



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

FORM C/OH

2011 APR 14 PM 2:58 COVER SHEET PG 2

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

17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	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	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$275.00
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$1,703.20
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	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.

**DOLORES M. JENKINS**  
NOTARY PUBLIC  
In and for the State of Texas  
My commission expires  
04-25-2014

*George Godwin Atkins*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said George Godwin Atkins, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

*Dolores M. Jenkins*  
Signature of officer administering oath

Dolores M. Jenkins  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 2:56

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME GEORGE G. ATKINS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/8/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANTIAGO BATRES	7 Amount of contribution (\$) \$75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10708 JASON, EL PASO, TX 19935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA BATRES	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10708 JASON, EL PASO, TX 19935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNA M. STROH	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10620-C KINROSS EL PASO, TX 19935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD J. LAUZON	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10709 KINROSS EL PASO, TX 19935		(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)
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.

CITY CLERK DEPT.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

2011 APR 14 PM 2:56 SCHEDULE G

**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 G: 3	<b>2</b> FILER NAME GEORGE G. ATKINS	<b>3</b> ACCOUNT # (Ethics Commission Filers)
---------------------------------------	---	---

<b>4</b> Date 3/14/2011	<b>5</b> Payee name CITY OF EL PASO
----------------------------	--

<b>6</b> Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TX 79901
--	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) CANDIDATE FILING FEE
---------------------------------	--	---

Date 3/17/2011	Payee name COUNTY ELECTIONS DEPARTMENT
-------------------	---

Amount (\$) 5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code COUNTY COURTHOUSE 500 E. SAN ANTONIO EL PASO, TX 79901
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) LIST OF DISTRICT 5 VOTERS
------------------------	--	--

Date 3/23/2011	Payee name ANCHOR BOX COMPANY
-------------------	----------------------------------

Amount (\$) 136.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5889 S. GESSNER RD. HOUSTON, TX 77036
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) CLEAR PLASTIC DOORKNOB BAGS FOR FLYERS
------------------------	--	---

Date 3/29/2011	Payee name FED EX OFFICE
-------------------	-----------------------------

Amount (\$) 10.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1410 N. LEE TREVINO EL PASO, TX 79936
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FINAL SET UP OF FLYER ON DISC FOR PRINTER
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT. SCHEDULE G

2011 APR 14 PM 2:56

## 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 G: 3	2 FILER NAME GEORGE G. ATKINS	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	----------------------------------	--

4 Date 3/28/2011	5 Payee name AT & T WEBHOSTING
---------------------	-----------------------------------

6 Amount (\$) 19.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code
--	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE
--------------------------	---	--

Date 3/30/2011	Payee name BUSH SIGNS, L.L.C.
-------------------	----------------------------------

Amount (\$) 569.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 9328 MONTGOMERY, AL 36108-0007
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS & BUTTONS
------------------------	--	---

Date 4/1/2011	Payee name AIRPORT PRINTING SERVICE
------------------	--

Amount (\$) 648.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7A LEIGH FISHER BLVD EL PASO, TX 79906
---	---

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

Date 4/2/2011	Payee name LA TERRAZA
------------------	--------------------------

Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11250 MONTWOOD EL PASO, TX 79936
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) GIFT CARD FOR COMPUTER WORK
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES CITY CLERK DEPT.**  
**MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

2011 APR 14 PM 2:56

**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 G: 3	2 FILER NAME GEORGE G. ATKINS	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	----------------------------------	--

4 Date 4/8/2011	5 Payee name OFFICE DEPOT
--------------------	------------------------------

6 Amount (\$) 9.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1313 GEORGE DIETER DR #D EL PASO, TX 79936
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CLIP BOARDS
--------------------------	--	--

Date 4/12/2011	Payee name ALBERTSONS
-------------------	--------------------------

Amount (\$) 4.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11320 MONTWOOD EL PASO, TX 79936
---	---

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED