

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Richard "Rick" Olivo NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 920501 El Paso, TX 79902	Date Received Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 584-3030	Receipt #	Amount 25
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sharon D. Olivo NICKNAME LAST SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 920501 El Paso, TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 584-3030		
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 04 / 10 / 2009 THROUGH 05 / 01 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2009	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) Judge, Municipal Court #4	13 OFFICE SOUGHT (if known) Judge, Municipal Court #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 Address / PO Box; Apt. / Suite #; City; State; Zip Code		

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

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

15 C/OH NAME
Rick Olivo

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

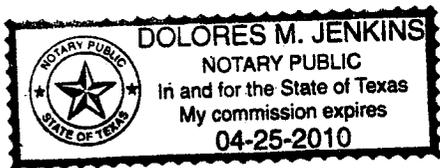
additional pages

•• 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	09 MAY - 1 PM 3:05 CITY CLERK DEPT.
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC	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	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,727.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,573.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Richard A. Olivo
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard A. Olivo, this the 1st day of May, 2009, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Print name of officer administering oath

Notary
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 Rick Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-10-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul D. Dunham	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6364 LA POSTA, EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Jewelry Manufacturing		10 Contributor's job title Owner	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
4/10/09 4-10-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred & Janet Lucero	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6604 BURCIAGA, EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Retired		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)			
04/11/09 04/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Aaronson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7362 REMCOM, 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 Law Offices of Michael Aaronson		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

09 MAY -1 PM 3:05
CITY CLERK DEPT.

**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):	
2 FILER NAME Rick Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-13-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Medina	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 971454, EL PASO, TX 79997		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Insurance Sales		10 Contributor's job title Owner	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
4/23/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fire Local #51	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3112 FORNEY, EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation N/A		Contributor's job title N/A	
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)			
4/27/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso County Sheriff's Officers' Association	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 747 E. SAN ANTONIO, EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation N/A		Contributor's job title N/A	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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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):	
2 FILER NAME Rick Olivo		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-11-09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glen Southerland 6 Contributor address; City; State; Zip Code 8811 ALAMEDA, EL PASO, TX 79907	7 Amount of contribution (\$) 150.00	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer/law firm Law Offices of Glen Southerland		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 4-11-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Wright Contributor address; City; State; Zip Code 916 MAGOFFIN, EL PASO, TX 79901	Amount of contribution (\$) 100.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Law Office of Tom Wright		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 4-11-09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Velarde Contributor address; City; State; Zip Code 1216 MONTANA, EL PASO, TX 79902	Amount of contribution (\$) 250.00	In-kind contribution description(if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Law Offices of Ray Velarde		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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09 MAY -1 PM 3-05

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Rick Olivo		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-11-09	5 Payee name VFW Post #5615 6 Payee address; City; State; Zip Code UNKNOWN	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) DONATION (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 4-14-09	Payee name Airport Printing Service Payee address; City; State; Zip Code 7 LEIGH FISHER, EL PASO, TX 79906	Amount (\$) 377.79
Purpose of payment (See instructions regarding type of information required.) INVITATIONS (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-23-09	Payee name El Paso Times Payee address; City; State; Zip Code 300 N. CAMPBELL, EL PASO, TX 79901	Amount (\$) 2800.00
Purpose of payment (See instructions regarding type of information required.) TAB-ON ADVERTISING (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4-13-09	Payee name Zhejiang Hanzhou Co. Payee address; City; State; Zip Code No 47 YUQUAN RD. FENSHUI TOWN, TONGLU CO. ZHEJIANG PROVINCE, CHINA	Amount (\$) 1450.00
Purpose of payment (See instructions regarding type of information required.) PENS (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		

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02/11/11 PM 3:05