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

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: 9

OFFICE USE ONLY

Date Received: RECEIVED APR 27 2001 CITY OF EL PASO CITY CLERK'S OFFICE

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: David | MI: A.

NICKNAME | LAST: Bonilla | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 2035 Trawood El Paso, TX 79935

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Robert | MI: A.

NICKNAME | LAST: Duran | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 2035 Trawood El Paso, TX 79935

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION: (915) 594-9952

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: 03/27/01 THROUGH Month Day Year: 04/25/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Municipal Court Judge #1

13 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

8 Days before 5/5/01 municipal court Judge No. 1 General Election

GO TO PAGE 2

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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 ☐ out of state PAC 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
10 Principal occupation	11 Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	Employer (optional)		
Date	Full name of pledgor ☐ out of state PAC Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation	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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME: DAVID A. BONILLA

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)
4/2/01	DAVID Nevarez 2035 Trawood El Paso, TX 79935	$100.00	

9 Principal occupation	10 Employer (optional)
Attorney at Law	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/2/01	Gilbert O. Baca 11646 Bob Mitchell El Paso, TX 79936	$100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/2/01	Fred Aguayo 255 Shadow Mountain Dr. El Paso, TX 79912	$200.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/01	Mickey Hampton 1004 S. Mesa El Paso, TX 79901	$100.00	

Principal occupation	Employer (optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/13/01	Concepcion Limas 1004 S. Mesa El Paso, TX 79901	$100.00	

Principal occupation	Employer (optional)

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: David A. Bonilla

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
3/27/01	Dura Ad 2624 Dunoon El Paso, Tx 79925	203 Buttons	$140.62	☒
4/9/01	Albertsons 2200 Yarbrough El Paso, Tx 79935	Cake - Retirement Home Gift	$29.51	☒
4/10/01	Big 8 Food 9817 Dyer El Paso, Tx 79924	Cinnamon Rolls - Retirement Home Gift	$12.00	☒
4/12/01	Albertsons 2200 Yarbrough El Paso, Tx 79935	Cake - Retirement Home Gift	$23.95	☒
4/19/01	Apex Rubber Stamp 3911 Montana Av. El Paso, Tx 79903	Rubber Stamp - "Punch #16"	$9.30	☒

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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 6 Business address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	

Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	

Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	

Date	Business name Business address; City; State; Zip Code	Amount ($)
Purpose of payment	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name — Office sought / held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME David A. Bonilla

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
4/20/01	Furrs 1840 N. Lee Trevino El Paso, TX 79936	2 Cakes - Retirement Home Gifts	$51.97	☒
4/23	Home Depot 11360 Rojas Dr El Paso, TX 79936	Saw to cut wood for campaign signs	$66.10	☒
3/16/01	City Clerk 2 Civic Center Plaza El Paso, TX 79901	Campaign Filing Fee	$250.00	☒
3/27/01	Quality Graphics 1410 Gail Borden, Ste B-1 El Paso, TX 79937	Fundraiser - Cards	$146.14	☒
3/30/01	BAT Screen Printing 8374 Alameda, Ste A El Paso, TX 79907	Campaign Signs	$734.09	☒

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME David A. Bonilla

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure	8 Amount ($) / Reimbursement from political contributions intended
4/2/01	Alfredo Gallardo 11701 Gateway West El Paso, TX 79936 Music for Fundraiser	$75.00 ☒ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount ($) ☐ Reimbursement from political contributions intended

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