

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)
00011038

2 PAGE #
1 of 11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Veronica
.....
NICKNAME LAST SUFFIX
Rachel Quintana

OFFICE USE ONLY

Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

CITY CLERK DEPT.
07 JUL 16 AM 11:09

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11038 Johnny Miller
El Paso, TX 79936

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Rebecca
.....
NICKNAME LAST SUFFIX
Cox

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11038 Johnny Miller
El Paso, TX 79936

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 590-6500

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 THROUGH Month Day Year
05/31/2007 06/30/2007

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) **12 OFFICE SOUGHT (if known)**
City Representative District 5

13 NOTICE OF 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
00011038

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

CITY CLERK DEPT.
07 JUL 16 AM 11:09

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,287.72

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 411.11

4. TOTAL POLITICAL EXPENDITURES \$ 6,494.18

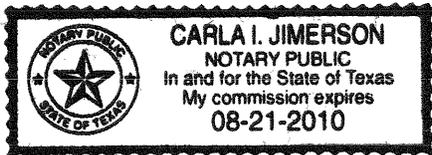
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,452.76

OUTSTANDING LOAN TOTALS

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

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 Quintana, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

Carla I. Jimerson Carla I. Jimerson notary
Signature of officer administering oath Print name of officer administering oath 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: 1/5 Report: 3/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 06/08/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Anchondo, Daniel (Mr.) 6 Contributor address; City; State; Zip Code 2509 Montana El Paso, TX 79903	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 06/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Armstrong, William (Mr.) Contributor address; City; State; Zip Code 1368 SILVER GATE PL El Paso, TX 79936	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) Food for Celebration Party
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/02/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Blaugrund, Stuart (Mr.) Contributor address; City; State; Zip Code 6416 Camille Ave Dallas, TX 75252	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bowling, Bob (Mr.) Contributor address; City; State; Zip Code P.O. Box 4136 El Paso, TX 79914	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2007	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 (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK DEPT.
07 JUL 16 AM 11:09

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 06/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bowling, Randall (Mr.)	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4655 Cohen El Paso, TX 79924			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bowling, Robert (Mr.)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6705 Pearl Ridge El Paso, TX 79912			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fierro, Art (Mr.)	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) Printing of postcards
Contributor address; City; State; Zip Code 11612 TONY TEJEDA DR El Paso, TX 79936			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) G & R Restaturant	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable) Food for Celebration Party
Contributor address; City; State; Zip Code 10801 Pebble Hills Blvd El Paso, TX 79935			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza, James (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O> Box 963237 El Paso, TX 79936			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK DEPT.
07 JUL 16 AM 11:09

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 06/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Holguin, Eduardo Jr. (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 17641 El Paso, TX 79917	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/09/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joan Burkholder Sipherd Contributor address; City; State; Zip Code 10125 Cork Dr. El Paso, TX 79925	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2007	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 (\$) \$100.00	In-kind contribution description (if applicable) Refreshments for Celebration Party
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kimmelmann, Enoch (Mr.) Contributor address; City; State; Zip Code 112 E. Overland Ave. El Paso, TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kimmelmann, Gil (Mr.) Contributor address; City; State; Zip Code 305 S. El Paso El Paso, TX 79901	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

07 JUL 16 AM 11:09
CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 6/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 06/09/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lopez, Jo Ann (Ms.) 6 Contributor address; City; State; Zip Code 7929 Morley Dr. El Paso, TX 79925	7 Amount of contribution (\$) \$60.00	8 In-kind contribution description (if applicable) Refreshments for Celebration Party
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/31/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Parra, Carmen (Ms.) Contributor address; City; State; Zip Code 400 Blacker Ave El Paso, TX 79902	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pickett, Joseph (Rep.) Contributor address; City; State; Zip Code 2353 ANISE DR el paso, TX 79936	Amount of contribution (\$) \$740.72	In-kind contribution description (if applicable) Printing and postage
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Quinones, Petra (Ms.) Contributor address; City; State; Zip Code 1603 Catham Cir El Paso, TX 79928	Amount of contribution (\$) \$57.00	In-kind contribution description (if applicable) Food for Celebration Party
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ramirez, Enrique (Mr.) Contributor address; City; State; Zip Code 1006 Magoffin Ave El Paso, TX 79901	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

07 JUL 16 AM 11:09
CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/11	
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038	
4 Date 06/01/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rosenbaum, Jerry (Mr.) 6 Contributor address; City; State; Zip Code 821 Wingfoote Rd El Paso, TX 79912	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/01/2007	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 (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

CITY CLERK DEPT.
07 JUL 16 AM 11:09

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 8/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 06/09/2007	5 Payee name Costco 6 Payee address; City; State; Zip Code 6101 Gateway West El Paso, TX 79925	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Gift Cards for Volunteers		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/31/2007	Payee name Discount Printing Payee address; City; State; Zip Code 1461 Lee Trevino El Paso, TX 79936	Amount (\$) \$75.77
Purpose of payment (See instructions regarding type of information required.) Flyers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/11/2007	Payee name El Diario De El Paso Payee address; City; State; Zip Code 1801 Texas Ave El Paso, TX 79901	Amount (\$) \$432.00
Purpose of payment (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/31/2007	Payee name El Paso Times Payee address; City; State; Zip Code 300 N. Campbell St. El Paso, TX 79901	Amount (\$) \$472.50
Purpose of payment (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

07 JUL 16 AM 11:09
CITY CLERK DEPT.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 9/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 06/01/2007	5 Payee name El Paso Times 6 Payee address; City; State; Zip Code 300 N. Campbell St. El Paso, TX 79901	7 Amount (\$) \$1,413.00
8 Purpose of payment (See instructions regarding type of information required.) Advertisement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/01/2007	Payee name H&H Mailing Services Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	Amount (\$) \$248.89
Purpose of payment (See instructions regarding type of information required.) Mailing Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/05/2007	Payee name H&H Mailing Services Payee address; City; State; Zip Code 9020 Mayflower El Paso, TX 79925	Amount (\$) \$2,115.40
Purpose of payment (See instructions regarding type of information required.) Mailing Services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/05/2007	Payee name Jaxon's Restaurants & Brewing Company Payee address; City; State; Zip Code 12111 Montwood El Paso, TX 79936	Amount (\$) \$53.44
Purpose of payment (See instructions regarding type of information required.) Luncheon Meeting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

CITY CLERK DEPT.
JUN 16 AM 11:09

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 10/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 06/01/2007	5 Payee name PDX Printing 6 Payee address; City; State; Zip Code 100 Porfirio Diaz El paso, TX 79902	7 Amount (\$) \$441.77
8 Purpose of payment (See instructions regarding type of information required.) Publishing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/04/2007	Payee name Printsource Signs Payee address; City; State; Zip Code 3641 Mattox El Paso, TX 79925	Amount (\$) \$350.00
Purpose of payment (See instructions regarding type of information required.) Campaign Signs		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/09/2007	Payee name Sam's Club Payee address; City; State; Zip Code 111360 Pellicano El Paso, TX 79936	Amount (\$) \$61.08
Purpose of payment (See instructions regarding type of information required.) Fuel		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/14/2007	Payee name Sam's Club Payee address; City; State; Zip Code 111360 Pellicano El Paso, TX 79936	Amount (\$) \$82.87
Purpose of payment (See instructions regarding type of information required.) Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

CITY CLERK DEPT.
07 JUL 16 AM 11:09

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/4 Report: 11/11
2 FILER NAME Quintana, Veronica (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00011038
4 Date 06/07/2007	5 Payee name USPS 6 Payee address; City; State; Zip Code 3100 North Yarbrough Drive El Paso, TX 79925	7 Amount (\$) \$90.20
8 Purpose of payment (See instructions regarding type of information required.) Postage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 06/18/2007	Payee name Verizon Wireless Payee address; City; State; Zip Code P.O. Box 9622 Mission Hills, CA 91346	Amount (\$) \$146.15
Purpose of payment (See instructions regarding type of information required.) Mobile Phone		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

CITY CLERK DEPT.
07 JUL 16 AM 11:09