

# 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:** 19

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI MS MARIA	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX "MAYELA" MEJIA	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11355 LAKE OZARK EL PASO, TX. 79936	Date Received 2011 MAY - 5 AM 11:34 CITY CLERK DEPT.
	<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	Date Hand-delivered or Postmarked
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI MR Alfonso	Receipt #
	NICKNAME LAST SUFFIX "AI" VELARDE	Amount
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	AREA CODE PHONE NUMBER EXTENSION (915) 274-8938	Date Processed
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8501 Edgemere EL PASO, TX. 79925	Date Imaged

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (915) 253-2178
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<b>9 REPORT TYPE</b>	<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)
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<b>10 PERIOD COVERED</b>	Month Day Year 4 / 15 / 2011	THROUGH	Month Day Year 5 / 4 / 2011
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<b>11 ELECTION</b>	ELECTION DATE Month Day Year 5 / 14 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> CITY REPRESENTATIVE DIST. 5
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<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b> <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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME MARIA "MAYELA" MEJIA 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.

additional pages

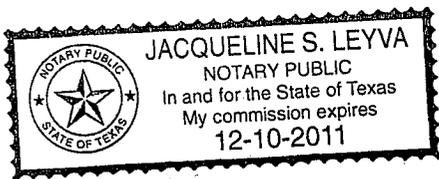
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

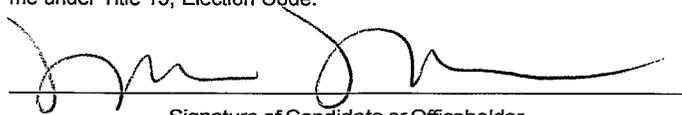
CITY CLERK DEPT.  
2011 MAY -5 AM 11:34

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)	\$ 6,337.21
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,748.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,994.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

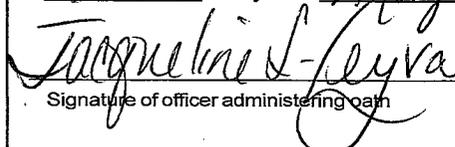
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Mejia, this the 5th day of May, 20 11, 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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME  
**MARIA "MAYELA" MEJIA**

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **4/15/11**  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jose Federico Lopez-Moreno**  
6 Contributor address; City; State; Zip Code  
**10713 Sports Ct. Apt A  
EL PASO, TX. 79935**

7 Amount of contribution (\$): **\$ 300.00**  
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: **4/15/11**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**ELMA Carreto**  
Contributor address; City; State; Zip Code  
**EL PASO, TX. 79902**

Amount of contribution (\$): **\$ 99.00**  
In-kind contribution description (if applicable)  
  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **4/15/11**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Debra Hester**  
Contributor address; City; State; Zip Code  
**6102 Pinehurst  
EL PASO, TX. 79912**

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: **4/15/11**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Daniel Anchondo**  
Contributor address; City; State; Zip Code  
**2509 MONTANA AVE  
EL PASO, TX. 79903**

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: **4/15/11**  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John Cook**  
Contributor address; City; State; Zip Code  
**3274 mesa verde  
EL PASO, TX. 79904**

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)

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

2011 MAY -5 AM 11:34  
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 FILER NAME

MARIA "MARIELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/16/11

5 Full name of contributor  out-of-state PAC (ID#:

Richard Wiles

6 Contributor address; City; State; Zip Code

8947 COMET  
EL PASO, TX. 79904

7 Amount of contribution (\$)

\$ 100.00

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

4/16/11

Full name of contributor  out-of-state PAC (ID#:

Woody & Gayle Hunt

Contributor address; City; State; Zip Code

P.O. Box 12220  
EL PASO, TX. 79915

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

4/18/11

Full name of contributor  out-of-state PAC (ID#:

Luis Carlos Sandoval

Contributor address; City; State; Zip Code

7670 Barton  
EL PASO, TX. 79915

Amount of contribution (\$)

\$ 125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18/11

Full name of contributor  out-of-state PAC (ID#:

West Miller

Contributor address; City; State; Zip Code

3933 Caruth Drive  
Dallas, TX. 75225

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

4/21/11

Full name of contributor  out-of-state PAC (ID#:

Gerald Rubin & Stanley Rubin

Contributor address; City; State; Zip Code

538 Laurel Canyon  
EL PASO, TX. 79912

Amount of contribution (\$)

