

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:** 5

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: _____ FIRST: **TRINIDAD** MI: _____
 NICKNAME: _____ LAST: **MONOZ** SUFFIX: _____

OFFICE USE ONLY

Date Received: 09 APR -9 AM 10:45
 CITY CLERK DEPT

Date Hand-delivered or Date Postmarked: _____

Receipt # _____ Amount: _____

Date Processed: _____

Date Imaged: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: **411 LESA LN EL PASO, TX 79915**
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: **(915)** PHONE NUMBER: **867-9359** EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: **(D)** FIRST: **miles** MI: _____
 NICKNAME: _____ LAST: **Kettel** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
 (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): **12701 TIERRA Lily EL PASO TX 79915**
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: **(915)** PHONE NUMBER: **857-5848** EXTENSION: _____

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: **2 / 9 / 09** THROUGH Month Day Year: **3 / 31 / 09**

11 ELECTION
 ELECTION DATE: Month Day Year: **5 / 9 / 09**
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE OFFICE HELD (if any): _____ **13 OFFICE SOUGHT (if known):** **City Representative District #7**

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

TRINIDAD MUÑOZ

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

CITY CLERK DEPT.
09 APR -9 AM 10:45

18 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 4,000.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 250.00

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

\$ 250.00

19 AFFIDAVIT

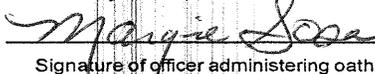
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



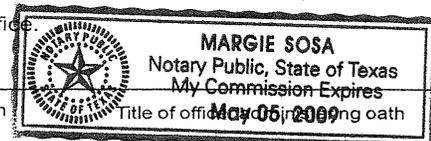
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TRINIDAD MUÑOZ this the 7th 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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY CLERK DEPT. SCHEDULE A
 09 APR -9 AM 10:45

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

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

4 Date **3/26/09** **5** Full name of contributor out-of-state PAC (ID# _____) **HERESA Caballero**
6 Contributor address; City; State; Zip Code **2726 RICHMOND AVE EL PASO TX 79930**
7 Amount of contribution (\$) **\$500.00** **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 **3/30/09** Full name of contributor out-of-state PAC (ID# _____) **SYLVIA SANDOVAL DANIEL RUTAS**
 Contributor address; City; State; Zip Code **10900 LOMA DE COLOR DR. EL PASO, TX 79934**
 Amount of contribution (\$) **\$150.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **3/24/09** Full name of contributor out-of-state PAC (ID# _____) **MARTHA MENDOZ**
 Contributor address; City; State; Zip Code **3165 CRAZY HORSE DR. EL PASO TX 79936**
 Amount of contribution (\$) **\$100.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **3/29/09** Full name of contributor out-of-state PAC (ID# _____) **DARWELLE LITTLE JAMES LITTLE**
 Contributor address; City; State; Zip Code **1771 BROOK HARBOR EL DORADO HILLS, CA 95762**
 Amount of contribution (\$) **\$500.00** In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

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

Date **3/30/09** Full name of contributor out-of-state PAC (ID# _____) **D.W. CHAMBERS A.R. CHAMBERS**
 Contributor address; City; State; Zip Code **5435 SURMAR DR. EL DORADO HILLS, CA 95762**
 Amount of contribution (\$) **\$500.00** In-kind contribution description (if applicable)
 (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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

09 APR -9 AM 10:45

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 2	
2 FILER NAME TRINIDAD MUÑOZ		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/3/08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEVEN F BOOCK Rene A BOOCK BOOCK FAMILY TRUST Contributor address; City; State; Zip Code 8085 WARREN COURT GRANITE BAY, CA 95746	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
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)
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)
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)
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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09 APR -9 AM 10:45

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 1
2 FILER NAME TRINIDAD MONOZ		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 250.00
5 Date of loan 8/3/09	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) TRINIDAD MONOZ	9 Loan Amount (\$) \$250.00
6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	8 Lender address; City; State; Zip Code 411 LEGAL LN EL PASO, TX 79915	10 Interest rate 0
12 Principal occupation / Job title (See Instructions) UNION ORGANIZER		13 Employer (See Instructions) THE NATIONAL TREASURY EMPLOYEES UNION
14 Description of Collateral <input type="checkbox"/> none N/A		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor N/A	18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code N/A		
19 Principal Occupation	20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation	Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 APR -9 AM 10:45

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1 of 1</i>
2 FILER NAME <i>TRINIDAD MUÑOZ</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>03/03/09</i>	5 Payee name <i>City of EL PASO</i>	7 Amount (\$) <i>\$ 250.00</i>
6 Payee address; City; State; Zip Code <i>Civic Center, EL PASO, TX 79901 Plaza</i>		
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 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
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
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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