

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)
00007831

2 PAGE #
1 of 5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Emma
NICKNAME LAST SUFFIX
Acosta

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
8904 WH Burges
El Paso, TX 79925

Change of Address

Date Hand-deliivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

10 JAN 15 PM 12:37
 CITY CLERK DEPT.

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Enriqueta
NICKNAME LAST SUFFIX
Queta Fierro

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8612 Whitus
El Paso, TN 79925

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 539-1710

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
07/16/2009 01/15/2010

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
City Representative District 3

12 OFFICE SOUGHT (if known)

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 Acosta, Emma (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00007E31

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

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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)

0.00

EXPENDITURE TOTALS

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

0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 879.18

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 500.00

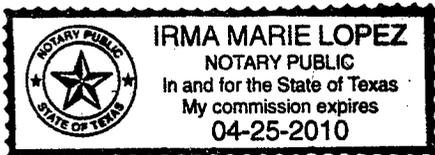
OUTSTANDING LOAN TOTALS

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

\$ 4,312.40

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.



Emma Acosta
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta, this the 15th day of January, 2010, to certify which, witness my hand and seal of office.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 3/5	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00007831	
4 Date 01/15/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) none, none 6 Contributor address; City; State; Zip Code <i>None received</i>	7 Amount of contribution (\$) \$0.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

(If travel outside of Texas, complete Schedule T)

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 5/5
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00007831
4 Date 01/01/2010	5 Payee name Constant Contact	8 Amount (\$) \$233.78
	6 Payee address; City; State; Zip Code	
7 Purpose of expenditure (See instructions regarding type of information required.) database service <i>for 4 months</i>		<input type="checkbox"/> Reimbursement from political contributions intended
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
Date 01/01/2010	Payee name El Paso Employees Federal Credit Union	Amount (\$) \$645.40
	Payee address; City; State; Zip Code El Paso, TX 79925	
Purpose of expenditure (See instructions regarding type of information required.) 6 months of loan payments		<input type="checkbox"/> Reimbursement from political contributions intended
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		

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