\$ 1,000.00

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 SCHEDULE 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**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>MARIA "MARIELA" MEJIA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/15/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christina Acosta</b> 6 Contributor address; City; State; Zip Code <b>9327 Elgin EL PASO, TX. 799</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4/15/11	Troy Hicks Contributor address; City; State; Zip Code 11608 BOB Mitchell EL PASO, TX. 79936	\$150.00	WOOD STAKES for signs
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/15/11	Stanley Jobe Contributor address; City; State; Zip Code 1150 Southview EL PASO, TX. 79928	\$138.00	food for event for Campaign Volunteers
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/15/11	Women's Political Action Committee Contributor address; City; State; Zip Code 1125 E. Baltimore EL PASO, TX. 79902	\$1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4/16/11	NARCIZA Moreno Contributor address; City; State; Zip Code 2109 Wood fin EL PASO, TX. 79925	\$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

4/2/11

Oscar Venegas  
6 Contributor address; City; State; Zip Code  
516 Crossbend  
EL PASO, TX. 79932

\$ 250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/2/11

Louis Rosenbaum  
Contributor address; City; State; Zip Code  
318 Rim Rd.  
EL PASO, TX. 79902

\$ 25<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/30/11

Daniel Salazar  
Contributor address; City; State; Zip Code  
P.O. BOX 971244  
EL PASO, TX. 79997

\$ 50<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/30/11

E.P. Four Amigos LP  
Contributor address; City; State; Zip Code  
6044 Gateway East suite# 900

\$ 800<sup>00</sup>

Campaign headquarters

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

L

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

2011 MAY -5 AM 11:34  
CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1/13	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
------------------------------------------	---------------------------------------------	-----------------------------------------------

<b>4</b> Date 4/15/11	<b>5</b> Payee name Ken Sutherland
--------------------------	---------------------------------------

<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 424 Granada EL PASO, TX. 79912
----------------------------------	------------------------------------------------------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Month of April Partial Pymt.
---------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 4/15/11	Payee name ART ALBO
-----------------	------------------------

Amount (\$) \$240.00	Payee address; City; State; Zip Code EL PASO, TX. 79936
-------------------------	------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Install Banner on mobile billboard
------------------------	----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/15/11	Payee name Refugio CHAVIRRA
-----------------	--------------------------------

Amount (\$) \$220.00	Payee address; City; State; Zip Code 500 Rubin EL PASO, TX. 79912
-------------------------	-------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Putting-up campaign signs
------------------------	--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/15/11	Payee name EL PASO WATER UTILITIES
-----------------	---------------------------------------

Amount (\$) \$215.70	Payee address; City; State; Zip Code P.O. BOX 511 EL PASO, TX. 79961
-------------------------	----------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Utilities Svc.	Description (If travel outside of Texas, complete Schedule T) Water Utilities for headquarters
------------------------	--------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2113		<b>2</b> FILER NAME MARIA "MAYELA" Mejia		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/18/2011		<b>5</b> Payee name Ken Sutherland			
<b>6</b> Amount (\$) \$114.31		<b>7</b> Payee address; City; State; Zip Code 424 Granada EL PASO, TX. 79912			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Reimbursement		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Supplies for Campaign	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/18/2011		<b>Payee name</b> Auto Zone			
<b>Amount (\$)</b> \$40.04		<b>Payee address; City; State; Zip Code</b> 2940 George Dieter EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Other		<b>Description (If travel outside of Texas, complete Schedule T)</b> Booster Copies for Campaign	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/18/2011		<b>Payee name</b> Walgreens			
<b>Amount (\$)</b> \$34.02		<b>Payee address; City; State; Zip Code</b> 2950 George Dieter EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Office Supplies		<b>Description (If travel outside of Texas, complete Schedule T)</b> Binders, pens, Highlighter for GOTV WALK	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/18/2011		<b>Payee name</b> Best Buy			
<b>Amount (\$)</b> \$559.21		<b>Payee address; City; State; Zip Code</b> 1470 Joe Battle EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Computer Equipment		<b>Description (If travel outside of Texas, complete Schedule T)</b> Computer Equipment	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 3113		<b>2</b> FILER NAME MARIA "MARIELA" Mejia		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/18/2011		<b>5</b> Payee name Diamond Shamrock			
<b>6</b> Amount (\$) \$ 75.00		<b>7</b> Payee address; City; State; Zip Code 9485 Viscourt EL PASO, TX. 79925			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Fuel Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
<b>Date</b> 4/18/2011		<b>Payee name</b> Reliant Labels			
<b>Amount (\$)</b> \$243.56		<b>Payee address; City; State; Zip Code</b> 11400 Rojas EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> Vehicle Magnets - 4 sets	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
<b>Date</b> 4/18/2011		<b>Payee name</b> SAM'S Club			
<b>Amount (\$)</b> \$ 190.17		<b>Payee address; City; State; Zip Code</b> 3495 Pellicano EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Food / Beverage Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> FOOD For volunteers	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
<b>Date</b> 4/19/2011		<b>Payee name</b> David's Apparel			
<b>Amount (\$)</b> \$480.36		<b>Payee address; City; State; Zip Code</b> 9901 Carnegie EL PASO, TX. 79925			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category (See categories listed at the top of this schedule)</b> Advertising Expense		<b>Description (If travel outside of Texas, complete Schedule T)</b> DOWN PAYMENT FOR Campaign T-shirts & caps	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

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CITY CLERK DEPT.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 4113	<b>2</b> FILER NAME MARIA "MARIELA" Mejia	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/22/2011	<b>5</b> Payee name Howdy's #1325
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<b>6</b> Amount (\$) \$85.00	<b>7</b> Payee address; City; State; Zip Code 10555 Gateway East EL PASO, TX. 79925
---------------------------------	-------------------------------------------------------------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel Expense	(b) Description (If travel outside of Texas, complete Schedule T) In District travel
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/2011	Payee name Best Buy
-------------------	------------------------

Amount (\$) \$70.33	Payee address; City; State; Zip Code 1470 Joe Battle EL PASO, TX. 79936
------------------------	-------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Computer Equipment	Description (If travel outside of Texas, complete Schedule T) Computer Equipment
------------------------	------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/23/2011	Payee name I-MAX Computers
-------------------	-------------------------------

Amount (\$) \$54.12	Payee address; City; State; Zip Code 2921 George Dieter Suite E EL PASO, TX. 79936
------------------------	------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Svc	Description (If travel outside of Texas, complete Schedule T) Phone Banking
------------------------	---------------------------------------------------------------------------	--------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/23/2011	Payee name Auto Zone #3068
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Amount (\$) \$110.91	Payee address; City; State; Zip Code 2940 George Dieter EL PASO, TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Repair for Campaign	Description (If travel outside of Texas, complete Schedule T) Battery for Campaign
------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Van	Office sought	Office held Van
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CITY CLERK DEPT.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 513	<b>2</b> FILER NAME Maria "Mayela" Mejia	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/23/11	<b>5</b> Payee name McDonalds
--------------------------	----------------------------------

<b>6</b> Amount (\$) \$68.20	<b>7</b> Payee address; City; State; Zip Code 1895 Lee Trevino EL PASO, TX. 79936
---------------------------------	-----------------------------------------------------------------------------------------

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD/Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Breakfast Food For Volunteers
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date 4/23/11	Payee name LEO'S
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Amount (\$) \$45.77	Payee address; City; State; Zip Code 1921 W. Zaragosa Bldg. F EL PASO, TX. 79938
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FOOD/Beverage	Description (If travel outside of Texas, complete Schedule T) Lunch For volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/11	Payee name 7-11
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 2955 George Dieter EL PASO, TX. 79936
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fuel for Campaign	Description (If travel outside of Texas, complete Schedule T) In District Travel
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name vehicle	Office sought	Office held
-----------------------------------------------------	------------------------------------------	---------------	-------------

Date 4/24/2011	Payee name Great American Steakburger
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Amount (\$) \$47.63	Payee address; City; State; Zip Code 2220 W. Yarbrough EL PASO, TX. 79925
------------------------	---------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) FOOD/Beverage	Description (If travel outside of Texas, complete Schedule T) Volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 10113	<b>2</b> FILER NAME MARIA "MAYELA" Mejia	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/19/2011	<b>5</b> Payee name ZIPPY PRINTING
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<b>6</b> Amount (\$) \$224.51	<b>7</b> Payee address; City; State; Zip Code 2855 Pershing EL PASO, TX. 79903
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) push cards
---------------------------------	------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 4/25/2011	<b>Payee name</b> Refugio Chavirra
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<b>Amount (\$)</b> \$320.00	<b>Payee address; City; State; Zip Code</b> 500 Rubin EL PASO, TX 79912
--------------------------------	-------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Contract Labor	<b>Description</b> (If travel outside of Texas, complete Schedule T) putting up & fixing signs
-------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

<b>Date</b> 4/25/2011	<b>Payee name</b> Ken Sutherland
--------------------------	-------------------------------------

<b>Amount (\$)</b> \$526.40	<b>Payee address; City; State; Zip Code</b> 424 Granada EL PASO, TX. 79912
--------------------------------	----------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) full payment for month of April
-------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

<b>Date</b> 4/25/2011	<b>Payee name</b> EL PASO COUNTY Democratic PARTY
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<b>Amount (\$)</b> \$160.00	<b>Payee address; City; State; Zip Code</b> 3231 E Wyoming EL PASO, TX. 79902
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Fundraising Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) ENCHILADA dinner
-------------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7113		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/25/11		5 Payee name ADDIE BEE'S			
6 Amount (\$) \$113.21		7 Payee address; City; State; Zip Code 1985 George Dieter EL PASO, TX 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD / Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Campaign meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/11		Payee name H+H MAILING SVCS.			
Amount (\$) \$874.17		Payee address; City; State; Zip Code 9020 MAYFLOWER EL PASO, TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) MAIL OUT EXPENSE		Description (If travel outside of Texas, complete Schedule T) MAIL OUT POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/11		Payee name OFFICE DEPOT			
Amount (\$) \$442.93		Payee address; City; State; Zip Code 9801 Gateway West EL PASO, TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE Overhead		Description (If travel outside of Texas, complete Schedule T) Supplies, INK, MAIL-OUT	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held <i>copies</i>	
Date 4/26/11		Payee name Pirco Charbroil			
Amount (\$) \$32.68		Payee address; City; State; Zip Code 10740 Pebbie Hills EL PASO, TX. 79935			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / Beverage		Description (If travel outside of Texas, complete Schedule T) corner volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 8/13		<b>2</b> FILER NAME MARIA "MAVELA" MEJIA		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/26/11		<b>5</b> Payee name APPLE BEE'S			
<b>6</b> Amount (\$) \$69.98		<b>7</b> Payee address; City; State; Zip Code 1985 George Dieter EL PASO, TX. 79936			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) FOOD / Beverage		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) MEETING W/ POLL WORKERS	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/26/11		Payee name SAM'S CLUB			
Amount (\$) \$301.75		Payee address; City; State; Zip Code 3950 Pellicano EL PASO, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / Beverage		Description (If travel outside of Texas, complete Schedule T) PARTY FOR YOUNG VOTERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/27/11		Payee name SUBWAY			
Amount (\$) \$29.23		Payee address; City; State; Zip Code 10112 Montwood EL PASO, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / Beverage		Description (If travel outside of Texas, complete Schedule T) FOOD FOR VOLUNTEERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/28/11		Payee name LITTLE CEASERS PIZZA			
Amount (\$) \$57.97		Payee address; City; State; Zip Code 1840 W. Lee Trevino EL PASO, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD / Beverage		Description (If travel outside of Texas, complete Schedule T) GOTV VOLUNTEERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

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1 Total pages Schedule F: 9113	2 FILER NAME MARIA "MARCELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/28/11	5 Payee name TARGET
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6 Amount (\$) \$ 241.56	7 Payee address; City; State; Zip Code JDE BATTLE EL PASO, TX 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/28/11	Payee name KMAR
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Amount (\$) \$ 71.12	Payee address; City; State; Zip Code 11330 MONTWOOD EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling Expense	Description (If travel outside of Texas, complete Schedule T) Ice Chests
------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/29/11	Payee name Mc Donald's
-----------------	---------------------------

Amount (\$) \$ 14.02	Payee address; City; State; Zip Code 1895 Lee Trevino EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD / Beverage	Description (If travel outside of Texas, complete Schedule T) Breakfast FOOD FOR VOLUNTEERS
------------------------	---------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date 4/29/11	Payee name Schlotzky's
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Amount (\$) \$ 55.35	Payee address; City; State; Zip Code 1840 Lee Trevino EL PASO, TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage	Description (If travel outside of Texas, complete Schedule T) Lunch For Volunteers
------------------------	-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1013		<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/29/11		<b>5</b> Payee name MURPHY USA			
<b>6</b> Amount (\$) \$75.00		<b>7</b> Payee address; City; State; Zip Code 1820 N. Zaragosa EL PASO, TX. 79936			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Fuel Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) IN DISTRICT TRAVEL	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/29/11		<b>Payee name</b> SANDY CREEK POST OFFICE			
<b>Amount (\$)</b> \$88.00		<b>Payee address; City; State; Zip Code</b> 1330 GEORGE DIETER EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) MAIL Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) FOR FUNDRAISER INVITE	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/29/11		<b>Payee name</b> DAVID'S APPAREL			
<b>Amount (\$)</b> \$480.36		<b>Payee address; City; State; Zip Code</b> 9901 CARNEGIE EL PASO, TX. 79925			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Advertisement Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) CAPS & T-SHIRTS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 5/4/11		<b>Payee name</b> OFFICE DEPOT			
<b>Amount (\$)</b> \$34.50		<b>Payee address; City; State; Zip Code</b> 9801 GATEWAY WEST EL PASO, TX. 79925			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) PRINTING Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) LABELS FOR CANDY	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 11/13	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/4/11	<b>5</b> Payee name 7-11
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 2955 George Dieter EL PASO, TX. 79936
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel Expense	(b) Description (If travel outside of Texas, complete Schedule T) In District Travel
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 5/4/11	<b>Payee name</b> JACK in The BOX
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<b>Amount (\$)</b> \$19.41	<b>Payee address; City; State; Zip Code</b> 2950 McRae EL PASO, TX. 79925
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> FOOD Beverage	<b>Description (If travel outside of Texas, complete Schedule T)</b> Breakfast For volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 5/4/11	<b>Payee name</b> Marie mier
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<b>Amount (\$)</b> \$150.00	<b>Payee address; City; State; Zip Code</b> 3712 Festival EL PASO, TX. 79912
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> Contract Labor	<b>Description (If travel outside of Texas, complete Schedule T)</b> Pail worker
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 5/4/11	<b>Payee name</b> GOOD TIME STORE
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<b>Amount (\$)</b> \$96.43	<b>Payee address; City; State; Zip Code</b> 1895 George Dieter EL PASO, TX. 79936
-------------------------------	-----------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> Fuel Expense	<b>Description (If travel outside of Texas, complete Schedule T)</b> mobile Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                                                            |
|---------------------|-------------------------------|----------------------------------|----------------------------------------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement                                               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense                                 |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |                                                                            |

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 1213		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/4/11		5 Payee name Apple Bee's			
6 Amount (\$) \$52.78		7 Payee address; City; State; Zip Code 1985 George Dieter EL PASO, TX 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/Beverage		(b) Description (If travel outside of Texas, complete Schedule T) Campaign meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/4/11		Payee name Clear Channel			
Amount (\$) \$665. <sup>00</sup>		Payee address; City; State; Zip Code 2305 Sparkman EL PASO, TX. 79903			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) Billboard	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/4/11		Payee name PROJECT AMISTAD			
Amount (\$) \$350. <sup>00</sup>		Payee address; City; State; Zip Code 1359 Lomaland suite 400 EL PASO, TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) HUMANITARIA AWARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/4/11		Payee name DAVIDS APPAREL			
Amount (\$) \$480. <sup>36</sup>		Payee address; City; State; Zip Code 9901 Carnegie EL PASO TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PAID in Full T-shirts & caps	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 13/13	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 5/4/11	<b>5</b> Payee name H+H MAILING SVC
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<b>6</b> Amount (\$) \$903.01	<b>7</b> Payee address; City; State; Zip Code 9020 Mayflower EL PASO TX. 79925
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) MAIL OUT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MAIL OUT POSTAGE
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/4/11	Payee name T-Mobile
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Amount (\$) \$186.06	Payee address; City; State; Zip Code 1875 Lee Trevino EL PASO, TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Phone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/4/11	Payee name ORIENTAL TRADING
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Amount (\$) \$149.75	Payee address; City; State; Zip Code 4206 S. 108th ST. OMAHA, NE. 68137
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) Pencils For EARLY VOTING
------------------------	----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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