

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: Mr. FIRST: Edward MI: J NICKNAME: ED LAST: Beck SUFFIX:	OFFICE USE ONLY Date Received: FEB 11 PM 2:08 Date Hand-delivered or Postmarked: Receipt # Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9040 Leo EL Paso TX 79904		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 875-5750 —		
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR: (M)RS FIRST: Irma NICKNAME: LAST: Garibay Juarez SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1280 Hawkins Blvd #130 EL Paso TX 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 494-6130		
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 / 27 / 12 12 / 31 / 12		
11 ELECTION	ELECTION DATE Month Day Year 05 / 11 / 13	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) _____	13 OFFICESOUGHT (if known) EL Paso City Council District #2	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Edward Beck</i>	15 ACCOUNT # (Ethics Commission Filers)
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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.

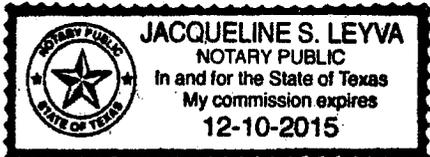
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

CITY CLERK DEPT
2013 MAR - 1 PM 5:08

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 135 ⁻
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 565
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 365 ⁻
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,111.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 546.29

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Edward Beck, this the 1st day of March, 20 13, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva Jacqueline S. Leyva Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

2013 FEB 11 PM 2:00

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
FILER NAME Edward Beck		3 ACCOUNT # (Ethics Commission Filers)	
4 Date Nov. 17 2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Severo Hughston	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1855 Trawood suite 106 EL PASO TX 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Principal		10 Employer (See Instructions) J. Andrews Logistics INC	
Date Dec. 27 2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Barnhart	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Not Given		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Not Given		Employer (See Instructions) Not Given	
Date Dec. 27 2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Rios	Amount of contribution (\$) 30-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2300 San Jose Ave EL PASO TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SISD	
Date Dec. 28 2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Ratcliff	Amount of contribution (\$) 50-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8706 Magnetic St EL PASO TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Not Given		Employer (See Instructions) Not Given	
Date Dec. 28 2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Armendariz	Amount of contribution (\$) 20-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1409 North Stanton EL PASO TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired Teacher & Military		Employer (See Instructions) EPISD / OIS-VA	

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

PLEGGED CONTRIBUTIONS

CITY CLERK DEPT.

SCHEDULE B

2013 FEB 11 PM 2:06

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date Dec. 28 2012	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Ortega 7 Pledgor address; City; State; Zip Code 10129 SAIGON DR EL PASO TX 79925	8 Amount of pledge (\$) 80-	9 In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions) utility	11 Employer (See Instructions) UTEP Athletics
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Date Dec. 28 2012	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ceci Olivas Pledgor address; City; State; Zip Code	Amount of pledge (\$) 20-	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date Dec. 28 2012	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) James R. Peinado Pledgor address; City; State; Zip Code	Amount of pledge (\$) 20-	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date Dec. 28 2012	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Arce Pledgor address; City; State; Zip Code	Amount of pledge (\$) 500	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)	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.

2013 FEB 11 PM 2:06

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Edward Beck</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ <i>546.29</i>
5 Date of loan <i>10-27-12</i>	7 Name of lender <i>Edward Beck</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) <i>546.29</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>9040 Leo EL Paso TX 79904</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>May 11, 2013</i>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> 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 <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		Check if personal funds were deposited into political account <input type="checkbox"/>
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)

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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

2013 FEB 11 PM 2:06

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>Edward Beck</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>12-15-12</i>	5 Payee name <i>Go Daddy</i>
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6 Amount (\$) <i>111.29</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>14455 N. Hayden Rd suite 219 Scottsdale, AZ 85260</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Website Domains Fee</i>
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Date <i>12-15-12</i>	Payee name <i>Glen Wilson</i>
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Amount (\$) <i>600.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1705 Ron. Cerrudo EL Paso TX 79936</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising EXPENSES</i>	Description (If travel outside of Texas, complete Schedule T) <i>Website design</i>
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Date <i>12-15-12</i>	Payee name <i>Time AND Seasons Photography</i>
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Amount (\$) <i>400.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>13401 Emerald Seas Way Horizon City Texas 79928</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Logo, Photos, Post Card designs.</i>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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