

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: <div style="font-size: 2em; text-align: center;">24</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. MARIA NICKNAME LAST SUFFIX "MAYELA" MEJIA	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.5em;">2011 JUN -2</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11355 LAKE OZARKS EL PASO, TX. 79936		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 274-8938		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. Alfonso NICKNAME LAST SUFFIX "Al" Velarde		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8501 Edgemere EL PASO, TX. 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 253-2178		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 4 / 2011 THROUGH 6 / 2 / 2011		
11 ELECTION	ELECTION DATE Month Day Year 6 / 11 / 2011	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Representative District #5	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.

FORM C/OH

2011 JUN -2 PM 5:08 COVER SHEET PG 2

15 C/OH NAME MARIA "MAYELA" MEJIA	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)

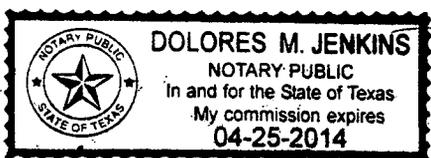
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

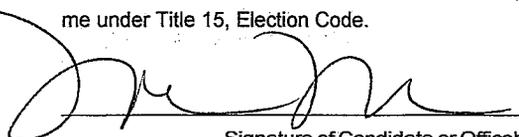
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9349. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,475.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 245.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19. AFFIDAVIT

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




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria "Mayela" Mejia, this the 2nd day of June, 2011, to certify which, witness my hand and seal of office.

<u>Dolores M. Jenkins</u> Signature of officer administering oath	<u>Dolores M. Jenkins</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
CITY CLERK DEPT. SCHEDULE A
2011 JUN -2 PM 5:02

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5

2 FILER NAME

MARIA "MAYELA" MEJIA

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/26/11

5 Full name of contributor

 out-of-state PAC (ID# _____)

JORGE VALENZUELA

6 Contributor address; City; State; Zip Code

233 Pennsylvania

EL PASO TX. 79903

7 Amount of contribution (\$)

 \$ 750⁰⁰

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

5/26/11

Full name of contributor

 out-of-state PAC (ID# _____)

FRANCISCO & ELENA CABRAL

Contributor address; City; State; Zip Code

9348 LAIT

EL PASO, TX. 79925

Amount of contribution (\$)

 \$ 80⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/26/11

Full name of contributor

 out-of-state PAC (ID# _____)

JOSE Luis Navarico

Contributor address; City; State; Zip Code

7001 WESTWOOD Suite 112

EL PASO, TX. 79912

Amount of contribution (\$)

 \$ 300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/11

Full name of contributor

 out-of-state PAC (ID# _____)

David & Jeryl Marcus

Contributor address; City; State; Zip Code

442 CROWN POINT DRIVE

EL PASO, TX. 79912

Amount of contribution (\$)

 \$ 144⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/11

Full name of contributor

 out-of-state PAC (ID# _____)

TITO & SANDRA PORRAS

Contributor address; City; State; Zip Code

4719 Frankfort

EL PASO, TX. 79903

Amount of contribution (\$)

 \$ 700⁰⁰

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 JUN -2 PM 5:02

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Siria Rocha 6 Contributor address; City; State; Zip Code 450 AVO P.O. BOX 851 FARMERS, TX. 79838	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Porras Contributor address; City; State; Zip Code 359 W. Vinton Rd Vinton, TX. 79821	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roberto Azar Contributor address; City; State; Zip Code 2330 E. NEVADA LAS CRUCES, NM 88001 EL PASO, TX.	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARIA TERAN Contributor address; City; State; Zip Code 4804 Villa ENCANTO EL PASO, TX. 79922	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ricardo Gutierrez Contributor address; City; State; Zip Code 11543 JACQUELIN AVE 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)	
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.
2011 JUN -2 PM 5:02

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MARIA "MARIELA" MESA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/18/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JEAN Joseph - VAUderPOOL 6 Contributor address; City; State; Zip Code 1514 N. ZARAGOZA EL PASO, TX. 79936	7 Amount of contribution (\$) \$250 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 5/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOSE FONG Contributor address; City; State; Zip Code 2049 PASEO DEL REY EL PASO, TX. 79936	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 5/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TANNY BERG Contributor address; City; State; Zip Code P.O. Box 96 EL PASO, TX. 79941	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 5/26/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ENRIQUE ESCOBAR Contributor address; City; State; Zip Code 301 E. Borderland #73 EL PASO, TX. 79932	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 5/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) EL PASO ASSOC. OF BUILDERS Contributor address; City; State; Zip Code Bottle Surety EL PASO, TX 79905	Amount of contribution (\$) \$1,000 ⁰⁰	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2011 JUN -2 PM 5:02

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MARTA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/27/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS Assoc. OF Realtors 6 Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX. 78768	7 Amount of contribution (\$) \$ 2000. ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/27/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUAN Uribe Contributor address; City; State; Zip Code 7001 Westwind #100 EL PASO, TX. 79912	Amount of contribution (\$) \$ 50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel SALAZAR Contributor address; City; State; Zip Code P.O. Box 971244 EL PASO, TX. 79997	Amount of contribution (\$) \$ 75. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel Morales Contributor address; City; State; Zip Code 2309 BASSETT AVE EL PASO, TX 79903	Amount of contribution (\$) \$ 200. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Beatrice Sada Contributor address; City; State; Zip Code 7228 Barker EL PASO, TX. 79915	Amount of contribution (\$) \$ 50. ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.
2011 JUN -2 PM 5:02

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MARIA "MAYERA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/31/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EP. FOUR AMIGOS L.P.	7 Amount of contribution (\$) \$800	8 In-kind contribution description (if applicable) Campaign headquarters
6 Contributor address; City; State; Zip Code 6044 Gateway EAST Suite EL PASO TX. 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

PLEGGED CONTRIBUTIONS

CITY CLERK DEPT.

SCHEDULE B

2011 JUN -2 PM 5:03

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 <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

LOANS

CITY CLERK DEPT.

SCHEDULE E

2011 JUN -2 PM 5:03

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	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

CITY CLERK DEPT.

POLITICAL EXPENDITURES

2011 JUN -2 PM 5:03 **SCHEDULE F**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10		2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5-5-11		5 Payee name Peter Piper PIZZA			
6 Amount (\$) \$35.94		7 Payee address; City; State; Zip Code 1880 Lee Trevino El Paso, TX. 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		Food & Beverage		Food for Volunteers	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5-6-11		Payee name Good Time Store			
Amount (\$) \$4.15		Payee address; City; State; Zip Code Kentwood Dr 2817 El Paso, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Water - Beverage		Water for Volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5-6-11		Payee name Chevron			
Amount (\$) \$96.43		Payee address; City; State; Zip Code 10117 Montwood El Paso, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Fuel Expense		fuel for Campaign vehicle	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/9/11		Payee name McDonalds			
Amount (\$) \$18.59		Payee address; City; State; Zip Code 1895 McAdoo Lee Trevino El Paso, TX. 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Food / Beverage		Lunch For Volunteers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MARIELA" LOPEZ	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/9/11	5 Payee name Chihua Tacos
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6 Amount (\$) \$91.37	7 Payee address; City; State; Zip Code 1837 ZARAGOSA EL PASO TX. 79936
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) food & Beverage	(b) Description (If travel outside of Texas, complete Schedule T) Food for GOTV Volunteers
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/11	Payee name McDonalds
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Amount (\$) \$16.37	Payee address; City; State; Zip Code 1895 Lee Trevino EL PASO, TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food & Beverage	Description (If travel outside of Texas, complete Schedule T) Lunch Food for Volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/11	Payee name MANGOS Grid
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Amount (\$) \$103.92	Payee address; City; State; Zip Code 2921 George Dieter EL PASO TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	Description (If travel outside of Texas, complete Schedule T) Lunch for Volunteers
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/11/11	Payee name Valero
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Amount (\$) \$60.00	Payee address; City; State; Zip Code 1731 Montwood EL PASO, TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fuel expense	Description (If travel outside of Texas, complete Schedule T) fuel for Campaign Vehicle
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MARCELA" Alegria	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/11	5 Payee name Home Depot
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6 Amount (\$) \$115.32	7 Payee address; City; State; Zip Code 11360 Rojas EL PASO, TX. 79935
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) Rebar wire for signs
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/15/11	Payee name MURPHY USA
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Amount (\$) \$8200	Payee address; City; State; Zip Code 1820 W. ZARAGOZA EL PASO, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) fuel Expense	Description (If travel outside of Texas, complete Schedule T) fuel for Campaign Vehicle
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/24/11	Payee name Office DEPOT
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Amount (\$) \$174.11	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) Office Supplies	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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Date 5/24/11	Payee name Tmobile
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Amount (\$) \$152.35	Payee address; City; State; Zip Code 1875 Lee Trevino EL PASO TX. 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Phone
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MAYELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/25/11	5 Payee name United States Post Office
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6 Amount (\$) \$116.00	7 Payee address; City; State; Zip Code 1330 George Dieter EL PASO TX. 79936
----------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/25/11	Payee name 7-11
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Amount (\$) \$81.30	Payee address; City; State; Zip Code 2955 George Dieter EL PASO, TX. 79936
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUEL EXPENSE	Description (If travel outside of Texas, complete Schedule T) IN DISTRICT TRAVEL - ^{CAMPUS} VEHICLE
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/25/11	Payee name Office Depot
-----------------	----------------------------

Amount (\$) \$19.70	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 EXPENSE	Description (If travel outside of Texas, complete Schedule T) COPIES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/26/11	Payee name BANK OF THE WEST
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Amount (\$) \$3.00	Payee address; City; State; Zip Code EL PASO, TX.
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) TELEPHONE BALANCE INQUIRY
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:		2 FILER NAME MARIA "MAYELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/31/11		5 Payee name DAVID'S APPAREL			
6 Amount (\$) \$ 351.81		7 Payee address; City; State; Zip Code 9901 Carnegie EL PASO, TX. 79925			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertisement expense		(b) Description (If travel outside of Texas, complete Schedule T) T-Shirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/11		Payee name JULIO'S CAFE REST			
Amount (\$) \$ 58.96		Payee address; City; State; Zip Code Gateway EAST EL PASO, TX.			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food & beverage		Description (If travel outside of Texas, complete Schedule T) BUSINESS MEETING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/11		Payee name BANK OF THE WEST			
Amount (\$) \$ 10.50		Payee address; City; State; Zip Code EL PASO TX. 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting Banking		Description (If travel outside of Texas, complete Schedule T) BANK Service Charge.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/11		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) Utility Expense		Description (If travel outside of Texas, complete Schedule T) Electric Bill for headquarters	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:		2 FILER NAME MARIA "MARIELA" MEJIA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/27/11		5 Payee name OFFICE DEPOT			
6 Amount (\$) \$98.14		7 Payee address; City; State; Zip Code 9801 Gateway West EL PASO, TX 79925			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) POST CARDS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/27/11		Payee name GOOD TIME STORE			
Amount (\$) \$84.48		Payee address; City; State; Zip Code 1895 George Dieter EL PASO, TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FUEL EXPENSE		Description (If travel outside of Texas, complete Schedule T) Campaign vehicle fuel	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/11		Payee name TARGET			
Amount (\$) \$54.69		Payee address; City; State; Zip Code Joe Battle EL PASO TX 79936			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Supplies		Description (If travel outside of Texas, complete Schedule T) Cleaning supplies for Head asst	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/31/11		Payee name Chick-fil-A			
Amount (\$) \$18.50		Payee address; City; State; Zip Code ZARAGOZA RD 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 (lunch) for Volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARTA MAYELA MESSIA B	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/13/11	5 Payee name Sin Fronteras Project
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code EL PASO TX.
---------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/11	Payee name Alexander Cordova
-----------------	---------------------------------

Amount (\$) \$30.00	Payee address; City; State; Zip Code 3616 Angel Face EL PASO TX. 79936
------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/11	Payee name Louis Felipe LARES
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Amount (\$) 30.00	Payee address; City; State; Zip Code 14786 Gruentner EL PASO TX 79936
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) EARLY VOTING
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/10/11	Payee name MATTHEW MENESSES
-----------------	--------------------------------

Amount (\$) \$90.00	Payee address; City; State; Zip Code 11555 JAMES GRANT EL PASO, TX. 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) EARLY VOTING
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MAYELA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/10/2011	5 Payee name EL PASO FLOWAL DIST.
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6 Amount (\$) \$ 110.00	7 Payee address; City; State; Zip Code EL PASO, TX.
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) GIFT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FLOWERS FOR SENIORS.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/12/2011	Payee name GOOD TIMES STORE
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Amount (\$) \$ 65.00	Payee address; City; State; Zip Code EL PASO TX. 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUEL EXPENSE	Description (If travel outside of Texas, complete Schedule T) FUEL FOR CAMPAIGN UAW
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/13/2011	Payee name PEP BOYS
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Amount (\$) \$ 1786.10	Payee address; City; State; Zip Code George Dieter EL PASO TX. 79536
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description (If travel outside of Texas, complete Schedule T) REPAIRS TO CAMPAIGN VEHICLE
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/14/2011	Payee name LOUIS FELIPE LARES
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Amount (\$) \$ 90.00	Payee address; City; State; Zip Code 14786 Gruenther EL PASO TX. 79536
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) ELECTION DAY
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MAYELA" LEJIA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/25/2011	5 Payee name Balderra's Appliance
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6 Amount (\$) \$155.00	7 Payee address; City; State; Zip Code CANTON, TX.
----------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/23/11	Payee name DAVID'S BANNERS + APPAREL
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Amount (\$) \$2,178.54	Payee address; City; State; Zip Code 9901 Carnegie EL PASO TX. 79925
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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) CAMPAGN signs
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/24/11	Payee name ZIPPY PRINTING
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Amount (\$) \$224.51	Payee address; City; State; Zip Code 2855 Pershing EL PASO, TX. 79903
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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) PUSH CARDS
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/27/11	Payee name EL PASO WATER UTILITIES
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Amount (\$) \$54.87	Payee address; City; State; Zip Code P.O. BOX 511 EL PASO TEXAS 79961
------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2011 JUN -2 PM 5:03

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:	2 FILER NAME MARIA "MAYRA" MEJIA	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/23/11	5 Payee name KATHY Coronado	
6 Amount (\$) \$293.81	7 Payee address; City; State; Zip Code 124 LISA CAWOTILLO TX.	
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 LUNCH VOLUNTEERS election DAY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/26/11	Payee name Refugio CHAVIRA	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 500 Rubin EL PASO TX. 75912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) PUTTING UP CAMPAIGN SIGN.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/27/11	Payee name KATHY Coronado	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 124 LISA CAWOTILLO TX.	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/19/11	Payee name Matthew Meneses	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 11555 JAMES GRANT EL PASO TX. 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) ELECTION DAY
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH CITY CLERK DEPT SCHEDULE H

2011 JUN -2 PM 5:03

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 H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
---------------	------------------------

6 Amount (\$)	7 Business address; City; State; Zip Code
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8 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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT SCHEDULE I

2011 JUN -2 PM 5:03

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 I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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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 (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CREDITS (optional)

CITY CLERK DEPT.

SCHEDULE K

2011 JUN -2 PM 5:03

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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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**

2011 JUN -2 PM 5:03

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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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:
 Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT **DEPT. FORM C/OH - FR**
DESIGNATION OF FINAL REPORT

2011 JUN -2 PM 5:03

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