

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Luis Ruiz

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
09 APR -9 PM 2:49

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 5941 Maclin El Paso TX 79924

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (915) 751-4895

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
 Promotor Lucia

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 3201 Cornwall El Paso TX 79925

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (915) 238-2532

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR
 01 / / 09 THROUGH 04 / 09 / 09

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff General Special
 04 / 09 / 09

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District 4 Rep City Council

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME Luis Ruiz **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

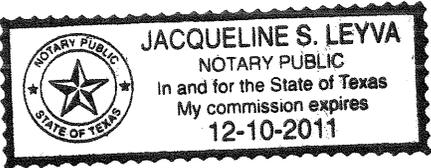
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required 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 |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

09 APR - 9 AM 2:49
CITY CLERK DEPT.

| | | |
|--------------------------------|---|-----------------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 86 ⁰⁰ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1236 ⁰⁰ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1382 ⁰⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 399 ⁰⁰ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 500 ⁰⁰ |

19 AFFIDAVIT



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

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

LUIS RUIZ
Campaign Finance Report
30 Days Prior to Election
April 9, 2009

**POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES
OR LOANS**

SCHEDULE A

| Contributors Name | Contributors Address | City | State | Zip | Amount of Contribution |
|--------------------------|-----------------------------|-------------|--------------|------------|-----------------------------------|
| Lilia Ruiz | 5941 Marlin | El Paso | Texas | 79924 | \$500 |
| Juana Ruiz | 5941 Marlin | El Paso | Texas | 79924 | \$250 |
| Ismael Garcia | 5832 Pompano | El Paso | Texas | 79924 | \$200 |
| Ellie Elmer | 4521 Loma De Cobre | El Paso | Texas | 79934 | \$200 |
| <hr/> Total | | | | | \$1,150 |

CITY CLERK DEPT.
09 APR -9 PM 2:49

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: <i>See Attached</i> | |
| 2 FILER NAME <i>Luis Ruiz</i> | | 3 ACCOUNT # (Ethics Commission filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) | | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| (If travel outside of Texas, complete Schedule T) | | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

09 APR -9 PM 2:49
CITY CLERK DEPT.

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
See Attached

2 FILER NAME
Luis Ruiz

3 ACCOUNT # (Ethics Commission filers)

| | | |
|--------|--|---------------|
| 4 Date | 5 Payee name | 7 Amount (\$) |
| | 6 Payee address; City; State; Zip Code | |

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

09 APR -9 PM 2:50
CITY CLERK DEPT.

LUIS RUIZ
 Campaign Finance Report
 30 Days Prior to Election
 April 9, 2009

POLITICAL EXPENDITURES

SCHEDULE F

| Payee Name | Payee Address | | | | Amount | Purpose of Payment |
|-------------------------|------------------------------------|---------|----|-------|----------------|--|
| David's Banner | 9911 Carnegie Ave | El Paso | TX | 79925 | \$600 | signs |
| Valley Printers | 710 N Clark Dr | El Paso | TX | 79905 | \$69.31 | flyers |
| Larry Overstreet | 1803 E. Yandell | El Paso | TX | 79902 | \$100 | signs |
| Office Depot | 8701 Gateway Blvd W | El Paso | TX | 79925 | \$126.00 | flyers/campaign supplies |
| La Estella | 421 S Stanton St | El Paso | TX | 79901 | \$99.59 | Shirts |
| Wal-Mart Supercenter | 4530 Woodrow Bean Transmountain Dr | El Paso | TX | 79924 | \$212.37 | Candy/gift for seniors/campaign supplies/water |
| Regal Piedmont Plastics | 10871 Pellicano Dr, #B | El Paso | TX | 79935 | \$108.25 | signs materials |
| Bank of America | PO Box 25118 | Tampa | FL | 33622 | \$66.00 | Campaign Bank Account |
| Total | | | | | \$1,382 | |

CITY CLERK DEPT.
 09 APR -9 PM 2:50

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Luis Ruiz

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

Luis Ruiz

500⁰⁰

6 Is lender a financial Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y

(N)

5941 Marlin El Paso TX 79924

0%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

self

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Lender address; City; State; Zip Code

Interest rate

Y

N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.
29 APR -9 PM 2:50