Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CITY CLERK DEPT.
05 JUL 14 PM 3:24

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: 27

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY CLERK DEPT.
05 JUL 14 PM 2:56

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (circled) FIRST: MR DANIEL MI: — NICKNAME: DANNY LAST: ROBLEDO SUFFIX: —
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 3100 E. YANDELL EL PASO TX 79903
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 565-8000 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (circled) FIRST: MR RUBEN MI: — NICKNAME: SONNY LAST: GARCIA SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 3100 E. YANDELL EL PASO, TX 79903
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 479-0620 EXTENSION:
9 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)
10 PERIOD COVERED	Month Day Year: 1/19/05 THROUGH Month Day Year: 5/7/05
11 ELECTION	ELECTION DATE Month Day Year: 05/07/05 ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special
12 OFFICE	OFFICE HELD (if any): JUDGE EL PASO MUNICIPAL COURT #5 — 13 OFFICE SOUGHT (if known): JUDGE EL PASO MUNICIPAL COURT # 5
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ 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: NONE Address / PO Box; Apt. / Suite #; City; State; Zip Code:

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

CITY CLERK DEPT
05 JUL 14 PM 3:22

15 C/OH NAME: DANIEL ROBLEDO

16 ACCOUNT # (Ethics Commission filers):

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of 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. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME: NONE

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 195.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 13,800.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,959.08
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

CATHERINE QUEZADA
NOTARY PUBLIC
In and for the State of Texas
My commission expires
04

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Daniel Robledo, this the 11th day of July, 20 05, 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
	Catherine Quezada	Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.
05 JUL 14 PM 3:22

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 19

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/24/05	DANIEL ARCHONDO ATTY 2509 MONTANA EL PASO TX 79903	250.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/05	THERESA CABALLERO ATTY 2726 RICHMOND AVE EL PASO, TX 79930	150.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/24/05	SERGIO CORONADO ATTY 1019 E. YANDELL EL PASO TX 79902	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/05	HENRY L. CHISOLM ATTY 1012 CABLE PARAQUE DR EL PASO TX 79912	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/26/05	JOSEPH (SIB) ABRAHAM, JR ATTY PO BOX 512312 EL PASO TX 79951	500.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/25/05	ROGER MONTOYA ATTY 101 S KANSAS EL PASO TX 79901	100.00	

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/20/05	RICHARD CONTRERAS ATTY 2150 TRAWOOD STE A-230 EL PASO, TX 79935	125.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/25/05	ESTRADA & ASSOCIATES ATTY 501 KANSAS ST SUITE 200 EL PASO, TX 79901	200.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/25/05	JOHN M. DICKEY & ASSOCIATES ATTY 1520 N. CAMPBELL EL PASO, TX 79902	200.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/21/05	STANTON & ANTCLIFF, PC ATTYS 521 TEXAS AVE EL PASO TX 79901	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM 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
05 JUL 14 PM 3:22

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL RODRIGUEZ

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/19/05	MICHAEL L. AARONSON ATTY 2524 MONTANA AVE EL PASO TX 79903	2,000.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/27/05	WYATT & UNDERWOOD ATTYS 303 TEXAS AVE STE. 600 EL PASO TX 79901	300.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/05	LUPE LOPEZ ATTY AT LAW PO BOX 10469 EL PASO, TEXAS 79995	300.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/05	CARLOS CARRASCO ATTY 1220 MONTANA AVE EL PASO TEXAS 79902	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/05	RUDY ROMERO ATTY 2507 MONTANA EL PASO, TX 79903	500.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT. 05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
2/1/05	STUART L. LEEDS ATTY 5468 RIDGE ST EL PASO, TX 79932	100.00		ATTORNEY	
1/31/05	JIM DARNELL ATTY. 310 N. MESA SUITE 212 EL PASO, TX 79901	100.00		ATTORNEY	
2/2/05	ANDERSON, ANDERSON BRIGHT & CHOUT ATTYS 1533 N. LEE TREVINO STE. 205 EL PASO, TX 79936	100.00		ATTORNEY	
2/2/05	ROBERT W. WARACH 7300 VISCOUNT SUITE 101 EL PASO, TX 79925	50.00		ATTORNEY	
2/3/05	MOUNCE, GREEN, MYERS, SAFI, & GALATZAN ATTYS P.O. DRAWER 1977 EL PASO TX 79950	250.00		ATTORNEY	

ATTACH ADDITIONAL COPIES OF THIS FORM 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.
05 JUL 14 PM 3:22

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/3/05	JAMES F. SCHERR ATTY 109 N. OREGON SUITE 1200 EL PASO TX 79901	$100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/3/05	ENRIQUE MORENO ATTY 701 MAGOFFIN EL PASO TX 79901	200.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/4/05	AMERICA BAIL BONDS 301 S. CAMPBELL ST EL PASO, TX 79901	200.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/4/05	WILLIAM ELIAS ATTY 909 N. MESA EL PASO, TX 79902	200.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/5/05	MELENDEZ + WILLIAMS 1119 EAST SAN ANTONIO EL PASO, TX 79901	200.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/6/05	DAVID MILLER ATTY 9350 DYER STE 5 EL PASO TX 79924	20.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/7/05	DUANE A. BAKER ATTY 303 TEXAS STE 1400 EL PASO TX 79901	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/05	RAY GUTIERREZ ATTY 1017 MONTANA AVE EL PASO, TX 79902	$100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/05	RUDY PEREZ ATTY 1981 PASEO COLINA EL PASO, TX 79936	1,500.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/05	DANIEL MENA ATTY 3233 N PIEDRAS ST EL PASO, TX 79930	200.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 15 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
2/8/05	LUIS GUTIERREZ ATTY 521 TEXAS AVE EL PASO, TX 79901	250.00		ATTORNEY	
2/9/05	GARY WEISER ATTY 1072 LOS JARDINES CIRCLE EL PASO, TX 79912	100.00		ATTORNEY	
2/10/05	CARL H GREEN ATTY 1205 RIM RD EL PASO, TX 79902	100.00		ATTORNEY	
2/10/05	KURT PAXSON ATTY PO BOX 2450 EL PASO, TX 79952	100.00		ATTORNEY	
2/10/05	HUMBERTO ENRIQUEZ ATTY 705 COEUR D'ALENE CIR EL PASO, TX 79922	175.00		ATTORNEY	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/10/05	CHARLES McDONALD 4150 RIO BRAVO STE 136 EL PASO TX 79902	200.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/10/05	EMILIO FLORES ATTY 220 BLACKER EL PASO TX 79902	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/11/05	MANUEL BARRAZA ATTY 201 RIVERSIDE DR EL PASO, TX 79915	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/14/05	DANIEL GONZALEZ ATTY 1216 MONTANA EL PASO, TX 79902	200.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/16/05	ABELARDO BERNAL ATTY 11816 N. LOOP DR SOCORRO, TX 79927	500.00	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 14 PM 3:22

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/16/05	RON HENRY ATTY 800 N MESA ST SUITE 200 EL PASO TX 79902	100.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/22/05	RUBEN HERNANDEZ ATTY 1019 E. YANDELL EL PASO, TX 79902	250.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/22/05	ROBERT TINNELL ATTY 1108 N. CAMPBELL ST EL PASO TX 79902	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/22/05	ADOLFO QUIJANO 707 MYRTLE EL PASO TX 79901	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/23/05	SCOTT VOGELMEIER 303 TEXAS AVE. SUITE 502 EL PASO, TX 79901	100.00	

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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/24/05	JAIME SANCHEZ ATTY 1368 SABRINA LYNN EL PASO, TX 79936	50.00	

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/24/05	ROBERT McKNIGHT 325 THUNDER BIRD DR EL PASO, TX 79912	25.00	

Principal occupation / Job title (See Instructions): PROBATION OFFICER

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	EDUARDO LERMA SR. ATTY 1917 MONTANA AVE. EL PASO TX 79902	200.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	LAW OFFICE OF MANUEL SOLIS 715 N. OREGON EL PASO, TX 79902	500.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/25/05	ELLIS + ORTEGA ATTYS 609 MYRTLE SUITE 100 EL PASO, TX 79901	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/21/05	BASKIND & MASFORD ATTYS 300 E. MAIN STE. 908 EL PASO, TX 79901	50.00	

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
ATTORNEY	

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/9/05	DAVID FERRELL ATTY 10514 MONTWOOD DR EL PASO TX 79935	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/27/05	JEFF RAGO ATTY 1013 MONTANA AVE EL PASO, TX 79902	150.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/05	JORGE C. MERNENA ATTY 1002 MAGOFFIN AVE EL PASO, TX 79901	100.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/3/05	FRANCISCO MACIAS 107 N. CAMPBELL EL PASO, TX 79902	300.00	

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

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/17/05	SALAS + SALAS ATTYS 1500 MONTANA AVE EL PASO, TX 79902	250.00	

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/01/05	SCOTT PAC LAW FIRM 1100 CHASE TOWER EL PASO, TX 79901	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/05	ISRAEL PARRA 3022 MONTANA EL PASO, TX 79903	200.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/4/05	SERGIO ENRIQUEZ ATTY 3281 RAINDANCE EL PASO, TX 79936	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/18/05	MARK DAVIS ATTY 1554 LONGLAND DR. EL PASO, TX 79935	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

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Revised 11/05/2003

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/31/05	WILLIAM R COPELAND ATTY 1533 LEE TREVINO SUITE 204 EL PASO, TX 79936	100.00	

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/05	ENRIQUE RAMIREZ ATTY 1006 MAGOFFIN EL PASO, TX 79901	150.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/26/05	JUAN CARLOS GANAY 3402 MONTANA AVE EL PASO, TX 79903	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/4/05	GEORGE PAUL ANDRITOS ATTY 3116 MONTANA EL PASO, TX 79903	150.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/14/05	GARY A ABOUD 400 E OVERLAND AVE EL PASO, TX 79901	100.00	

Principal occupation / Job title (See Instructions): ATTORNEY

Employer (See Instructions):

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

CITY CLERK DEPT.

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description(if applicable)
4/1/05	COLBERT COLDWELL ATTY AT LAW 6300 ALABAMA ST EL PASO, TX 79904	50.00	

9 Principal occupation: ATTORNEY

10 Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)
5/5/2005	RICHARD L. BISCHOFF ATTY PO BOX 5325 ELPASO, TX 79954	100.00	

Principal occupation: ATTORNEY

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description(if applicable)

Principal occupation

Employer (optional)

☐ out of state PAC

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME
DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	NONE		

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

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

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

LOANS

SCHEDULE E

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME
DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial Institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code
NONE

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ none

15 GUARANTOR INFORMATION
☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation

20 Employer

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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POLITICAL EXPENDITURES

SCHEDULE F

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/4/05	REGARDS LABELS 220 BLACKMON EL PASO, TX 79902	66.18

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
ATTORNEY'S LIST LABELS	DANIEL "DANNY" ROBLEDO	JUDGE MC#5	JUDGE MC#5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/4/05	ZIPPY PRINTING 2855 PERSHING EL PASO TEXAS 79903	495.71

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
CAMPAIGN BADGES AND M&M MAILING	DANIEL "DANNY" ROBLEDO	JUDGE MC#5	JUDGE MC#5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/5/05	CITY OF EL PASO 2 CIVIC CENTER PLAZA EL PASO, TEXAS 79901	250.00

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
FILING FEES FOR POSITION	DANIEL "DANNY" ROBLEDO	JUDGE MC#5	JUDGE MC#5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	DAVID'S BANNER & PENNANTS 9911 CARNEGIE AV EL PASO, TX 79925	584.55

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
8 X 4 CAMPAIGN SIGNS	DANIEL "DANNY" ROBLEDO	JUDGE MC#5	JUDGE MC#5

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT
05 JUL 14 PM 3:23

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/1/05	ZIPPY PRINTING 2855 PERSHING EL PASO, TX 79903	57.64

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
CAMPAIGN PUSH CARDS	DANIEL "DANNY" ROBLEDO	JUDGE MC #5	JUDGE MC #5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/22/05	EL PASO HIGH GOLF TEAM 800 E. SCHUTTEN EL PASO, TX 79902	230.00

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
POLITICAL CAMPAIGN SPONSORSHIP SIGN	DANIEL "DANNY" ROBLEDO	JUDGE MC #5	JUDGE MC #5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/22/05	SIN FRONTERAS 201 9th ST EL PASO, TX 79901	100.00

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
POLITICAL CONTRIBUTION MEAL TICKETS FARM WORKER	DANIEL "DANNY" ROBLEDO	JUDGE MC #5	JUDGE MC #5

