



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Susan F. Austin*

15 ACCOUNT # (Ethics Commission filers)

16 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

*4,100<sup>00</sup>*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

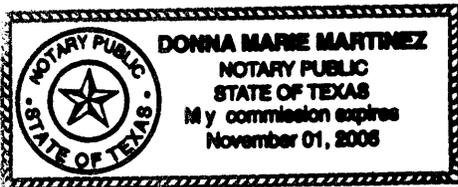
*13,011.41*

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Susan F. Austin*, this the *14th* day of *July*, 20*08*, to certify which, *Donna Marie Martinez* witnesses 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:

1 of 4

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

PENNY L. ANDERSEN

6 Contributor address; City; State; Zip Code

7141 IMPERIAL RIDGE  
EL PASO, TEXAS 79912

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

5/21/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JACK MAXON

Contributor address; City; State; Zip Code

4820 OLMOS, EL PASO, TEXAS 79922

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/25/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

G. RANDY & JOYCE KELLER

Contributor address; City; State; Zip Code

6313 EL RISCO  
EL PASO, TEXAS 79912

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

LES WATKINS

Contributor address; City; State; Zip Code

5145 WILLOW CREEK  
EL PASO, TEXAS 79932

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

IKE J. MONTY, III

Contributor address; City; State; Zip Code

8800 YERMOLAND DR., STE. A  
EL PASO, TEXAS 79907-1804

Amount of contribution (\$)

\$200.00

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.**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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2 of 4

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/9/03

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

CARLOS C. GUERRA

6 Contributor address; City; State; Zip Code

418 CROWN POINT DR.  
EL PASO, TEXAS 79912

7 Amount of contribution (\$)

\$100<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT NAVARRO

Contributor address; City; State; Zip Code

6213 PINEHURST  
EL PASO, TEXAS 79912

Amount of contribution (\$)

\$100<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

SHARON & AGNES BUTTERWORTH, JR.

Contributor address; City; State; Zip Code

1059 LOS JARDINES  
EL PASO, TEXAS 79912

Amount of contribution (\$)

\$200<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ROBERT F. FOSTER

Contributor address; City; State; Zip Code

1790 LEE TREVINO, STE. 601  
EL PASO, TEXAS 79936-4500

Amount of contribution (\$)

\$1,000<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/9/03

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

RAMIRO GUZMAN

Contributor address; City; State; Zip Code

10216 BUCKWOOD  
EL PASO, TEXAS 79925

Amount of contribution (\$)

\$200<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

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1 Total pages this Schedule A1:  
*3 of 4*

2 FILER NAME

*SUSAN F. AUSTIN*

3 ACCOUNT # (Ethics Commission files)

4 Date

*6/9/03*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*JAMES H. & WANSHULA PAXTON*

6 Contributor address; City; State; Zip Code

*104 TROUT RD.  
ELEPHANT BUTTE, NM 87935*

7 Amount of contribution (\$)

*\$250<sup>00</sup>*

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*6/19/03*

Full name of contributor  out-of-state PAC (ID#: *C00003830*)

*J.P. MORGAN CHASE & CO. STATE FEDERAL PAC*

Contributor address; City; State; Zip Code

*230 PARK AVENUE  
NEW YORK, NEW YORK 10169*

Amount of contribution (\$)

*\$250<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

*6/19/03*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*BUILD PAC OF EL PASO*

Contributor address; City; State; Zip Code

*6046 SURETY DRIVE  
EL PASO, TEXAS 79905*

Amount of contribution (\$)

*\$450<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

*6/19/03*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*JAMES A. FAGER*

Contributor address; City; State; Zip Code

*6208 PINEHURST  
EL PASO, TEXAS 79912*

Amount of contribution (\$)

*\$100<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

*6/19/03*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*MELISSA & DENNIS RICHARD*

Contributor address; City; State; Zip Code

*5629 CORTINA DR.  
EL PASO, TEXAS 79912*

Amount of contribution (\$)

*\$150<sup>00</sup>*

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**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:  
*4 of 4*

2 FILER NAME  
*SUSAN F. AUSTIN*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*6/24/03*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*BOB BOWLING*  
6 Contributor address; City; State; Zip Code  
*P.O. Box 4136  
EL PASO, TEXAS 79914*

7 Amount of contribution (\$)  
*\$500.00*

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

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)

Principal occupation (Optional)

Employer (Optional)

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)

Principal occupation (Optional)

Employer (Optional)

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)

Principal occupation (Optional)

Employer (Optional)

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)

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.**

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

J.P. Morgan Chase & Co. State and Federal Political Action Committee

ADDRESS (number and street)

230 Park Avenue, 21st Floor

(Check if address is changed)

New York

NY

10169

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bridget.lawless@jpmchase.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

12 / 19 / 2002

3. FEC IDENTIFICATION NUMBER

C00003830

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Bridget Lawless

Signature of Treasurer

Electronically Filed by Bridget Lawless

Date

12 / 19 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-110

**FEC FROM 1**  
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**J.P. Morgan Chase & Co. Federal Political Action Committee**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_ **230 Park Avenue, 21st Floor** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **New York** \_\_\_\_\_ **NY** \_\_\_\_\_ **10169** \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_ **Affiliated** \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

**J.P. Morgan Chase & Co. State and Federal Political Action Committee**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Bridget Lawless

Mailing Address 230 Park Avenue, 21st Floor

New York NY 10169 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 212 - 622 - 3306

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Bridget Lawless

Mailing Address 230 Park Avenue, 21st Floor

New York NY 10169 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 212 - 622 - 3306

Full Name of Designated Agent Maureen E. Sullivan

Mailing Address 230 Park Avenue, 21st Floor

New York NY 10169 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 212 - 622 - 3332

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase Bank

Mailing Address

Branch # 134

401 Madison Avenue

New York

NY

10017

CITY ▲

STATE ▲

ZIP CODE ▲

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

J.P. Morgan Chase & Co.

J.P. Morgan Chase & Co.		

Mailing Address

270 Park Avenue		
New York.		

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected		
-----------	--	--

Type of Connected Organization:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Corporation  | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 3

2 FILER NAME

SUSAN F. AUSTIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/9/03

PROCESSING PLUS  
6 Payee address; City; State; Zip Code

\$1,351.30

6412 LA CADENA  
EL PASO, TEXAS 79912

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

RUN-OFF

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

STATIONERY, POSTCARDS, SIGNS, CELL

Date

Payee name

Amount (\$)

6/10/03

RIM PERSONNEL  
Payee address; City; State; Zip Code

\$954.75

4707 MONTANA  
EL PASO, TEXAS 79903

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

PHONE BANK - LABOR

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/19/03

SBC  
Payee address; City; State; Zip Code

\$663.81

HOUSTON, TEXAS

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

PHONE BANK - LINE CHARGES

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6/19/03

MITHOFF BURTON PARTNERS  
Payee address; City; State; Zip Code

\$1,520.13

4105 RIO BRAVO  
EL PASO, TEXAS 79903

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

ADVERTISING - RUNOFF, BUTTONS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <i>2 of 3</i>
2 FILER NAME <i>SUSAN F. AUSTIN</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/23/03</i>	5 Payee name <i>THE REVEL GROUP</i>	7 Amount (\$) <i>\$2,165<sup>00</sup></i>
6 Payee address; City; State; Zip Code <i>6006 N. MESA, STE. 502 EL PASO, TEXAS 79912</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>RUNOFF - PHONE LISTS, PROGRAMMING</i>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>5/30/03</i>	Payee name <i>SAM'S CLUB</i>	Amount (\$) <i>141.21</i>
Payee address; City; State; Zip Code <i>N. MESA EL PASO, TEXAS 79912</i>		
Purpose of payment (See instructions regarding type of information required.) <i>ELECTION NIGHT PARTY - FOOD</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>5/29/03</i>	Payee name <i>EPISD FUND</i>	Amount (\$) <i>\$100<sup>00</sup></i>
Payee address; City; State; Zip Code <i>P.O. Box 20100 EL PASO, TEXAS 79998</i>		
Purpose of payment (See instructions regarding type of information required.) <i>LUNCHEON</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <i>5/28/03</i>	Payee name <i>U.S. POSTAL SERVICE</i>	Amount (\$) <i>\$14<sup>00</sup></i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>POSTAGE</i>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:  
*3 of 3*

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/30/03</i>	5 Payee name <i>GEORGINA CASAS</i> 6 Payee address; City; State; Zip Code <i>6412 LA CAJENA EL PASO, TEXAS 79912</i>	7 Amount (\$) <i>\$75<sup>00</sup></i>
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8 Purpose of payment (See instructions regarding type of information required.) <i>LABOR</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <i>5/30/03</i>	Payee name <i>M. THOFF BURTON PARTNERS</i> Payee address; City; State; Zip Code <i>4105 RIO BRAVO EL PASO, TEXAS 79902</i>	Amount (\$) <i>\$5,966.21</i>
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Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
---	--

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: *1 of 1*

2 FILER NAME *SUSAN F. AUSTIN*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>5/21/03</i>	5 Payee name <i>TARGET</i>	8 Amount (\$) <i>11.36</i>
	6 Payee address; City; State; Zip Code <i>SUNLAND PARK DR. EL PASO, TEXAS 79912</i>	
7 Purpose of expenditure (See instructions regarding type of information required.) <i>FOOD - CAMPAIGN MEETING</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5/30/03</i>	Payee name <i>HOME DEPOT</i>	Amount (\$) <i>\$19.45</i>
	Payee address; City; State; Zip Code <i>7545 N. MESA EL PASO, TEXAS 79912</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES - SIGNS</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5/21/03</i>	Payee name <i>DORSEY'S HALLMARK</i>	Amount (\$) <i>\$7.51</i>
	Payee address; City; State; Zip Code <i>5610 N. DESERT BLVD. EL PASO, TEXAS 79912</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>STATIONERY</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5/28/03</i>	Payee name <i>CITY OF EL PASO</i>	Amount (\$) <i>\$1.30</i>
	Payee address; City; State; Zip Code <i>TWO CIVIC CENTER PLAZA EL PASO, TEXAS 79901</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>COPIES</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5/28/03</i>	Payee name <i>BIG B FOOD STORE CORONADO</i>	Amount (\$) <i>\$47.64</i>
	Payee address; City; State; Zip Code <i>6021 N. MESA EL PASO, TEXAS 79912</i>	
Purpose of expenditure (See instructions regarding type of information required.) <i>FOOD - ELECTION PARTY</i>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED