

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.
2012 JAN 12 PM 3:53

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 645.40

CONTRIBUTION
BALANCE

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

\$ 500.00

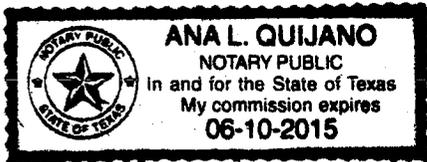
OUTSTANDING
LOAN TOTALS

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

\$ 3,000.00

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.



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 12th day of January, 20 12, 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**

CITY CLERK DEPT.

SCHEDULE A

2012 JAN 12 PM 3:53

None Received

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Emma Acosta</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 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) | |

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

CITY CLERK DEPT.

SCHEDULE E

2012 JAN 12 PM 3:53

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

EMMA ACOSTA

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 3,022

5 Date of loan

5/1/2009

7 Name of lender

El Paso Employees

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

El Paso, TX 79925

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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SCHEDULE F

POLITICAL EXPENDITURES

None

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2012 JAN 12 PM 3:53

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------|---|---|
| 1 Total pages Schedule G: | 2 FILER NAME <i>EMMA ACOSTA</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---|---|

| | |
|---------------|--|
| 4 Date | 5 Payee name <i>El Paso Employees Fed. Union</i> |
|---------------|--|

| | |
|---|--|
| 6 Amount (\$) <i>645.40</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>El Paso TX 79925</i> |
|---|--|

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

| | | |
|--|--|---|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

| | | |
|--|--|---|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

| | | |
|--|--|---|
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

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