

# 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**

MS / MRS / MR (MR) FIRST FELIPE MI J  
NICKNAME LAST SUFFIX  
LUNA

**OFFICE USE ONLY**

Date Received

CITY CLERK DEPT.  
07 JAN 16 PM 2:05

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1427 HAWTHORNE, EL PASO TX 79902

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(915) 328-9733

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR (MS) FIRST KIMBERLY MI  
NICKNAME LAST SUFFIX  
KELLY

**7 CAMPAIGN TREASURER ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
734 S. MESA HILLS #30 EL PASO, TX 79912

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(915) 525-1714

**9 REPORT TYPE**

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

**10 PERIOD COVERED**

Month Day Year Month Day Year  
11 / 29 / 06 THROUGH 12 / 31 / 06

**11 ELECTION**

ELECTION DATE Month Day Year ELECTION TYPE  
5 / 12 / 07  Primary  Runoff  General  Special

**12 OFFICE**

OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
CITY REPRESENTATIVE, DIST # 8

**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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT CITY CLERK DEPT. FORM C/OH  
SUPPORT & TOTALS COVER SHEET PG 2**

07 JAN 16 PM 2:06

15 C/OH NAME

FELIPE J. LUNA

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  <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

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) \$ 2,100<sup>00</sup>

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 2,428<sup>92</sup>

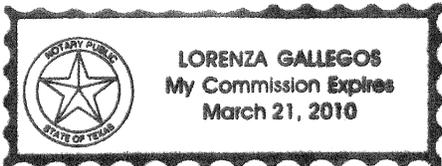
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <328<sup>92</sup>>

OUTSTANDING LOAN TOTALS

6. 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.

*Felipe J. Luna*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Felipe Luna*, this the 16<sup>th</sup> day of Jan, 20 07, to certify which, witness my hand and seal of office.

*Lorena Gallegos*      *Lorena Gallegos*      *Notary*  
Signature of officer/administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS** CITY CLERK DEPT. SCHEDULE A

07 JAN 16 PM 2:06

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1 of 2

2 FILER NAME FELIPE J. LUNA 3 ACCOUNT # (Ethics Commission filers)

4 Date 12-11-06 5 Full name of contributor EDITH L. ZUVANICH 6 Contributor address; City; State; Zip Code 1272 A.L. GILL, EL PASO, TX 79931 7 Amount of contribution (\$) \$250<sup>00</sup> 8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

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

Date 12-12-06 Full name of contributor ENOCH KIMMELMAN 112 E. OVERLAND AVE, EL PASO, TX 79901 Amount of contribution (\$) \$250<sup>00</sup> In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

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

Date 12-12-06 Full name of contributor TODD MICK 10723 WHITESANDS DRIVE, EL PASO, TX 79924 Amount of contribution (\$) \$250<sup>00</sup> In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

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

Date 12-14-06 Full name of contributor MARVIN D. ROSENBAUM P.O. Box 1183, EL PASO, TX 79947 Amount of contribution (\$) \$250<sup>00</sup> In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

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

Date 12-14-06 Full name of contributor J. JERRY ROSENBAUM 821 WINGFOOTE ROAD, EL PASO, TX 79912 Amount of contribution (\$) \$250<sup>00</sup> In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) 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. SCHEDULE A  
07 JAN 16 PM 2:06

The instruction Guide explains how to complete this form. 1 Total pages Schedule A: 2 of 2

2 FILER NAME FELIPE J. LUNA 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12-15-06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAY MANCERA</u>	7 Amount of contribution (\$) <u>\$250<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8312 CIELO VISTA, EL PASO, TX 79925</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-20-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JUAN M. HINOJOS</u>	Amount of contribution (\$) <u>\$300<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>255 CHANTICLEER, EL PASO, TX 79915</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-20-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CATALINA HERNANDEZ</u>	Amount of contribution (\$) <u>\$300<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4558 LAZY WILLOW, EL PASO, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>12-12-06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KIMBERLY KELLY</u>	Amount of contribution (\$) <u>\$40<sup>00</sup></u>	In-kind contribution description (if applicable) <u>WINE; FOR FUNDRAISER</u>
Contributor address; City; State; Zip Code <u>734 S. MESA HILLS # 30 EL PASO, TX</u>		(If travel outside of Texas, complete Schedule T)	

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

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

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

CITY CLERK DEPT.

**SCHEDULE F**

07 JAN 16 PM 2:08

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 1

2 FILER NAME *FELIPE J. LUNA*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*12/11/06*

5 Payee name  
*CHRIS CHAVEZ PHOTOGRAPHER*

7 Amount (\$)

6 Payee address; City; State; Zip Code  
*3004 SAVANNAH AVE. EL PASO, TX 79930*

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

8 Purpose of payment (See instructions regarding type of information required.)  
*HEADSHOTS OF F. LUNA SITTING FEE*  
(If travel outside of Texas, complete Schedule T)

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

Date  
*12/20/06*

Payee name  
*GERONIMO DESIGNS*  
Payee address; City; State; Zip Code

Amount (\$)

*11170 LA QUINTA PLACE SUITE B, EL PASO, TX 79936*

*\$1,519<sup>94</sup>*

Purpose of payment (See instructions regarding type of information required.)  
*DESIGN & CREATE CAMPAIGN IDENTITY PRINT INVITATIONS, PUSH-CARDS, CAMPAIGN BUTTONS & POSTER*  
(If travel outside of Texas, complete Schedule T)

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

Date  
*12/31/06*

Payee name  
*THE LEE AGENCY*  
Payee address; City; State; Zip Code

Amount (\$)

*313 SKYWAY, EL PASO, TX, 79912*

*\$ 500<sup>00</sup>*

Purpose of payment (See instructions regarding type of information required.)  
*POLITICAL CONSULTATION SERVICES MEDIA CONTACT*  
(If travel outside of Texas, complete Schedule T)

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
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.)  
(If travel outside of Texas, complete Schedule T)

**\*\* 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  
MADE FROM PERSONAL FUNDS**

CITY CLERK DEPT. SCHEDULE G  
07 JAN 16 PM 2:08

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 OF 1

2 FILER NAME FELIPE J. LUNA

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/12/06	5 Payee name COSTCO WHOLESALE	8 Amount (\$) \$213.30
	6 Payee address; City; State; Zip Code 6101 GATEWAY WEST, EL PASO, TX 79925	
	7 Purpose of expenditure (See instructions regarding type of information required.) PURCHASED SANDWICH PLATTERS, SARIM PLATTERS FOR FUNDRAISER + ACQUAINTANCE FUNCTION (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 12/12/06	Payee name COSTCO WHOLESALE	Amount (\$) \$45.68
	Payee address; City; State; Zip Code 6101 GATEWAY WEST, EL PASO, TX 79925	
	Purpose of expenditure (See instructions regarding type of information required.) PURCHASED SOFT DRINKS FOR FUNDRAISER (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date /	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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