

# 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: <b>44</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>MS. MARIA</b> NICKNAME LAST SUFFIX <b>"MAYELA" MEJIA</b>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p>Date Received:</p> <p style="text-align: center; font-size: 1.2em;"><b>2011 APR 1 PM 5:24</b></p> <p style="text-align: center; font-size: 1.2em;"><b>CITY CLERK DEPT.</b></p> <p>Date Hand-delivered or Date Postmarked:</p> <p>Receipt # Amount:</p> <p>Date Processed:</p> <p>Date imaged:</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>11355 LAKE OZARKS EL PASO, TX. 79936</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(915) 274-8938</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr Alfonso</b> NICKNAME LAST SUFFIX <b>"Al" Velarde</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>8501 Edgemere EL PASO, TX. 79925</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(915) 253-2178</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 <b>1 / 18 / 2011    THROUGH    4 / 14 / 2011</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>5 / 14 / 2011</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>City Representative District 5</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p style="font-size: 0.8em;">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.</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT** **FORM C/OH**  
**SUPPORT & TOTALS** **COVER SHEET PG 2**

CITY CLERK DEPT.  
 2011 APR 14 PM 5:24

15 C/OH NAME \_\_\_\_\_ 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

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)	\$ 25,817.83
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,347.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,405.08
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]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Mayela Mejia, this the 14th day of April, 20  , to certify which, witness my hand and seal of office.

*[Signature]*  
 \_\_\_\_\_  
 Signature of officer administering oath

Dolores M. Jenkins  
 \_\_\_\_\_  
 Printed name of officer administering oath

*[Signature]*  
 \_\_\_\_\_  
 Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2011 APR 14 PM 5:25

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 119	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo Pastrana 6 Contributor address; City; State; Zip Code 6117 Via Suerte EL PASO, TX. 79912	7 Amount of contribution (\$) \$99.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla Bermudez Contributor address; City; State; Zip Code 1332 Cheyenne Trail EL PASO, TX. 79925	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Gonzalez Contributor address; City; State; Zip Code 17 Palm #143 EL PASO, TX. 79901	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Gunter-Palafox Contributor address; City; State; Zip Code 925 Park EL PASO, TX. 79902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Malinar Contributor address; City; State; Zip Code 3008 Gaston EL PASO, TX. 79935	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Oscar Perez	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 920164 EL PASO, TX. 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos & Yvonne Leon	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12440 Sun Willow EL PASO, TEXAS 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo & Frances Duran	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 721 Wellesy EL PASO, TX. 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELVIA HERNANDEZ	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4141 Westcity Ct. #33 EL PASO, TX. 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE XAVIER BANALES	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4520 Shady Willow EL PASO, TX. 79922		(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

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Holguin	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6110 Alameda EL PASO, TX. 79905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Porrás	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4719 Frankfort EL PASO, TX. 79905		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall & Paige Bowling	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4655 Cohen EL PASO, TX. 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kisle Davis	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 31492 EL PASO, TX. 79931		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/24/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor & Katherine Marquez	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 205 Dream Spirit Santa Teresa, N.M. 88608		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4/19

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/24/11

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

Betsy & Enrique CASTILLO-TINOJAS

6 Contributor address; City; State; Zip Code

7850 BROADWAY  
EL PASO, TX. 79915

7 Amount of contribution (\$)

\$ 25.00

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

1/24/11

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

Lorena Leon

Contributor address; City; State; Zip Code

12440 SUN WILLOW  
EL PASO, TX. 79938

Amount of contribution (\$)

\$ 40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/11

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

MOLANA & Cynthia Chavarria

Contributor address; City; State; Zip Code

648 Bluff CANYON  
EL PASO, TX. 79912

Amount of contribution (\$)

\$ 20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/11

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

Carlos Aguilar

Contributor address; City; State; Zip Code

3430 Douglas  
EL PASO, TX. 79903

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

1/24/11

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

Dolores Harroquin

Contributor address; City; State; Zip Code

3512 W. YARBROUGH  
EL PASO, TX. 79935

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

Food & refreshments for Fundraiser on 1/24/11

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>5/19</b>	
2 FILER NAME <b>MARIA "MAYELA" MEJIA</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/28/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDUARDO &amp; VICTORIA VALENCIA</b>	7 Amount of contribution (\$) <b>\$200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3609 Alderwood Manor Dr. Horizon City, TX. 79928</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>1/29/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GRACY PORRAS</b>	Amount of contribution (\$) <b>\$1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>359 W. VINTON Rd Vinton, TX. 79821</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/7/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Roberto Favela</b>	Amount of contribution (\$) <b>\$2,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 950 TORWILLO TX. 79853</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/10/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>FERNANDO MARTINEZ</b>	Amount of contribution (\$) <b>\$200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>959 NAVARETTE EL PASO, TX 79907</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>2/11/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert &amp; JOANN TORRES</b>	Amount of contribution (\$) <b>\$1,000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. BOX 961747 EL PASO, TX. 79996</b>		(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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/2/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY DOMINGUEZ	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1608 BILLY CASPER EL PASO, TX. 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea D. WAGNER Chambers	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 TALENT WAY EL PASO, TX. 79928		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS AGUILAR	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3430 DOUGLAS EL PASO, TX. 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean & Elissa Gillespie	Amount of contribution (\$) \$ 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7600 E Doubletree Ranch Rd #150 Scottsdale, AZ. 85050		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/2/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Dipp	Amount of contribution (\$) \$ 136.00	In-kind contribution description (if applicable) COKEs & HOT DOGS for Volunteers
Contributor address; City; State; Zip Code 1000 E. OVERHARD EL PASO, TX. 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 7/19

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/21/11

5 Full name of contributor

 out-of-state PAC (ID#)

Frederic P. DAI BIN

6 Contributor address; City; State; Zip Code

2308 Red Bluff  
EL PASO, TX. 79930

7 Amount of contribution (\$)

\$ 75.00

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

2/21/11

Full name of contributor

 out-of-state PAC (ID#)

DAVID &amp; SUSAN AUSTIN

Contributor address; City; State; Zip Code

5745 Mira Grande  
EL PASO, TX. 79912

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

2/21/11

Full name of contributor

 out-of-state PAC (ID#)

ARMIDA TERAN

Contributor address; City; State; Zip Code

404 ROSE LN  
EL PASO, TX. 79915

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/11

Full name of contributor

 out-of-state PAC (ID#)

Sandra &amp; Tito Porras

Contributor address; City; State; Zip Code

4719 Frankfort  
EL PASO, TX. 79903

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/11

Full name of contributor

 out-of-state PAC (ID#)

FRANCES &amp; LEO DURAN

Contributor address; City; State; Zip Code

721 Wellesley Rd  
EL PASO, TX. 79902

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/27/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noel Rosenbaum 6 Contributor address; City; State; Zip Code 405 Valplano EL PASO, TX. 79912	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan M. Hinojos Contributor address; City; State; Zip Code 255 Chanticleer EL PASO, TX. 79915	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Ortiz Contributor address; City; State; Zip Code 1556 B Greg Powers EL PASO, TEXAS 79934	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupe Felix Contributor address; City; State; Zip Code 1556 B Greg Powers EL PASO TX. 79934	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Patricia Martinez Contributor address; City; State; Zip Code 3304 Crown Hill EL PASO, TX. 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 9/19

2 FILER NAME  
MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/8/11  
5 Full name of contributor: PATRICK GARCIA  
6 Contributor address: 9004 SHAVER EL PASO, TX. 79925

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: 3/8/11  
Full name of contributor: ALEJANDRO & HERMINIA LIZARRAGA  
Contributor address: 916 W. MISSOURI EL PASO, TX. 79902

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: 3/8/11  
Full name of contributor: JESSE SANCHEZ  
Contributor address: 3017 CORK EL PASO, TX. 79925

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: 3/8/11  
Full name of contributor: JOANNE & EDUARDO BERNAL  
Contributor address: 10651 JANWAY EL PASO, TX. 79925

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: 3/8/11  
Full name of contributor: PETER & MARINA FELIX  
Contributor address: 11534 JACQUELIN ANN CT. 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)

**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**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/8/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE FONG 6 Contributor address; City; State; Zip Code 2049 Paseo Del Rey EL PASO, TX. 79936	7 Amount of contribution (\$) \$ 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE A. VALENZUELA Contributor address; City; State; Zip Code 233 Pennsylvania EL PASO, TX. 79903	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Gutierrez Contributor address; City; State; Zip Code 11543 JACQUELINE ANN CT. EL PASO, TX. 79936	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARGARITA GARDEA Contributor address; City; State; Zip Code 6975 Alameda EL PASO, TX. 79915	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMA & MIGUEL POSADA Contributor address; City; State; Zip Code 11836 Stephanie EL PASO, TX. 79936	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

11/19

2 FILER NAME

MARIA "MAYEIA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/8/11

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

JESUS &amp; VIRGINIA ESPINOZA

6 Contributor address; City; State; Zip Code

4301 DURAZNO  
EL PASO, TX. 79905

7 Amount of contribution (\$)

\$ 200.00

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

3/8/11

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

Rene &amp; IDA ESTRADA

Contributor address; City; State; Zip Code

P.O. Box 276 - 228 VALLE VERDE  
EL PASO, TX. 79853

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/11

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

Graciela Vasquez

Contributor address; City; State; Zip Code

2712 EADS  
EL PASO, TX. 79935

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/11

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

STANLEY P. JOBE

Contributor address; City; State; Zip Code

1150 SOUTHWIND  
EL PASO, TX. 79928

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)

Date

3/8/11

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

JESUS &amp; LUPE GONZALEZ

Contributor address; City; State; Zip Code

2064 PUEBLO NUEVO  
EL PASO, TX. 79936

Amount of contribution (\$)

\$ 250.00

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 12/19

2 FILER NAME  
MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 3/8/11  
5 Full name of contributor: NARCIZA MORENO  
6 Contributor address; City; State; Zip Code: 2109 Woodfin EL PASO, TX. 79925

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: 3/8/11  
Full name of contributor: JUAN & VELIA LEOS  
Contributor address; City; State; Zip Code: 7817 Jersey EL PASO, TX. 79915

Amount of contribution (\$): \$200.00  
In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 3/8/11  
Full name of contributor: TITO & SANDRA PORRAS  
Contributor address; City; State; Zip Code: 4719 FRANKFORT EL PASO, TX. 79903

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)

Date: 3/8/11  
Full name of contributor: TITO & SANDRA PORRAS  
Contributor address; City; State; Zip Code: 4719 FRANKFORT EL PASO, TX. 79903

Amount of contribution (\$): \$250.00  
In-kind contribution description (if applicable): food for fundraiser  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 3/8/11  
Full name of contributor: JOSE MANUEL GOMEZ  
Contributor address; City; State; Zip Code: 1213 PROSPECT EL PASO, TX. 79902

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 13/19

2 FILER NAME  
MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3/18/11

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

7 Amount of contribution (\$) \$300.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
6006 N. MESA #903  
EL PASO, TX. 79912

(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#: \_\_\_\_\_)  
ROSA LORENA ESTALA

Amount of contribution (\$) \$50.00

In-kind contribution description (if applicable)

3/30/11

Contributor address; City; State; Zip Code  
2987 TIERRA FRESNO  
EL PASO, TX. 79938

(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#: \_\_\_\_\_)  
JOE ROSALES & JAVIER DIAZ

Amount of contribution (\$) \$200.00

In-kind contribution description (if applicable)

3/30/11

Contributor address; City; State; Zip Code  
8528 MINNEOLA  
EL PASO, TX. 79931

(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#: \_\_\_\_\_)  
LUIS & ESTHER MATA

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

3/30/11

Contributor address; City; State; Zip Code  
11731 TROY BURTON  
EL PASO, TX. 79936

(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#: \_\_\_\_\_)  
MIKE HERRERA

Amount of contribution (\$) \$100.00

In-kind contribution description (if applicable)

3/30/11

Contributor address; City; State; Zip Code  
4410 TROWBRIDGE  
EL PASO, TX. 79903

(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**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2011 APR 14 PM 5:25

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14/19

2 FILER NAME  
MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
3/30/11

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

7 Amount of contribution (\$)  
\$ 72.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
442 CROWN POINT  
EL PASO, TX. 79912

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/30/11

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

Amount of contribution (\$)  
\$56.83

In-kind contribution description (if applicable)  
PIZZA for meeting

Contributor address; City; State; Zip Code  
442 CROWN POINT  
EL PASO, TX. 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/30/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARIA C. LOZANO

Amount of contribution (\$)  
\$ 15.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
7900 Cecelia  
EL PASO, TX. 79915

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/30/11

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

Amount of contribution (\$)  
\$ 25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1515 PINTORESICO  
EL PASO, TX. 79935

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/30/11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JOSIAH & Merlyn HEYMAN

Amount of contribution (\$)  
\$ 50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1200 Galloway  
EL PASO, TX. 79902

(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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 2:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/30/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIRIA ROCHA	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 450 AVO P.O. BOX 851 FABENS, TX. 79938		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RITA SARIANA	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7728 PARRAL EL PASO, TX. 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOLORES LOYA	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5730 CECILIA EL PASO, TX. 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTIS & JENNIFER JONES	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2308 NANCY McDONALD EL PASO, TX. 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CECILIA CARPIO	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11231 PEACEPIPE EL PASO, TX. 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/30/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE MARTIN FLORES	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5630 ALAMEDA EL PASO, TX. 79905		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE & MARIA D. VARGAS	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2117 JON WOOD EL PASO, TX. 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORENA LEON	Amount of contribution (\$) \$ 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12440 SUN WILLOW EL PASO, TX. 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY DELGADO	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable) Food for Fundraiser
Contributor address; City; State; Zip Code 1921 ZARAGOZA Bldg. F. EL PASO, TX. 79938		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EP FOUR AMIGOS	Amount of contribution (\$) \$ 800.00	In-kind contribution description (if applicable) Campaign headquarters
Contributor address; City; State; Zip Code 6044 GATEWAY EAST Suite #900 EL PASO, TX. 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT.

**OTHER THAN PLEDGES OR LOANS**

2011 APR 14 PM 5:25

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 17/19

2 FILER NAME MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

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

4/7/11

RICHARD CASTRO

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3332 WEDGEWOOD  
EL PASO, TX. 79925

\$1,000.00

(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#: \_\_\_\_\_)

4/7/11

RALPH & VIRGINIA RICHARDS

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 137  
FAIR ACRES, N.M. 88033

\$100.00

(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#: \_\_\_\_\_)

4/7/11

DAN OLIVAS

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

240 THUNDERBIRD  
EL PASO, TX. 79912

\$200.00

(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#: \_\_\_\_\_)

4/7/11

MEYUS GROUP

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1012 N. CAMPBELL  
EL PASO, TX. 79902

\$500.00

(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#: \_\_\_\_\_)

4/7/11

KISLE DAVIS

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. BOX 31492  
EL PASO, TX. 79931

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

**SCHEDULE A**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 18/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/7/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND & KATHY PAVACIOS	7 Amount of contribution (\$) \$ 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 637 Willow Glen EL PASO, TX. 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olivia Alba	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10824 POZA RICA EL PASO, TX. 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Castro	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10200 Stone way EL PASO, TX. 79525		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linbarger, Goggan, Blair & Sampson	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 17428 TX. 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY PORRAS	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 359 W. Vinton Vinton, TX. 79821		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 19/19	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/13/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Gonzalez 6 Contributor address; City; State; Zip Code 1920 N. Zaragoza Suite 901 EL PASO, TX. 79936	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) food for fundraiser (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Williams Contributor address; City; State; Zip Code 3301 Rain Dance EL PASO, TX. 79936	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 4/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAREIZA MORENO Contributor address; City; State; Zip Code 2109 Woodfin EL PASO, TX. 79925	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 4/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE JAVIER BAÑALES Contributor address; City; State; Zip Code 4520 Shady Willow EL PASO, TX. 79922	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 4/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Jennings Weber Contributor address; City; State; Zip Code 11040 Mirage Ct. EL PASO, TX. 79936	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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**PLEGGED CONTRIBUTIONS**

**CITY CLERK DEPT.**

**SCHEDULE B**

2011 APR 14 PM 5:25

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

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

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor 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.

**LOANS**

CITY CLERK DEPT.

