

# 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:  <div style="font-size: 2em; text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>JAMES</u> MI: <u>E</u> NICKNAME: <u>JIM</u> LAST: <u>SUERKEN</u> SUFFIX:	<div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: <u>JUL 16 PM 3:39</u>                      Date Hand-delivered or Date Postmarked:                      Receipt # _____ Amount _____                      Date Processed _____                      Date Imaged _____                 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>2000 SAML KLIENFELD #311</u> APT / SUITE #: <u>EL PASO, TX 79936</u> CITY:      STATE:      ZIP CODE:		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(915)</u> PHONE NUMBER: <u>449-0556</u> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR</u> FIRST: <u>PRESI</u> MI:	NICKNAME: _____      LAST: <u>ORTEGA</u> SUFFIX:	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>11628 LAURA MARIE</u> APT / SUITE #: <u>EL PASO, TX 79936</u> CITY:      STATE:      ZIP CODE:		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(915)</u> PHONE NUMBER: <u>410-4907</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <u>6 / 1 / 2007</u> <u>7 / 15 / 2007</u>		
11 ELECTION	ELECTION DATE Month      Day      Year <u>6 / 9 / 2007</u>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)  <u>N/A</u>	13 OFFICE SOUGHT (if known)  <u>N/A</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> 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: SUPPORT & TOTALS

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

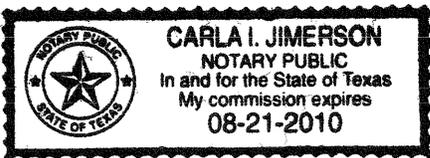
15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without 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. **		
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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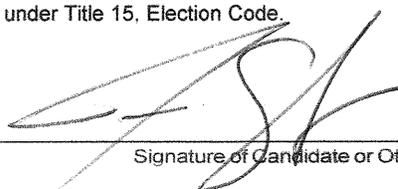
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ITEMIZED
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4650.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ ITEMIZED
	4.	TOTAL POLITICAL EXPENDITURES	\$ 14287.85
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 144.25
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

19 AFFIDAVIT

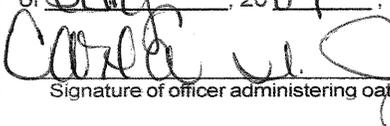


AFFIX NOTARY STAMP / SEAL ABOVE

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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James Stierkan, this the 11th day of July, 2007, to certify which, witness 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 A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 2em; font-weight: bold;">2</div>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin-top: 10px;">SEE ATTACHED</div>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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**  
**Jim Suerken Campaign**

<u>Last Name</u>	<u>First Name</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>
Mora	Jorge	10213 Allway Dr. El Paso, Texas 79925	\$250.00	6/8/2007
Mijares	Christina	5632 Cortina El Paso, Texas 79912	\$250.00	6/8/2007
Licon	Gerardo	1271 Trail Ridge El Paso, Texas 79912	\$500.00	6/8/2007
Weber	Linda	11040 Mirage Ct. El Paso, Texas 79912	\$500.00	6/8/2007
Herrera	Mike	4410 Trowbridge El Paso, Texas 79912	\$100.00	6/8/2007
Morales	Edgar	3300 Nations El Paso, Texas 79930	\$100.00	6/8/2007
Barfield	Lowry	6500 Trowbridge El Paso, Texas 79905	\$500.00	6/8/2007
Diaz	Teresa	812 Cheltenham El Paso, Texas 79912	\$100.00	6/8/2007
McCormick	Edward	4110 Rio Bravo Ste 206 El Paso, Tx 79902	\$50.00	6/8/2007
Hunt	Woodly	PO Box 12220 El Paso, Texas 79913	\$1,000.00	6/8/2007
Linebarger Gogan Blair		215 N Stanton El Paso, Texas 79901	\$500.00	6/8/2007
Hunt	Woodly	PO Box 12220 El Paso, Texas 79913	\$500.00	6/8/2007
Moore	Linda	519 East Hague El Paso, Texas 79902	\$50.00	6/8/2007
Scott PAC		1100 Chase Tower El Paso, Texas 79901	\$250.00	6/8/2007

Total Contributions this period: \$4,650.00

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>JAMES E. SWEETEN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>6/7/07</b>	5 Payee name <b>JOE E. TARIN</b> 6 Payee address; City; State; Zip Code <b>800 N. MESA EL PASO, TX 79902</b>	7 Amount (\$) <b>2626.57</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN MANAGEMENT</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>6/8/07</b>	Payee name <b>PRESI ORTEGA SR.</b> Payee address; City; State; Zip Code <b>917 GERONIMO EL PASO, TX 79905</b>	Amount (\$) <b>150.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN HELP</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held <b>CITY CLERK DEPT.</b>
Date <b>6/9/07</b>	Payee name <b>CANDICE REYES</b> Payee address; City; State; Zip Code <b>10805 TONY JACKLIN DR. EL PASO, TX 79936</b>	Amount (\$) <b>600.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>MUSIC ON ELECTION NIGHT</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>6/12/07</b>	Payee name <b>THE JOHN EDWARDS CAMPAIGN</b> Payee address; City; State; Zip Code <b>910 MARKET STREET STE 400 CHAPEL HILL, NC 27516</b>	Amount (\$) <b>250.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN CONTRIBUTION</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>4</b>
2 FILER NAME <b>JAMES E. SUERKEN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/31/07</b>	5 Payee name <b>LANCERS CLUB</b> 6 Payee address; City; State; Zip Code <b>3135 TRAWOOD EL PASO, TX 79936</b>	7 Amount (\$) <b>250.<sup>00</sup></b>
8 Purpose of payment (See instructions regarding type of information required.) <b>PAYMENT FOR ELECTION NIGHT PARTY</b> (If travel outside of Texas, complete Schedule T)		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>6/1/07</b>	Payee name <b>H&amp;H MAILING</b> Payee address; City; State; Zip Code <b>9020 MAYFLOWER AVE. EL PASO, TX 79925</b>	Amount (\$) <b>1328.<sup>73</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>MAIL SERVICES</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>6/5/07</b>	Payee name <b>DISCOUNT PRINTING</b> Payee address; City; State; Zip Code <b>1461 N. LEE TREVINO EL PASO, TX 79936</b>	Amount (\$) <b>1600.<sup>00</sup></b> <b>CITY CLERK DEPT.</b> <b>07:16 PM 3:39</b>
Purpose of payment (See instructions regarding type of information required.) <b>LAST MAILER</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>6/5/07</b>	Payee name <b>RICARDO ARMENDARIZ</b> Payee address; City; State; Zip Code <b>10604 SOMBRA VERDE EL PASO, TX 79935</b>	Amount (\$) <b>275.<sup>00</sup></b>
Purpose of payment (See instructions regarding type of information required.) <b>PHONE BANK</b> (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 4

2 FILER NAME JAMES E. SUERKEN 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>6/12/07</u>	5 Payee name <u>MARK SMITH</u>	7 Amount (\$) <u>3900.00</u>
6 Payee address; City; State; Zip Code <u>4401 N. MESA EL PASO, TX 79902</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>REPAYMENT FOR MAILING</u> (If travel outside of Texas, complete Schedule T)	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <u>6/12/07</u>	Payee name <u>RICK ARMENDARIZ</u>	Amount (\$) <u>1500.00</u>
Payee address; City; State; Zip Code <u>10604 SOMBRA VERDE EL PASO, TX 79935</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN HELP</u> (If travel outside of Texas, complete Schedule T)	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <u>6/15/07</u>	Payee name <u>TWO TON CREATIVITY</u>	Amount (\$) <u>750.00</u>
Payee address; City; State; Zip Code <u>500 N. OREGON ST. #2 EL PASO, TX 79901</u>		

Purpose of payment (See instructions regarding type of information required.) <u>PRINTING WORK</u> (If travel outside of Texas, complete Schedule T)	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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Date <u>6/19/07</u>	Payee name <u>JAMES E. SUERKEN</u>	Amount (\$) <u>507.32</u>
Payee address; City; State; Zip Code <u>2000 SAUL KLIENFELD #311 EL PASO, TX 79936</u>		

Purpose of payment (See instructions regarding type of information required.) <u>REPAYMENT FOR CAMPAIGN EXPENSES</u> (If travel outside of Texas, complete Schedule T)	9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
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**Political Expenditures Schedule F Continued  
Jim Suerken Campaign**

<b>Payee Name</b>	<b>Address</b>	<b>Amount</b>	<b>Date</b>	<b>Purpose</b>
Chavez, Ramon	11825 Priscilla Cir	\$500	6/26/2007	Design Work

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