

# 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:

8

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI

NICKNAME LAST SUFFIX

ANTHONY  
COBOS

OFFICE USE ONLY

Date Received

2003 JUL 15

CITY CLERK DEPARTMENT

Date Hand-delivered or Date Postmarked

PM 4 36

Receipt #

Account

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

4047 EMORY  
EI PASO, TX 79922

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

NICKNAME LAST SUFFIX

DAVID  
MARCUS CPA

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6090 SURETY ST 100  
EI PASO, TX 79905

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 775-1040

8 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (officeholder only)
- July 15     8th day before election     Exceeded \$500 limit     Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year    THROUGH    Month Day Year

4/26/03    6/30/03

10 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     General     Special

11 OFFICE

OFFICE HELD (if any) #

CITY REPRESENTATIVE 8

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* 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

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

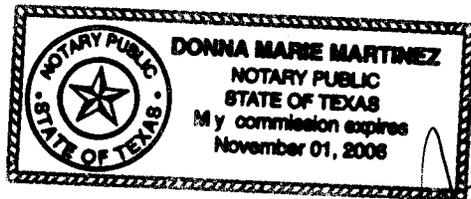
<b>14 C/OH NAME</b>	<b>15 ACCOUNT #</b> (Ethics Commission filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

**17 NO REPORTABLE ACTIVITY**  Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

<b>18 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>OUTSTANDING LOAN TOTALS</b>	<b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</b>	\$
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 10800
	<b>3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED</b>	\$ 990.65
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 11392.63
	<b>5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

*Anthony Capos*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Capos, this the 15th day of July, 2008, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>2</b>	
2 FILER NAME <b>ANTHONY COBOS</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>See Attached</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	
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 (Optional)		Employer (Optional)	

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule B1:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;                      City;   State;   Zip Code		

10 Principal occupation (optional)	11 Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;                      City;   State;   Zip Code		

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;                      City;   State;   Zip Code		

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;                      City;   State;   Zip Code		

Principal occupation (optional)	Employer (optional)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;                      City;   State;   Zip Code		

Principal occupation (optional)	Employer (optional)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

## SCHEDULE A

<u>DATE</u>	<u>NAME OF CONTRIBUTOR</u>	<u>ADDRESS,CITY,ST,ZIP</u>	<u>AMOUNT</u>	<u>OCCUPATION</u>
4/23/2003	John & Carroll Maxon	4820 Olmos, El Paso, TX 79922	500.00	Self
4/24/2003	J.O. Stewart Jr.	7100 Westwind # 210, El Paso, TX 79922	300.00	Self
4/24/2003	Dan & Tommie O'Leary	PO Box 221467, El Paso, TX 79913	250.00	Builders
4/23/2003	Sean Taylor	11445 Cedar Oak, El Paso, TX 79936	100.00	Self
5/2/2003	Risher & Robert Gilbert	615 E Hague, El Paso, TX 79902	100.00	Attorney
4/24/2003	Bruce Gulbas	5006 Montoya, El Paso, TX 79922	200.00	Self
5/20/2003	Joe Rosales	9104 Mettler Dr, El Paso, TX 79925	250.00	Self
4/24/2003	Gary Porras	4606 Memphis, El Paso, TX 79903	500.00	General Contractor
4/28/2003	Nick & Guadalupe Delgado	390 Colfax, El Paso, TX 79905	500.00	Produce
4/24/2003	Randal O'Leary	10657 Vista Del Sol #B, El Paso TX 7993	500.00	Builders
4/25/2003	Jose J. Baca	6373 Monarch, El Paso, TX 79912	500.00	
5/7/2003	Bruce King & Evelyn Posey	608 Rosinante, El Paso, TX 79922	50.00	
5/16/2003	Robert Wilbourn	616 Somerset, El Paso, TX 79912	50.00	Self
5/2/2003	Robert Wilbourn	617 Somerset, El Paso, TX 79912	50.00	Self
4/23/2003	Kemp Smith LLP	221 N Kansas #1700, El Paso, TX 79901	500.00	Attorney
4/29/2003	CF Jordan (PAC)	1940 Northwestern Dr, El Paso, TX 79912	1000.00	PAC
5/6/2003	JOBE (PAC)	#1 McKelligon Canyon, El Paso, TX 7993	3000.00	PAC
5/16/2003	Southern Union Gas (PAC)	504 Lavaca #800, Austin, TX 78701	500.00	PAC
4/28/2003	Robert Jones	PO Box 221048, El Paso, TX 79913	500.00	Self
6/11/2003	El Paso Assoc Builders (PAC)	6046 Surety Dr, El Paso, TX 79905	450.00	PAC
6/16/2003	Peter & Marina Felix	11534 Jacquelin Ann, El Paso, TX 79936	1000.00	Engineer
Total as of June 30, 2003			<u>\$10,800.00</u>	



**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 24px;">1</div>
2 FILER NAME <div style="font-size: 24px; text-align: center;">ANTHONY COBOS</div>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan 5/2/03	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY COBOS	9 Loan Amount (\$) 958.25
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code 4047 EMORY EL PASO, TX 79922	10 Interest rate 0%
11 Maturity date		
12 Description of Collateral <input checked="" type="checkbox"/> none    For all OOP < \$50.		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor ..... 15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer
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
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		Employer

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **ANTHONY COBOS** 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <b>See Attached</b>	7 Amount (\$)
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

## SCHEDULE F

DATE	PAYEE NAME	ADDRESS, CITY, ST, ZIP	AMOUNT	PURPOSE
4/28/2003	Gems Gems	4520 Emory, El Paso, TX 79922	50.00	Donation
4/29/2003	Esteban Sansores	7061 Sparrow, El Paso, TX 79915	85.00	Translation
4/30/2003	H & H Mailing	9020 Maylfower, El Paso, TX 79925	1489.37	Mailout
4/30/2003	Pronto Tire & Muffler	4900 Doniphan, El Paso, TX 79922	283.91	Vehicle Maintenance
5/1/2003	Family Dollar	5515 Alameda, El Paso, TX 79905	59.54	Supplies
5/3/2003	Trini Acevedo	1306 Magoffin, El Paso, TX 79905	200.00	Campaign Worker
5/3/2003	Matilde Quintana	6770 Edgemere, El Paso, TX 79925	200.00	Campaign Worker
5/3/2003	David Robledo	3516 Douglas, El Paso, TX 79903	100.00	Campaign Worker
5/3/2003	Leticia Guerrero	2928 E. San Antonio, El Paso, TX 79905	100.00	Campaign Worker
5/3/2003	Rosa Guerrero	2929 E. San Antonio, El Paso, TX 79905	100.00	Campaign Worker
5/3/2003	Blanca Guerrero	2930 E. San Antonio, El Paso, TX 79905	100.00	Campaign Worker
5/3/2003	Iliana Martinez		100.00	Campaign Worker
5/3/2003	Art Fierro	1308 Montana, El Paso, TX 79902	100.00	Campaign Worker
5/2/2003	Davids Apparel	9911 Carnegie, El Paso, TX 79925	206.84	Shirts
5/2/2003	Alltel	One Allied Dr, Little Rock, AR 72202	385.66	Cell Phone
5/3/2003	Walmart	11931 Van Gogh, El Paso, TX 79936	93.68	Supplies
5/3/2003	Rosa Hurtado		179.25	Food for Volunteers
5/7/2003	SE T-Birds Football League	233 S Valverde, El Paso, TX 79905	100.00	Donation
5/2/2003	Robert Alvarado	11931 Van Gogh, El Paso, TX 79936	175.00	Campaign Worker
5/4/2003	El Paso High Booster Band	800 E Schuster, El Paso, TX 79902	70.00	Donation
5/3/2003	Ralphs Catering	Box 414, Mesquite NM 88048	1100.00	Campaign Catering
5/4/2003	George Juarez	182 N Collingsworth, El Paso, TX 79905	100.00	Campaign Worker
5/4/2003	Julie Juarez	183 N Collingsworth, El Paso, TX 79905	200.00	Campaign Worker
5/5/2003	Alamo Elementary	500 S Hills, El Paso, TX 79901	138.80	Donation
5/9/2003	Mimco	11931 Van Gogh, El Paso, TX 79936	375.00	Campaign Headquarters
5/12/2003	PDX Printing	100 Porfirio Diaz, El Paso, TX 79901	1583.51	Campaign Worker
5/4/2003	Gina Estrada	160 N. Collingsworth, El Paso, TX 79905	100.00	Campaign Worker
5/13/2003	Susan Austin Campaign	6205 Pinehurst, El Paso, TX 79912	250.00	Contribution
5/13/2003	Keystone	819 W Sunset, El Paso, TX 79912	1000.00	Text Translation
5/14/2003	Josefina De La Torre	4021 Siete Leguas, El Paso, TX 79912	82.00	Campaign Cakes
4/25/2003	Blanca Guerreo-Blues Baseball	2930 E. San Antonio, El Paso, TX 79905	100.00	Donation
6/5/2003	US Postmaster	8401 Boing, El Paso, TX 79925	37.00	Postage
6/5/2003	Veronica Roman	516 S Stanton, El Paso, TX 79901	48.00	Cake Purchase
6/12/2003	Southwest Airlines	6435 Convair, El Paso TX 79925	289.00	Travel
6/28/2003	Lubys	3601 N Mesa, El Paso, TX 79902	120.00	Community Meeting
6/31/03	Art Fierro	1308 Montana, El Paso, TX 79902	400.00	Representative
6/20/2003	Leos Café	315 E Mills, El Paso, TX 79901	54.39	Constituent Meeting
5/2/2003	Walmart	7555 Mesa, El Paso, TX 79912	112.02	Campaign supplies
6/30/2003	Anthony Cobos	4047 Emory, El Paso, TX 79922	1124.66	Repay OOP Expenses
Total as of June 30, 2003			<u>\$11,392.63</u>	



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **1**

2 FILER NAME **ANTHONY COBOS**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5/2/03**

5 Payee name  
**ANTHONY COBOS**  
6 Payee address; City; State; Zip Code  
**4047 EMORY  
EI PASO, TX 79922**

8 Amount (\$)  
**112.02**

7 Purpose of expenditure (See instructions regarding type of information required.)  
**Supplies from Walmart for Campaign**

Reimbursement from political contributions intended

Date  
**6/20/03**

Payee name  
**ANTHONY COBOS**  
Payee address; City; State; Zip Code  
**4047 EMORY  
EI PASO, TX 79922**

Amount (\$)  
**54.39**

Purpose of expenditure (See instructions regarding type of information required.)  
**Campaign Volunteer Luncheon @ Leos**

Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

Date

Payee name  
Payee address; City; State; Zip Code  
Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)  
  
 Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **\*\* Complete 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 payment (See instructions regarding type of information required.)

**\*\* Complete 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 payment (See instructions regarding type of information required.)

**\*\* Complete 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 payment (See instructions regarding type of information required.)

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**