**SCHEDULE E**

2011 APR 14 PM 5:25

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

**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 115	2 FILER NAME MARIA "MAYELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/8/2011	5 Payee name Ken SUTHERLAND
--------------------	--------------------------------

6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 424 Granada Ave. EL PASO, TEXAS 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN CONSULTATION	(b) Description (If travel outside of Texas, complete Schedule T) MONTH of JANUARY
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/8/2011	Payee name Ken Sutherland
------------------	------------------------------

Amount (\$) \$500.00	Payee address; City; State; Zip Code 424 Granada Ave. EL PASO, TX. 79912
-------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/9/2011	Payee name 5-STAR MEXICAN BAKERY
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Amount (\$) \$65.00	Payee address; City; State; Zip Code 2931 George Dieter EL PASO, TX. 79936
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) CAKE for EASTSIDE Senior Center seniors.
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/11/2011	Payee name Sara Fernandez
-------------------	------------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN ARTWORK
------------------------	---	---

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

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 2115	<b>2</b> FILER NAME MARIA "MAYELA" HEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/11/2011	<b>5</b> Payee name Ken SUTHERLAND	
<b>6</b> Amount (\$) \$20.40	<b>7</b> Payee address; City; State; Zip Code 424 Granada ave. EL PASO, TX. 79912	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) WALK-LIST
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/11/2011	Payee name Ken SUTHERLAND	
Amount (\$) \$64.20	Payee address; City; State; Zip Code 424 Granada ave. EL PASO, TX. 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) WALK LIST
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/11/2011	Payee name Ken SUTHERLAND	
Amount (\$) \$14.79	Payee address; City; State; Zip Code 424 Granada Ave. EL PASO, TX. 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other-reimbursement	Description (If travel outside of Texas, complete Schedule T) for office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/14/2011	Payee name Greisha RESTAURANT	
Amount (\$) \$41.26	Payee address; City; State; Zip Code 9099 Gateway WEST EL PASO, TX. 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Campaign meetings
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 3/15	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/14/2011	<b>5</b> Payee name OFFICE DEPOT
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<b>6</b> Amount (\$) \$164.49	<b>7</b> Payee address; City; State; Zip Code 9801 Gateway West EL PASO, TX. 79925
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Equipment	(b) Description (If travel outside of Texas, complete Schedule T) Printer for Campaign Headquarters
---------------------------------	--	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/2011	Payee name HARBOR FREIGHT
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Amount (\$) \$129.47	Payee address; City; State; Zip Code 3333 N. YARBROUGH EL PASO, TX. 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift	Description (If travel outside of Texas, complete Schedule T) FLASHLIGHTS FOR SENIORS
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/2011	Payee name OVERSTREET PRODUCTIONS
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Amount (\$) \$487.50	Payee address; City; State; Zip Code 3925 MONTANA EL PASO, TX. 79503
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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) CAMPAIGN T-SHIRTS
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/2011	Payee name BLACK EL PASO DEMOCRATS
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Amount (\$) \$160.00	Payee address; City; State; Zip Code 3301 Rain Dance EL PASO, TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) EVENT ATTENDANCE
------------------------	---	---

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

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 415	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/18/2011	<b>5</b> Payee name VALERO CORNER STORE	
<b>6</b> Amount (\$) \$38.00	<b>7</b> Payee address; City; State; Zip Code 12190 MONTWOOD EL PASO, TX. 79936	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) GAS EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) TRAVEL IN DISTRICT
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
<b>Date</b> 2/18/2011	<b>Payee name</b> ZIPPY PRINTING	
<b>Amount (\$)</b> \$112.26	<b>Payee address; City; State; Zip Code</b> 2855 Piedras EL PASO, TX. 79903	
<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) Push CARDS
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held	
<b>Date</b> 2/18/2011	<b>Payee name</b> MARTIN RAMOS	
<b>Amount (\$)</b> \$1,250.00	<b>Payee address; City; State; Zip Code</b> 5421 DESIERTO MAIZ EL PASO, TX. 79912	
<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) CAMPAIGN BANNERS
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held	
<b>Date</b> 2/22/2011	<b>Payee name</b> ZIPPY PRINTING	
<b>Amount (\$)</b> \$53.05	<b>Payee address; City; State; Zip Code</b> 2855 Piedras EL PASO, TX. 79903	
<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) INVITES FOR FUNDRAISER
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate / Officeholder name Office sought Office held	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 5/15		2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/22/2011		5 Payee name U.S. POST OFFICE			
6 Amount (\$) \$78.00		7 Payee address; City; State; Zip Code 3100 N. YARBROUGH EL PASO, TX. 79925			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) POSTAGE		(b) Description (If travel outside of Texas, complete Schedule T) FOR FUNDRAISER	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/1/2011		Payee name INNOVA SIGNS			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 600 N. COPA EL PASO, TX 79903			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) DOWN PAYMENT SIGNS FOR CAMPAIGN	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/1/2011		Payee name T-MOBILE			
Amount (\$) \$191.27		Payee address; City; State; Zip Code 1810 GEORGE DIETER EL PASO, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CAMPAIGN EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CELL PHONE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/3/2011		Payee name Ken Sutherland			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 424 GRANADA AVE. EL PASO, TX. 79912			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MONTH OF APRIL MARCH CAMPAIGN CONSULTING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 6/15		2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/03/2011		5 Payee name The Home Depot			
6 Amount (\$) \$12.60		7 Payee address; City; State; Zip Code 12221 MONTWOOD EL PASO, TX. 79938			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) STAKES		(b) Description (If travel outside of Texas, complete Schedule T) FOR CAMPAIGN SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/04/2011		Payee name Harbor Freight tools			
Amount (\$) \$25.92		Payee address; City; State; Zip Code 3333 N. YARBROUGH EL PASO, TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TIE DOWNS		Description (If travel outside of Texas, complete Schedule T) FOR CAMPAIGN SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/07/2011		Payee name Reliant Labels & Printing			
Amount (\$) \$70.36		Payee address; City; State; Zip Code 11400 ROJAS EL PASO, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) INVITATIONS & LABELS		Description (If travel outside of Texas, complete Schedule T) FOR FUNDRAISER	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/08/2011		Payee name OFFICE DEPOT			
Amount (\$) \$172.33		Payee address; City; State; Zip Code 9801 GATEWAY EAST EL PASO, TX. 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Supplies - Ink & Printer Paper		Description (If travel outside of Texas, complete Schedule T) Supplies for Headquarters	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 7/15		<b>2</b> FILER NAME MARIA "MAYELA" MEJIA		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3/8/2011		<b>5</b> Payee name MARTIN RAMOS			
<b>6</b> Amount (\$) \$1,170.00		<b>7</b> Payee address; City; State; Zip Code 5421 DESIERTO MAIZ EL PASO, TX 79912			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) PRINTING Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) CAMPAIGN BANNERS	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3/13/2011		<b>Payee name</b> NOEL ROSENBAUM			
<b>Amount (\$)</b> \$55.29		<b>Payee address; City; State; Zip Code</b> 405 VAL PLANO DR. EL PASO, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) reimbursement for supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) THANK YOU LETTERS	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3/13/2011		<b>Payee name</b> OFFICE DEPOT			
<b>Amount (\$)</b> \$13.40		<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) Supplies		<b>Description</b> (If travel outside of Texas, complete Schedule T) Office supplies	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 3/13/2011		<b>Payee name</b> Ken Sutherland			
<b>Amount (\$)</b> \$36.80		<b>Payee address; City; State; Zip Code</b> 424 Grandda Ave. EL PASO, TX 79912			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Reimbursement		<b>Description</b> (If travel outside of Texas, complete Schedule T) Walk list	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:25

**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: 8115		2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/15/2011		5 Payee name KUN SUTHERLAND			
6 Amount (\$) \$52.00		7 Payee address; City; State; Zip Code 424 Granada EL PASO, TX. 79912			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel		(b) Description (If travel outside of Texas, complete Schedule T) for Travel in District.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/15/2011		Payee name OFFICE DEPOT			
Amount (\$) \$12.99		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) Supplies		Description (If travel outside of Texas, complete Schedule T) Office Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/15/2011		Payee name INNOVA SIGNS			
Amount (\$) \$400.00		Payee address; City; State; Zip Code 600 N. COPA EL PASO, TX. 79912			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) PAY OFF BALANCE FOR CAMPAIGN SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/15/2011		Payee name EL PASO ELECTRIC			
Amount (\$) \$150.00		Payee address; City; State; Zip Code EL PASO, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Deposit		Description (If travel outside of Texas, complete Schedule T) FOR ELECTRICITY AT HEADQUARTERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

