

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: 7 w/ Candidate Rpt.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>TRINIDAD</u> FIRST MI NICKNAME LAST SUFFIX <u>MONOZ</u>	OFFICE USE ONLY Date Received 09 APR 29 11:29 AM CITY CLERK DEPT. Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>411 LESALU</u> <u>EL PASO, TX 79915</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 867-9359		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MILES</u> FIRST MI NICKNAME LAST SUFFIX <u>KETTEL</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>12701 TIERRA Lily</u> <u>EL PASO, TX 79938</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 857-5848		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>3 / 31 / 09</u> <u>4 / 27 / 09</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 9 / 09</u>	ELECTION TYPE <input 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) <u>CITY REPRESENTATIVE DIST #7</u>	
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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 3	
2 FILER NAME TRINIDAD MONOZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City, State, Zip Code		
		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/09	Melanie K Wayne or George C Wayne Contributor address; City, State, Zip Code 5595 West 80th Dr El Paso, TX 79932	\$100.00	
		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/09	DENISE M. MAY Contributor address; City, State, Zip Code 1420 Cloud Ridge Dr El Paso, TX 79912	\$100.00	
		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/09	DENISE M. MAY Contributor address; City, State, Zip Code 1420 Cloud Ridge Dr El Paso, TX 79912	\$50.00	
		(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#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/09	MAIDA P. QUINONES Contributor address; City, State, Zip Code 1497 Paseo De Flores St. El Paso, TX 79928	\$50.00	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

09 APR 29 PM 1:29
CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME TRINIDAD MUÑOZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/2/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) OCTAVIO TORRES LORENA TORRES 5 Contributor address; City; State; Zip Code 1143 CALLE PARQUE DR EL PASO, TX 79912	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4/2/09	LAURA P. CORTER 12438 PASADO BLANCO DR. EL PASO, TX 79928	\$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/3/09	LOUIS OR MIRIAM ROSENBAUM 315 E. RIM RD. EL PASO, TX 79902	\$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/3/09	J. JERRY ROSENBAUM P.O. BOX 544 EL PASO, TX 79944	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/3/09	MARVIN ROSENBAUM LISA D. ROSENBAUM P.O. BOX 1183 EL PASO, TX 79947	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE **A**

The Instruction Guide explains how to complete this form. **1** Total pages this Schedule B: **3 of 3**

2 FILER NAME: **TRINIDAD MONOZ** **3** ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: \$

5 Date: **4/24/09** **6** Full name of pledgor out-of-state PAC (ID#: _____): **EL PASO APARTMENT ASSOCIATION**
7 Pledgor address; City; State; Zip Code: **5730 EAST PALMARD
 EL PASO, TX 79925** **8** Amount of pledge (\$): **\$ 750** **9** In-kind description (if applicable):
 (If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date: **4/25/09** Full name of pledgor out-of-state PAC (ID#: _____): **JEAN MARIE KIRBY**
 Pledgor address; City; State; Zip Code: **308 DRURY LN
 EL PASO, TX 79915** Amount of pledge (\$): **\$100.00** In-kind description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: **4/10/09** Full name of pledgor out-of-state PAC (ID#: _____): **ALLEN SERRA**
 Pledgor address; City; State; Zip Code: **595 Cora Place
 EL PASO, TX 79915** Amount of pledge (\$): **\$123.00** In-kind description (if applicable): **YARD SIGNS**
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: Full name of pledgor out-of-state PAC (ID#: _____):
 Pledgor address; City; State; Zip Code: Amount of pledge (\$): In-kind description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: Full name of pledgor out-of-state PAC (ID#: _____):
 Pledgor address; City; State; Zip Code: Amount of pledge (\$): In-kind description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
1 of 2

2 FILER NAME TRINIDAD MUÑOZ 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/2/09</u>	5 Payee name <u>TRINIDAD MUÑOZ</u>	7 Amount (\$) <u>\$ 250.00</u>
6 Payee address; City; State; Zip Code <u>411 LESA LN EL PASO, TX 79915</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>RE-PAY LOAN</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: <u>TRINIDAD MUÑOZ</u> Office sought: <u>CITY REP. DIST #7</u> Office held:
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Date <u>4/2/09</u>	Payee name <u>DORA AD</u>	Amount (\$) <u>\$ 47.63</u>
Payee address; City; State; Zip Code <u>2624 DUNDON DR EL PASO, TX 79925</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Buttons</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: <u>TRINIDAD MUÑOZ</u> Office sought: <u>CITY REP. DIST #7</u> Office held:
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Date <u>4/4/09</u>	Payee name <u>OFFICE DEPOT</u>	Amount (\$) <u>\$ 208.84</u>
Payee address; City; State; Zip Code <u>1111 CTERONIMO DR. EL PASO, TX 79925</u>		

Purpose of payment (See instructions regarding type of information required.) <u>ENVELOPES</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: <u>TRINIDAD MUÑOZ</u> Office sought: <u>CITY REP. DIST #7</u> Office held:
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Date <u>4/9/09</u>	Payee name <u>H & H</u>	Amount (\$) <u>\$ 659.31</u>
Payee address; City; State; Zip Code <u>9020 MAYFLOWER AVE EL PASO, TX 79925</u>		

Purpose of payment (See instructions regarding type of information required.) <u>MAILING, PRINTING & POSTAGE</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name: <u>TRINIDAD MUÑOZ</u> Office sought: <u>CITY REP. DIST #7</u> Office held:
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CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
2 of 2

2 FILER NAME
TRINIDAD MONOZ

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/16/09

5 Payee name
H & H
6 Payee address; City; State; Zip Code
9020 MAYFLOWER AVE
EL PASO, TX 79925

7 Amount (\$)
\$338.90

8 Purpose of payment (See instructions regarding type of information required.)
mailing, printing & postage
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name
TRINIDAD MONOZ
Office sought
City Rep. Dist #7
Office held

Date
4/24/09

Payee name
H & H
Payee address; City; State; Zip Code
9020 MAYFLOWER AVE
EL PASO, TX 79925

Amount (\$)
\$1,553.95

Purpose of payment (See instructions regarding type of information required.)
mailing, printing & postage
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name
TRINIDAD MONOZ
Office sought
City Rep. Dist #7
Office held

Date
4/22/09

Payee name
AMIGO SIGNS
Payee address; City; State; Zip Code
9584 DYER
EL PASO, TX

Amount (\$)
\$92.01

Purpose of payment (See instructions regarding type of information required.)
BANAER
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name
TRINIDAD MONOZ
Office sought
City Rep. Dist #7
Office held

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME TRINIDAD MUÑOZ 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

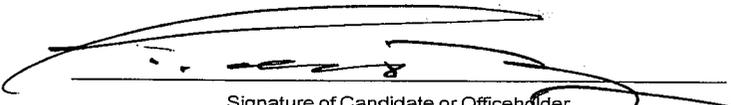
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 2,453.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,150.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,750.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

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

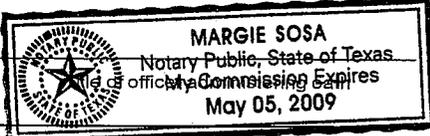

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TRINIDAD MUÑOZ, this the 27th day of April, 2009, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

MARGIE SOSA Printed name of officer administering oath



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