

# 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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

LARRY

E.

ROMERO

### OFFICE USE ONLY

Date Received

CITY CLERK DEPT.  
2013 JAN 23 AM 10:24

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2530 SAVANNAH  
EL PASO, TX 79930

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 740-7555

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HORTENCIA  
"TENCHA" ROMERO

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3230 MONTANA  
EL PASO, TX 79903

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 562-3226

9 REPORT TYPE



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

Day

Year

12 / 06 / 12

THROUGH

Month

Day

Year

12 / 31 / 12

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 11 / 13

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY REPRESENTATIVE,  
DISTRICT 2

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT** 2013 JUN 23 AM 10:24 **FORM C/OH**  
**SUPPORT & TOTALS** **COVER SHEET PG 2**

14 C/OH NAME LARRY E. ROMERO 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

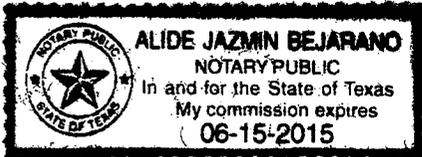
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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

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)	\$ 110.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 110.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



Larry E. Romero  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry E. Romero, this the 23<sup>rd</sup> day of January, 2013, to certify which, witness my hand and seal of office.

[Signature] ALIDE JAZMIN BEJARANO Notary Public.  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. **SCHEDULE A**

2013 JAN 23 AM 10:24

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <b>LARRY E. ROMERO</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>12/10/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANGEL TERRAZAS</b>	7 Amount of contribution (\$) <b>\$1000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1461 MAGRUDER #193 EL PASO, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>12/20/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GILBERT PINEDA</b>	Amount of contribution (\$) <b>\$1000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>9201 MONTANA AVE. EL PASO, TX 79925</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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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.