SCHEDULE F

2011 APR 14 PM 5:26

**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: 9/15	2 FILER NAME MARIA "MAYELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/11/2011	5 Payee name VALERO
---------------------	------------------------

6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 12190 MONTWOOD EL PASO, TX. 79736
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel for CAMPAIGN VAN	(b) Description (If travel outside of Texas, complete Schedule T) IN District TRAVEL
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/2011	Payee name Little Ceasars PIZZA
-------------------	------------------------------------

Amount (\$) \$21.46	Payee address; City; State; Zip Code 1840 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) FOOD FOR VOLUNTEERS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/2011	Payee name I-MAY COMPUTERS
-------------------	-------------------------------

Amount (\$) \$81.18	Payee address; City; State; Zip Code 2921 George Dieter Suite G EL PASO, TX. 79936
------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/2011	Payee name Reliant Labels & Printing
-------------------	---

Amount (\$) \$43.30	Payee address; City; State; Zip Code 11400 Rojas EL PASO, TEXAS 79936
------------------------	---

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

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

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:26

**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: 10/15	2 FILER NAME MARTA "MAYELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/19/2011	5 Payee name Ken Sutherland	
6 Amount (\$) \$6.00	7 Payee address; City; State; Zip Code 424 Granada EL PASO, TX. 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) For stamps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/2011	Payee name Liliana De LA GARZA	
Amount (\$) \$224.51	Payee address; City; State; Zip Code 424 GRANADA EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Reimbursement	Description (If travel outside of Texas, complete Schedule T) For Push Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/2011	Payee name DAVID'S BANNERS	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 9917 Carnegie EL PASO, TX. 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) SIGNS FOR CAMPAIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/21/2011	Payee name POSTAL ANNEX	
Amount (\$) \$52.44	Payee address; City; State; Zip Code 1490 George Dieter EL PASO, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T) THANK YOU CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES**

**CITY CLERK DEPT. SCHEDULE F**

2011 APR 14 PM 5:26

**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: 1115	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 3/21/2011	<b>5</b> Payee name Gil's Mexican Restaurant
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<b>6</b> Amount (\$) \$8124	<b>7</b> Payee address; City; State; Zip Code 1881 Sawl Kleinfeld 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) FOOD FOR VOLUNTEERS
---------------------------------	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/24/2011	Payee name DIAMOND SHAMROCK
-------------------	--------------------------------

Amount (\$) \$77.82	Payee address; City; State; Zip Code 1478 George Dieter EL PASO, TX. 79936
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUEL FOR CAMPAIGN VAN	Description (If travel outside of Texas, complete Schedule T) IN DISTRICT TRAVEL
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/28/2011	Payee name ZIPPY PRINTING
-------------------	------------------------------

Amount (\$) \$224.51	Payee address; City; State; Zip Code 2855 Piedras EL PASO, TX. 79903
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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) PUSH CARDS
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/31/2011	Payee name FIRST CHOICE WIRELESS
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Amount (\$) \$76.46	Payee address; City; State; Zip Code 1765 N. Lee Trevino EL PASO, TEXAS 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PHONE PURCHASE	Description (If travel outside of Texas, complete Schedule T) PHONE BANKING PHONE
------------------------	--	--

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

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:26

**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: 12/15		<b>2</b> FILER NAME MARIA "MAYELA" MEJIA		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 4/1/2011		<b>5</b> Payee name Reliant Printing			
<b>6</b> Amount (\$) \$958.01		<b>7</b> Payee address; City; State; Zip Code 11400 Rojas EL PASO, TX. 79936			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/1/2011		<b>Payee name</b> Reliant Printing			
<b>Amount (\$)</b> \$18836		<b>Payee address; City; State; Zip Code</b> 11400 Rojas EL PASO, TX. 79936			
<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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/1/2011		<b>Payee name</b> DAVID'S BANNER'S			
<b>Amount (\$)</b> \$969.89		<b>Payee address; City; State; Zip Code</b> 9911 Carnegie 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) 4x8 CAMPAIGN SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>Date</b> 4/14/2011		<b>Payee name</b> T-mobile			
<b>Amount (\$)</b> \$20466		<b>Payee address; City; State; Zip Code</b> 1810 George Dieter EL PASO, TX. 79936			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) Campaign Phone		<b>Description</b> (If travel outside of Texas, complete Schedule T) Phone	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:26

