



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Dr. Eugene Finke

**15 ACCOUNT #** (Ethics Commission filers)  
4321

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This listing includes political expenditures 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. ..

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

**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.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 49.69
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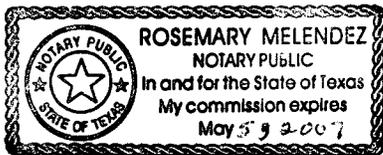
4. TOTAL POLITICAL EXPENDITURES	\$ 2404.55
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**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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**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.



*Rosemary Melendez*

*Eugene Finke*  
Signature of Candidate or Officeholder

*Eugene Finke*

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
4/5

2 FILER NAME  
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)  
4321

4 Date: 05/27/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Hector Almeida  
6 Contributor address; City; State; Zip Code  
6043 Bandolero  
El Paso TX 79912

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/04/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
IBEW-COPE  
Contributor address; City; State; Zip Code  
1125 15th Street N.W.  
Washington DC 20005

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 05/31/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Elizabeth McAlmon  
Contributor address; City; State; Zip Code  
15 Silent Crest  
El Paso TX 79902

Amount of contribution (\$)  
150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
5/5

**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date  
06/27/2003

**5** Payee name  
El Paso Club

**7** Amount  
(\$)  
54.36

**6** Payee address; City; State; Zip Code  
Drawer 721  
El Paso TX 79944

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Campaign Meeting

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

Date  
05/23/2003

Payee name  
H & H Mailing

Amount  
(\$)  
64.20

Payee address; City; State; Zip Code  
9020 Mayflower  
El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)  
Mailing

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

Date  
06/05/2003

Payee name  
Labor Ready

Amount  
(\$)  
1068.80

Payee address; City; State; Zip Code  
PO Box 676412  
Dallas TX 75267

Purpose of expenditure (See instructions regarding type of information required.)  
Campaign labor

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

Date  
06/25/2003

Payee name  
Stanton Street Technology Group

Amount  
(\$)  
1167.50

Payee address; City; State; Zip Code  
303 Texas Avenue  
El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)  
Advertising

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