

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Ms. FIRST Emma MI

NICKNAME LAST Acosta SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915)731-2020

6 CAMPAIGN TREASURER NAME

MS / MRS / MR Mrs. FIRST Enriqueta MI

NICKNAME LAST SUFFIX
Queta

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 539-1710

9 REPORT TYPE

XX 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)

10 PERIOD COVERED

Month 01 Day 15 Year 2012 Month 07 Day 15 Year 2012
THROUGH

11 ELECTION

ELECTION DATE: Month / Day / Year
ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
City Representative District #3

13 OFFICE SOUGHT (if known)

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Date Received
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 Receipt #
 Date Processed
 Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Emma Acosta

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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additional pages

17 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)

\$ 2,900.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,087.79

CONTRIBUTION BALANCE

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

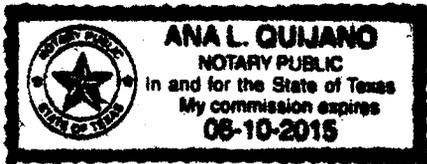
\$ 1,812.21

OUTSTANDING LOAN TOTALS

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

\$ 7,752.00

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 16th day of July, 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

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:	
2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Fernandez 6 Contributor address; City; State; Zip Code 411 Rim Rd El Paso, Tx 79925	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Olivas Contributor address; City; State; Zip Cod 240 Thunderbird Ste D El Paso, Tx 79912	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Sanchez Contributor address; City; State; Zip Code 3017 Cork Dr El Paso, Tx 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Medina Contributor address; City; State; Zip Code 1750 Crested Quail El Paso, Tx	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Austin Contributor address; City; State; Zip Code 5745 Mira Grande El Paso, Tx 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		Employer (See Instructions)	

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME emma Acosta		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea D. Wagner-Chambers 6 Contributor address; City; State; Zip Code 3700 Talent Way El Paso, TX 79928	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A. Mark Benitez Contributor address; City; State; Zip Code 9268 McFall El Paso, Tx 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ike J. Monty, III Contributor address; City; State; Zip Code 8800 Yermoland DR, Ste A El Paso, TX 79907	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Torres Contributor address; City; State; Zip Code 794 Dahlia Ct. El Paso, TX 79922	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	
Date 06/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward Escudero Contributor address; City; State; Zip Code 3820 Hillcrest Dr El Paso, Tx 79902	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
		10 Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Emma Acosta

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/28

5 Full name of contributor

J.F. Cardenas

6 Contributor address; City; State; Zip Code

6105 Camino Alegre Dr El Paso, TX 79912

out-of-state PAC (ID# _____)

7 Amount of contribution (\$) 250.00

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)

Date

06/28

Full name of contributor

Corinne M. Vonberg

Contributor address; City; State; Zip Code
1820 Tom Bolt Dr El Paso, TX 79936

out-of-state PAC (ID# _____)

Amount of contribution (\$) 250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

6/28

Full name of contributor

Regal-Fox

Contributor address; City; State; Zip Code

221 N. Kansas Ste 1207 El Paso, TX 79901

out-of-state PAC (ID# _____)

Amount of contribution (\$) 250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date
6/28

Full name of contributor

Carlos Aguilar

Contributor address; City; State; Zip Code
Montana El Paso, Tx 79902

out-of-state PAC (ID# _____)

Amount of contribution (\$) 350.00

In-kind contribution description (if applicable)

Event Expense

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

Full name of contributor

Contributor address; City; State; Zip Code

out-of-state PAC (ID# _____)

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)

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LOANS

SCHEDULE E

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: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ 8,750.00

5 Date of loan

7 Name of lender
Emma Acosta

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

9 Loan Amount (\$) 6,000

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

8904 WH Burges 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

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender
Evolve

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

Loan Amount (\$) 2,750.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

El Paso, TX

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

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 Emma Acosta		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 06/16		5 Payee name Office Depot			
6 Amount (\$) 28.65		7 Payee address; City; State; Zip Code 1111 Geronimo El Paso, TX 79925			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Office Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/28		Payee name Good Eats			
Amount (\$) 296.25		Payee address; City; State; Zip Code 6655 Gateway W El Paso, Tx 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25		Payee name Campaign Site Builder/Domain Name			
Amount (\$) 300.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Web Site Development	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25		Payee name Wal-Mart			
Amount (\$) 91.58		Payee address; City; State; Zip Code GateWay W El Paso, TX 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Office Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

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 Emma Acosta	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/14	5 Payee name Adobe.com	
6 Amount (\$)21.31	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Document Conversion
9 Complete ONLY 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 ONLY 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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