



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Quintana, Veronica (Ms.)

**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. ..

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

additional pages

**17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	132.67
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,442.67
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**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	460.29
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4. TOTAL POLITICAL EXPENDITURES	\$	4,226.72
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**CONTRIBUTION BALANCE**

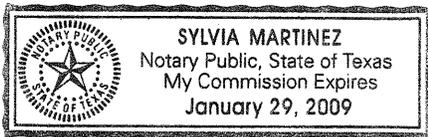
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,163.37
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**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,400.00
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**18 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.



*Veronica Quintana*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Veronica Rachel Quintana, this the 15<sup>th</sup> day of January, 2008, to certify which, witness my hand and seal of office.

*Sylvia Martinez*  
Signature of officer administering oath

Sylvia Martinez  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/9	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  09/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aguilar, Carlos (Mr.)  6 Contributor address; City; State; Zip Code 3420 Pershing El Paso, TX 79903	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arroyo, Jorge (Mr.)  Contributor address; City; State; Zip Code 748 Camino Norte Ct. El Paso, TX 79932	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bowling, Gregory (Mr.)  Contributor address; City; State; Zip Code 5533 Woodfield Dr. El Paso, TX 79932	Amount of contribution (\$)  \$460.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  07/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brooks, Chris (Mr.)  Contributor address; City; State; Zip Code 1966 Pueblo Nuevo El Paso, TX 79936	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Epperson, Irene (Ms.)  Contributor address; City; State; Zip Code 825 Lakeway El Paso, TX 79932	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/9	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  09/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hernandez, Priscilla (Mrs.)  6 Contributor address; City; State; Zip Code 12629 Tierra Fresa El Paso, TX 79938	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jobe, Stanley (Mr.)  Contributor address; City; State; Zip Code P.O. Box 3318 El Paso, TX 79923	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Juarez, Armando (Mr.)  Contributor address; City; State; Zip Code 2808 Schooner El Paso, TX 79936	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger Goggan Blair & Sampson, LLP  Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Los Bandidos de Carlos and Mickeys  Contributor address; City; State; Zip Code 1310 Magruder St. El Paso, TX 79925	Amount of contribution (\$)  \$450.00	In-kind contribution description (if applicable) Food for Fundraiser
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/9	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date  09/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mancera, Ray (Mr.)  6 Contributor address; City; State; Zip Code 8312 Cielo Vista El Paso, TX 79925	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paredes, Martin (Mr.)  Contributor address; City; State; Zip Code P.O. Box 12403 El Paso, TX 79913	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenbaum, J. Jerry (Mr.)  Contributor address; City; State; Zip Code 821 Wingfoote Rd. El Paso, TX 79912	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenbaum, Marvin (Mr.)  Contributor address; City; State; Zip Code P.O. Box 1183 El Paso, TX 79947	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Santamaria, Michael (Mr.)  Contributor address; City; State; Zip Code 324 Coral Sky El Paso, TX 79912	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 6/9	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  09/11/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sorenson, Tina (Ms.)  6 Contributor address; City; State; Zip Code 1672 Billy Casper El Paso, TX 79936	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Valencia, Eduardo (Mr.)  Contributor address; City; State; Zip Code 3609 Alderwood Manor El Paso, TX 79928	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/11/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vasquez, Robert (Mr.)  Contributor address; City; State; Zip Code 7275 Luz De Ciudad El Paso, TX 79912	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 7/9
<b>2</b> FILER NAME Quintana, Veronica (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 11222
<b>4</b> Date  11/16/2007	<b>5</b> Payee name Aguilar, Luis (Mr.)  <b>6</b> Payee address; City; State; Zip Code 801 N. El Paso St. Suite 100 El Paso, TX 79902	<b>7</b> Amount (\$)  \$2,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Attorney fees		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/24/2007	Payee name Compusa  Payee address; City; State; Zip Code 9521 Viscount Blvd. El Paso, TX 79925	Amount (\$)  \$115.97
Purpose of payment (See instructions regarding type of information required.) Wireless Access Point		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/27/2007	Payee name Dell Computer Austin, TX  Payee address; City; State; Zip Code	Amount (\$)  \$529.36
Purpose of payment (See instructions regarding type of information required.) Laptop Computer		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/23/2007	Payee name El Paso Democratic Party  Payee address; City; State; Zip Code 1401 Montana Suite C El Paso, TX 79901	Amount (\$)  \$75.00
Purpose of payment (See instructions regarding type of information required.) Golf Tournament fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 8/9
<b>2</b> FILER NAME Quintana, Veronica (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  07/12/2007	<b>5</b> Payee name Verizon  <b>6</b> Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	<b>7</b> Amount (\$)  \$125.51
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Cell Phone		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  08/23/2007	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$)  \$117.90
Purpose of payment (See instructions regarding type of information required.) Cell Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  09/20/2007	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$)  \$100.92
Purpose of payment (See instructions regarding type of information required.) Cell Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  10/26/2007	Payee name Verizon  Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$)  \$98.93
Purpose of payment (See instructions regarding type of information required.) Cell Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 9/9
<b>2</b> FILER NAME Quintana, Veronica (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  11/28/2007	<b>5</b> Payee name Verizon  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	<b>7</b> Amount (\$)  \$102.84
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Cell Phone		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: