907 Doniphan Drive, Canutillo, TX 79835</b> |   |                                |

|  |  |
|--|--|
| 8 Purpose of payment (See instructions regarding type of information required.)<br><b>Campaign signs</b><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|--|--|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

|                                      |            |             |
|--------------------------------------|------------|-------------|
| Date                                 | Payee name | Amount (\$) |
| Payee address; City; State; Zip Code |            |             |

|   |  |
|---|--|
| Purpose of payment (See instructions regarding type of information required.)<br><br><small>(If travel outside of Texas, complete Schedule T)</small> | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name      Office sought      Office held |
|---|--|

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 1

2 FILER NAME: Cheryl S. Lay 3 ACCOUNT # (Ethics Commission filers)

|   |   |   |
|---|---|---|
| 4 Date<br>04/11/09  | 5 Payee name<br>Wal-Mart<br>6 Payee address; City; State; Zip Code<br>7555 N. Mesa, El Paso, TX 79912 | 8 Amount (\$)<br>33.02  |
| 7 Purpose of expenditure<br>decorations for parade<br>(If travel outside of Texas, complete Schedule T) |   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|   |   |   |
|---|---|---|
| Date<br>04/11/09  | Payee name<br>Lowe's<br>Payee address; City; State; Zip Code<br>430 E. Redd Road, El Paso, TX 79912 | Amount (\$)<br>2.77   |
| Purpose of expenditure<br>cable for parade decorations<br>(If travel outside of Texas, complete Schedule T) |   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|   |   |   |
|---|---|---|
| Date<br>04/12/09  | Payee name<br>Lowe's<br>Payee address; City; State; Zip Code<br>430 E. Redd Road, El Paso, TX 79912 | Amount (\$)<br>64.63  |
| Purpose of expenditure<br>stakes for signs<br>(If travel outside of Texas, complete Schedule T) |   | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|  |   |  |
|--|---|--|
| Date<br>04/15/09   | Payee name<br>Lowe's<br>Payee address; City; State; Zip Code<br>430 E. Redd Road, El Paso, TX 79912 | Amount (\$)<br>20.26   |
| Purpose of expenditure<br>zip ties & wire for signs<br>(If travel outside of Texas, complete Schedule T) |   | <input type="checkbox"/> Reimbursement from political contributions intended |

|   |  |  |
|---|--|--|
| Date  | Payee name<br>Payee address; City; State; Zip Code | Amount (\$)  |
| Purpose of expenditure<br>(If travel outside of Texas, complete Schedule T) |  | <input type="checkbox"/> Reimbursement from political contributions intended |

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