**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: 13/15	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/4/11	<b>5</b> Payee name US POST OFFICE
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<b>6</b> Amount (\$) \$ 1.40	<b>7</b> Payee address; City; State; Zip Code 2100 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) POSTAGE	(b) Description (If travel outside of Texas, complete Schedule T) STAMPS
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/5/2011	Payee name US. POST OFFICE
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Amount (\$) \$ 112.00	Payee address; City; State; Zip Code 2100 George Dieter EL PASO, TX. 79936
--------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/6/2011	Payee name OFFICE DEPOT
------------------	----------------------------

Amount (\$) \$ 14.06	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) Supplies	Description (If travel outside of Texas, complete Schedule T) white-out
------------------------	--	--

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

Date 4/6/2011	Payee name OFFICE DEPOT
------------------	----------------------------

Amount (\$) \$ 72.53	Payee address; City; State; Zip Code 9801 Gateway West EL PASO, TX. 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING SUPPLIES	Description (If travel outside of Texas, complete Schedule T) THANK YOU LETTERS
------------------------	---	--

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

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:26

**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: 1415	<b>2</b> FILER NAME MARIA "MAYELA" MEJIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/7/2011	<b>5</b> Payee name Howdy's
---------------------------	--------------------------------

<b>6</b> Amount (\$) \$84.83	<b>7</b> Payee address; City; State; Zip Code 2100 N. Yarbrough EL PASO, TX. 79925
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fuel for Campaign VAN	(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
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Date 4/7/2011	Payee name Reliant Printing & Labels
------------------	---

Amount (\$) \$458.00	Payee address; City; State; Zip Code 11400 Rojas 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) 100 YARD SIGNS
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/2011	Payee name Refugio "CUCO" CHAVIRA
-------------------	--------------------------------------

Amount (\$) \$220.00	Payee address; City; State; Zip Code 500 Rubin Dr. Apt. 205 EL PASO TX. 79912
-------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/2011	Payee name Manuel Cintron
-------------------	------------------------------

Amount (\$) \$220.00	Payee address; City; State; Zip Code 10258 Springwood EL PASO, TX. 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign worker	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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**POLITICAL EXPENDITURES**

CITY CLERK DEPT.

**SCHEDULE F**

2011 APR 14 PM 5:26

**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: 15115	<b>2</b> FILER NAME MARIA "MAYELA" MESIA	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/13/2011	<b>5</b> Payee name GOODTIMES
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<b>6</b> Amount (\$) \$ 88.21	<b>7</b> Payee address; City; State; Zip Code 1791 LEE TREVINO EL PASO, TX. 79936
----------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUEL FOR CAMPAIGN UAN	(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
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Date	Payee name
------	------------

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)
------------------------	--	---

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)
------------------------	--	---

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)
------------------------	--	---

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

CITY CLERK DEPT.

**SCHEDULE G**

2011 APR 11 PM 5:26

**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:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

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

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

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

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

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

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

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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**PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

CLERK DEPT.  
2011 APR 14 PM 5:26

**SCHEDULE H**

**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 H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business 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)
------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business 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)
------------------------	--	---

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

Date	Business name
------	---------------

Amount (\$)	Business 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)
------------------------	--	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

CITY CLERK DEPT. SCHEDULE I

2011 APR 14 PM 5:26

### 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 I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
----------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
---------------------------------	--	--

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CREDITS (optional)**

CITY CLERK DEPT.

**SCHEDULE K**

2011 APR 14 PM 5:26

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T  
FOR TRAVEL OUTSIDE OF TEXAS**

CITY CLERK DEPT  
2011 APR 14 PM 5:26

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

CITY CLERK DEPT. FORM C/OH - FR

2011 APR 14 PM 5:26

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder