

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 PAGE # 1 of 8
--	---	--------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Emma	MI	OFFICE USE ONLY
	NICKNAME	LAST Acosta	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	8904 Wh Burges El Paso, TX 79925				

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Enriqueta	MI	OFFICE USE ONLY
	NICKNAME	LAST Queta	SUFFIX	

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);					APT / SUITE #;	CITY;	STATE;	ZIP CODE
	8612 Whitus El Paso, TX 79925								

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915) 539-1710		

8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/16/2010			07/15/2010			

10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> 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 <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 Emma Acosta 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
10 JUL 15 PM 5:19

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)	\$ 2,450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ /
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,754.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ (304.36)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,658.40

\$500⁰⁰ pending to be determined by Ethics Comm.

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.

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 13th day of July, 20 10, to certify which, witness my hand and seal of office.

Ana L. Quijano
Signature of officer administering oath

Ana L. Quijano
Printed 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: 1/2 Report: 3/8	
2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (Ethics Commission filers) 2010-035	
4 Date 06/17/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Castro, Richard (Mr.) 6 Contributor address; City; State; Zip Code 3332 Wedgewood El Paso, TX 79925	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) CITY CLERK DEPT 10 JUL 15 10 51 AM '10
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harracksingh, Rachel & Gregory Contributor address; City; State; Zip Code 10833 Vista Alegre Dr El Paso, TX 79935	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jobe, Stanley (Mr.) Contributor address; City; State; Zip Code 1150 Southview Drive El Paso, TX 79928	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Sergio & Irene Contributor address; City; State; Zip Code 3432 Montridge Ct El Paso, TX 79904	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/17/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mexus Group, Lp Contributor address; City; State; Zip Code 1012 N. Campbell El Paso, TX 79902	Amount of contribution (\$) \$250.00	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: 2/2 Report: 4/8

2 FILER NAME Acosta, Emma (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
06/17/2010 Oleary, Randal (Mr.)

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)
\$500.00

6 Contributor address; City; State; Zip Code
7910 Gateway E
El Paso, TX 79915

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

CITY CLERK DEPT.
10 JUL 15 PM 6:18

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 5/8

2 FILER NAME Acosta, Emma (Ms.)

3 ACCOUNT # (Ethics Commission filers)
000298-3

4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄

\$

5 Date

06/15/2010

6 Full name of pledgor out-of-state PAC (ID# _____)
Pastrana, Arturo (Mr.)

7 Pledgor address; City; State; Zip Code
.....
El Paso, TX

8 Amount of
pledge (\$)

\$150.00

9 In-kind description
(if applicable)
Food Contribution for
event

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

CITY CLERK DEPT.
10 JUL 15 PM 6:18

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 6/8	2 FILER NAME Acosta, Emma (Ms.)	3 ACCOUNT # (TEC filers) 7011321
--	---	--

4 Date 07/01/2010	5 Payee name Acosta, Emma (Ms.)
-----------------------------	---

6 Amount (\$) \$1,000.00	7 Payee address City; State; Zip Code 8904 WH Burges El Paso, TX 79925
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> loan payment
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
--	-------------------------------	----------------	--------------

Date 07/01/2010	Payee name Constant Contact
--------------------	--------------------------------

Amount (\$) \$318.78	Payee address City; State; Zip Code
-------------------------	-------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - E-Mail marketing/PR service	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service used to send email notices of public meetings, community meetings, special events, etc
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 07/01/2010	Payee name El Paso Employees Federal Credit Union
--------------------	--

Amount (\$) \$1,242.00	Payee address City; State; Zip Code El Paso, TX 79925
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Loan payment for outstanding campaign loan
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 06/30/2010	Payee name Gonzalez, Julie (Ms.)
--------------------	-------------------------------------

Amount (\$) \$100.00	Payee address City; State; Zip Code El Paso, TX
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Attendance at Political Dinner
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 7/8		2 FILER NAME Acosta, Emma (Ms.)		3 ACCOUNT # (TEC filers) 000-3338	
4 Date 07/10/2010	5 Payee name Peter Piper Pizza				
6 Amount (\$) \$33.58	7 Payee address City; State; Zip Code Airway/Montana El Paso, TX 79925				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for Local School Kids		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/01/2010	Payee name Texas Democratic Party				
Amount (\$) \$60.00	Payee address City; State; Zip Code TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contribution to the Texas Democratic Party		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

CITY CLERK DEPT.
 10 JUL 15 PM 6:18

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 8/8

2 FILER NAME Acosta, Emma (Ms.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/14/2010

5 Payor name
Holquin, G
.....
6 Payor address; City; State; Zip Code
Unknown
TX

8 Amount (\$)

\$500.00

7 Reason for credit
Cash contribution of \$500 from unknown person, unable to return, pending.

CITY CLERK DEPT.
 10 JUL 15 PM 5:18