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
1/25/05	Check # 6501 EL PASO COUNTY DEMOCRATES 1401 MONTANA SUITE C EL PASO, TEXAS 79901	POLITICAL CONTRIBUTION	200.00	☑
2/25/05	Check 6561 ST. JUDE CHILDREN'S RESEARCH HOSPITAL 332 N. LAUDERDALE MEMPHIS, TN 38105	CONTRIBUTION RESEARCH	100.00	☑
3/4/05	LAS Check 6577 AMERICAN IMMIGRANT ADVOCAY CENTER 106 E YANDELL DR EL PASO, TX 79902	POLITICAL CONTRIBUTION	125.00	☑
3/8/05	Check 6577 EL PASO HIGH SCHOOL 800 E. SCHUSTER EL PASO TX 79902	POLITICAL CONTRIBUTION ADVERTISEMENT	100.00	☑
3/11/05	EL PASO HIGH SCHOOL BAND 800 E. SCHUSTER EL PASO, TX 79902	GOLD TOWN: SPONSORSHIP	65.00	☑

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

CITY CLERK DEPT.
05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
3/24/05	CHECK # 6619 EL PASO ASSOCIATION OF COURT ASSITANTS 500 E SAN ANTONIO # 702 EL PASO TX 79901 POLITICAL CONTRIBUTIONS ADVERTISING	130.00 ☑ Reimbursement from political contributions intended
3/25/05	CHECK 6625 THE INVADERS BASEBALL 174 CORNADO RD EL PASO, TEXAS 79915 POLITICAL CONTRIBUTIONS ADVERTISING	80.00 ☑ Reimbursement from political contributions intended
3/30/05	CHECK # 6637 MUSCULAR DYSTROPHY ASSOCIATION 3300 EAST SUNRISE DRIVE TUCSON, AZ. 85718-3208 POLITICAL CONTRIBUTION.	100.00 ☑ Reimbursement from political contributions intended
[illegible]	SIN FRONTERAS [illegible] [illegible] [illegible]	[illegible] ☐ Reimbursement from political contributions intended
4/5/05	CHECK # 6652 DELTA SIGMA PI 500 W. UNIVERSITY AVE EL PASO TX 79968 POLITICAL CONTRIBUTION AD	100.00 ☑ Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

CITY CLERK DEPT.

05 JUL 14 PM 3:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address: City: State: Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 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
4/8/05	Payee name: NOLAN RICHARDSON GOLF TOUR. CHK# 6657 Payee address; City; State; Zip Code: 2539 E. JOYCE BLVD. FAYETTEVILLE, ARKANSAS 72703 Purpose of expenditure (See instructions regarding type of information required.): POLITICAL CONTRIBUTION TABLE	125.00 ☑ Reimbursement from political contributions intended
4/14/05	Payee name: CHILD ADVOCACY ANNUAL BANQUET MARIA ANGIONO CHK# 6667 Payee address; City; State; Zip Code: 2020 PIER LN DR 1100 E. CLIFF DR, BLDG D 79936 ELPASO ELPASO TX 79902 Purpose of expenditure (See instructions regarding type of information required.): POLITICAL CONTRIBUTION TABLE.	50.00 ☑ Reimbursement from political contributions intended
	Payee name: [illegible] Payee address; City; State; Zip Code: [illegible] HOUSTON [illegible] Purpose of expenditure (See instructions regarding type of information required.):	[illegible] ☐ Reimbursement from political contributions intended
	Payee name: Payee address; City; State; Zip Code: Purpose of expenditure (See instructions regarding type of information required.):	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

CITY CLERK DEPT.

05 JUL 14 PM 3:24

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME
DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name 6 Business address; City; State; Zip Code NONE	7 Amount ($)

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 Business address; City; State; Zip Code	Amount ($)

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 Business address; City; State; Zip Code	Amount ($)

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 Business address; City; State; Zip Code	Amount ($)

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

CITY CLERK DEPT.
05 JUL 14 PM 3:24

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME
DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code NONE 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

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CREDITS (optional)

SCHEDULE K

CITY CLERK DEPT.

05 JUL 14 PM 3:24

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME
DANIEL ROBLEDO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address; City; State; Zip Code NONE 7 Reason for credit	8 Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

CITY CLERK DEPT.
05 JUL 14 PM 3:24

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)
DANIEL ROBLEDO	

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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder