

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Theresa A Ware-Asbury

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

CITY CLERK DEPT.
2011 APR 12 AM 8:47

additional pages

18 CONTRIBUTION TOTALS

100.00

EXPENDITURE TOTALS

360.87

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)

\$

100.00

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

360.87

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

100.00

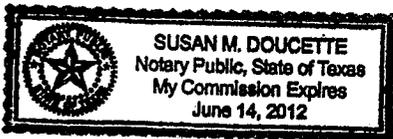
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1,224.36

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.



Theresa A. Ware-Asbury

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Theresa A. Ware-Asbury*, this the *11th* day of *April*, 20 *11*, to certify which, witness my hand and seal of office.

Susan M. Doucette
Signature of officer administering oath

SUSAN M. DOUCETTE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME: Theresa A Ware-Asbury **3** ACCOUNT # (Ethics Commission Filers):

4 Date: <u>3-29-11</u>	5 Full name of contributor: <u>Jeanette Walker</u> <input type="checkbox"/> out-of-state PAC (ID#:	7 Amount of contribution (\$): <u>100.00</u>	8 In-kind contribution description (if applicable):
6 Contributor address; City; State; Zip Code: <u>7128 Portugal El Paso TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions): Retired **10** Employer (See Instructions): None

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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

LOANS

SCHEDULE E

CITY CLERK DEPT.
2011 APR 12 AM 8:48

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Theresa A WARE-Asbury

3 ACCOUNT # (Ethics Commission File #)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

3-29-11

7 Name of lender

Theresa A WARE-Asbury

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,224.³⁶

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

401 Estancia El Paso TX 79932

10 Interest rate

0

11 Maturity date

5-15-11

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

Retired

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender

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

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Theresa A WARE-Asbury</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3-23-11</i>	5 Payee name <i>Albertsons</i>	
6 Amount (\$) <i>18.60</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>Redd Rd El Paso TX 79912</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food/beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Volunteer organizational meeting</i>
Date <i>3-30-11</i>	Payee name <i>Kinley's House</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>2231 N. mesa EL Paso TX 79902</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>volunteer meeting</i>
Date <i>3-23-11</i>	Payee name <i>Coronado Pizza hut</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>605 N. mesa El Paso TX 79912</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food & Beverage</i>	Description (If travel outside of Texas, complete Schedule T) <i>volunteer meeting</i>
Date <i>3-25-11</i>	Payee name <i>P. A. M. Gravalos</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>9201 Rex CT El Paso TX 79925</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fee</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRAINING - Social Media</i>

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Theresa A WARE-Asbury</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3-29-11</i>	5 Payee name <i>Ram Super stop #</i>
6 Amount (\$) <i>10.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2329 E Missouri El Paso TX 79903</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>TRAVEL IN DISTRICT</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>gas</i>
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Date <i>3-14-11</i>	Payee name <i>City clerk</i>
Amount (\$) <i>250.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>City Hall El Paso TX 79902 2 civic plaza</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>filing fee</i>
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Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code

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