

**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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST Robert MI D NICKNAME LAST Cormell SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1912 Arizona, El Paso, TX 79902		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE () PHONE NUMBER () EXTENSION	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST Raymundo MI G. NICKNAME LAST Lopez SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5890 Bandolero Dr. Apt. 2023, El Paso, TX 79912		
8 CAMPAIGN TREASURER PHONE	AREA CODE (915) PHONE NUMBER 867-0024 EXTENSION		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 1 / 2012 THROUGH 12 / 31 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 2013	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City mayor	
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		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Robert D. Carmell 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.

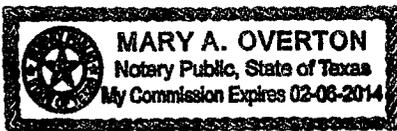
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

2013 JAN 15 AM 11:26
CITY CLERK DEPT.

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)	\$ 4,325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 791.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,533.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,296.51

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT CARMELL, this the 15th day of JANUARY, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Mary A Overton
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CITY CLERK DEPT

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 JAN 15 AM 11:26 **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME <i>Robert D. Cormell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-3-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert David Cormell</i> 6 Contributor address; City; State; Zip Code <i>1912 Arizona, EP, TX 79902</i>	7 Amount of contribution (\$) <i>1100.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>Self employed</i>		10 Employer (See Instructions)	
Date <i>12-17-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marie S. Robbins</i> Contributor address; City; State; Zip Code <i>6009 Torrey Pines Dr. EP, TX 79912</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-17-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Theresa Caballero</i> Contributor address; City; State; Zip Code <i>2728 Richmond Ave. EP, TX 79930</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-17-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stuart L. Leeds</i> Contributor address; City; State; Zip Code <i>2920 Federal Ave, EP, TX 79930</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-12-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sharon Elias Hudnall</i> Contributor address; City; State; Zip Code <i>5823 N. Mesa St. Apt 839, EP, TX 79912</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 JAN 15 AM 11:27

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME <i>Robert D. Cormell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-14-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Dominguez</i> 6 Contributor address; City; State; Zip Code <i>505 Canyon Springs Dr., EP, TX 79912</i>	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12-18-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina Treadwell</i> Contributor address; City; State; Zip Code <i>10964 Montwood Dr, Suite B2, EP, TX 79935</i>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-6-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gayle Balford</i> Contributor address; City; State; Zip Code <i>6251 Pino Real, EP, TX 79912</i>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-11-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fason Sowles</i> Contributor address; City; State; Zip Code <i>3028 Parkwood El Paso, TX 79925</i>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12-11-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Gutierrez</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS CITY CLERK DEPT.
OTHER THAN PLEDGES OR LOANS 2013 JAN 15 AM 11:27
SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Robert D. Cormell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-6-2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward J. Book	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10236 Sumatra, EP, TX 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-5-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry P. Amanatidis	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7792 Grandwind Dr., Lorton, VA 22079		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie K. Wayne	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5595 Westside Dr., EP, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte McDonald	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 Blanchard, EP, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-6-2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredrick Michael Norwich Jr	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 825 Forest Willow, EP, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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CITY CLERK DEPT.
2013 JAN 15 AM 11:27

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME <i>Robert O. Cormell</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-6-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald L. Reay</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5665 Oak Hill Dr., EP, TX 79912</i>		(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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS		CITY CLERK DEPT. 2013 JAN 15 AM 11:27		SCHEDULE E	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <i>Robert D. Cormell</i>			3 ACCOUNT # (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$ <u>2,296.51</u>	
5 Date of loan <i>11-27-2012</i>		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert D Cormell</i>		9 Loan Amount (\$) <i>2,296.51</i>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>		8 Lender address; City; State; Zip Code <i>1912 Arizona, El Paso, TX 79902</i>		10 Interest rate <i>-0-</i>	
12 Principal occupation / Job title (See Instructions) <i>Self employed</i>		13 Employer (See Instructions)			
14 Description of Collateral <input type="checkbox"/> none					
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)	
19 Principal Occupation (See Instructions)			20 Employer (See Instructions)		
Date of loan		Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none					
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)	
Principal Occupation (See Instructions)			Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

POLITICAL EXPENDITURES CITY CLERK DEPT. **SCHEDULE F**
 2013 JAN 15 AM 11:27

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 <i>Robert D. Cormell</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-10-2012</i>	5 Payee name <i>Ismael, Co. Inc.</i>
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6 Amount (\$) <i>276.04</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 971951 El Paso, TX 79997</i>
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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) <i>Printing of business cards</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-18-2012</i>	Payee name <i>Amigos Restaurant</i>
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Amount (\$) <i>493.48</i>	Payee address; City; State; Zip Code <i>2000 Montana Ave., El Paso, TX 79903</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Announcement Party campaign meetings</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-31-2012</i>	Payee name <i>West Star Bank</i>
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Amount (\$) <i>21.85</i>	Payee address; City; State; Zip Code <i>500 North Mesa, El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <i>Printing of checks</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED