

# FORM COR-C/OH CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

|                                 |  |   |  |   |        |
|---------------------------------|--|---|--|---|--------|
| 1 ACCOUNT #                     |  | 2 Total pages filed:  |  | OFFICE USE ONLY   |        |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR  | FIRST   | MI                                       | Date Received<br><i>2013 JUN -7 PM 2:04</i><br>CITY CLERK DEPT. |        |
|                                 | NICKNAME   | LAST  | SUFFIX                                   |   |        |
| 4 ORIGINAL REPORT TYPE          | <input type="checkbox"/> January 15                          | <input type="checkbox"/> Runoff   | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Postmarked                               |        |
|                                 | <input type="checkbox"/> July 15                             | <input type="checkbox"/> Exceeded \$500 limit                                     |  | Receipt #   | Amount |
|                                 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |  | Date Processed  |        |
|                                 | <input type="checkbox"/> 8th day before election             | <input type="checkbox"/> Final report   |  | Date Imaged   |        |
| 5 ORIGINAL PERIOD COVERED       |  | Month Day Year  | THROUGH                                  | Month Day Year  |        |
|                                 |  | 01 / 01 / 2013  |  | 04 / 01 / 2013  |        |

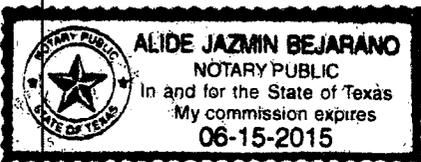
6 EXPLANATION OF CORRECTION  
 This report corrects the original, timely-filed 8-day report to reflect the accurate amount of Total Contributions Maintained As Of The Last Day of The Reporting Period. The amount originally reported was the amount from the previously filed report. The error was made in good faith and without intent to deceive or mislead. The error was corrected no later than the 14th business day after I learned of the error.

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports** (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*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 7<sup>th</sup> day of June

20 13, to certify which, witness my hand and seal of office.  
*Alide Jazmin Bejarano* Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# 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

FIRST

MI

NICKNAME

LAST

SUFFIX

LARRY

E.

ROMERO

**OFFICE USE ONLY**

Date Received

CITY CLERK DEPT.  
2013 JUN 7 11:04 AM

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

change of address

2530 SAVANNAH  
EL PASO, TX 79930

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

B.

ROMERO

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3230 MONTANA AVE  
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

01 / 01 / 2013

THROUGH

Month

Day

Year

04 / 01 / 2013

11 ELECTION

Month

Day

Year

05 / 11 / 2013

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: SUPPORT & TOTALS

## FORM C/OH 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

CITY CLERK DEPT.  
7:03 JUN - 7 PM 2:04

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)

\$ 26,066.43

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,130.95

CONTRIBUTION  
BALANCE

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

\$ 16,306.05

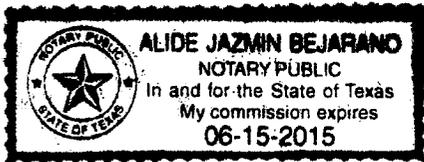
OUTSTANDING  
LOAN TOTALS

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

\$

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 7<sup>th</sup> day of June, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

*Alide Jazmin Bejarano*  
Printed name of officer administering oath

Notary Public  
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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/07/13**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**CARL ATTEBERRY**

6 Contributor address; City; State; Zip Code

**4605 BLOSSOM  
EL PASO, TX 79924**

7 Amount of contribution (\$)

**\$ 100<sup>00</sup>**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**INSURANCE AGENT**

10 Employer (See Instructions)

Date  
**1/10/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**KATHY WALSH**

Contributor address; City; State; Zip Code

**2510 WEDGELY DR.  
DALLAS, TX 75211**

Amount of contribution (\$)

**\$ 100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**NON-PROFIT EXEC.**

Employer (See Instructions)

Date  
**1/10/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**SOLEDAD BASOCO**

Contributor address; City; State; Zip Code

**10560 JETROCK  
EL PASO, TX 79935**

Amount of contribution (\$)

**\$ 100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**INSURANCE EXECUTIVE**

Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**JIM + DIANA ERICKSON**

Contributor address; City; State; Zip Code

**2501 NASHVILLE  
EL PASO, TX 79930**

Amount of contribution (\$)

**\$ 200<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**SILVIA WOLLIN**

Contributor address; City; State; Zip Code

**2309 GRANT AVE.  
EL PASO, TX 79930**

Amount of contribution (\$)

**\$ 40<sup>00</sup>**

In-kind contribution description (if applicable)

(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.

2013 JAN - 7 PM 2:04  
CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **14**

2 FILER NAME  
**LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/17/13**

5 Full name of contributor  out-of-state PAC (ID#)

**BARBARA LEWIS**

7 Amount of contribution (\$)  
**\$ 100<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**6216 CAMINO ALEGRE  
EL PASO, TX 79912**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID#)

**CHARLES GABRIEL**

Amount of contribution (\$)  
**\$ 100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**928 CORTIJO DR.  
EL PASO, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID#)

**TOMAS CARDENAS**

Amount of contribution (\$)  
**\$ 250<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5901 POMONA CT.  
EL PASO, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID#)

**ROBERT NILAND**

Amount of contribution (\$)  
**\$ 1,000<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4800 N. STANTON #155  
EL PASO, TX 79902**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/17/13**

Full name of contributor  out-of-state PAC (ID#)

**RICHARD BARAJAS**

Amount of contribution (\$)  
**\$ 100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**7140 MAJORCA  
EL PASO, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT  
JAN 20 7 PM 2:00

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: 14

2 FILER NAME  
LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
11/17/13

5 Full name of contributor  out-of-state PAC (ID#)

RONNIE HERNANDEZ

6 Contributor address; City; State; Zip Code

2816 MOUNTAIN  
EL PASO, TX 79930

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
11/17/13

Full name of contributor  out-of-state PAC (ID#)

HENRY CASTILLO

Contributor address; City; State; Zip Code

1848 TOM BOLT  
EL PASO, TX 79936

Amount of contribution (\$)

\$ 100<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/17/13

Full name of contributor  out-of-state PAC (ID#)

WILLIE MARTINEZ

Contributor address; City; State; Zip Code

3305 RUNNING DEER  
EL PASO, TX 79936

Amount of contribution (\$)

\$ 25<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/17/13

Full name of contributor  out-of-state PAC (ID#)

PAUL PEREZ

Contributor address; City; State; Zip Code

11528 JAMES GRANT  
EL PASO, TX 79936

Amount of contribution (\$)

\$ 150<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/17/13

Full name of contributor  out-of-state PAC (ID#)

GREG AND SUSAN DAW

Contributor address; City; State; Zip Code

4790 SOL DEL ALMA WAY  
EL PASO, TX 79912

Amount of contribution (\$)

\$ 200<sup>00</sup>

In-kind contribution description (if applicable)

(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.

2013 JUN - 7 PM 2:05  
CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
1/20/13

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
MICHAEL MILES

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

828 SINGING HILLS  
EL PASO, TX 79912

\$500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
1/22/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
SANDY INGUANZO

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3137 LONESOME DOVE  
EL PASO, TX 79936

\$200<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/24/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
MILTON DURAN

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10205 ASHWOOD  
EL PASO, TX 79925

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/25/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
VICTOR ARIAS JR.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2101 CEDAR SPRINGS STE. 1450  
DALLAS, TX 75201

\$500<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/28/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
LEO + FRANCES DURAN

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

721 WELLESLEY  
EL PASO, TX 79902

\$100<sup>00</sup>

(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.

2013 JUN -7 PM 2:05  
CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS'

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/31/13**

5 Full name of contributor  out-of-state PAC (ID#:

**CARLOS AGUILAR**

6 Contributor address; City; State; Zip Code

**3414 MONTANA  
EL PASO, TX 79903**

7 Amount of contribution (\$) **\$100<sup>00</sup>**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**2/4/13**

Full name of contributor  out-of-state PAC (ID#:

**FERNANDO BARRUETA**

Contributor address; City; State; Zip Code

**1800 OLD MEADOW RD. #522  
MCLEAN, VA 22102**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/14/13**

Full name of contributor  out-of-state PAC (ID#:

**ALICIA HERNANDEZ**

Contributor address; City; State; Zip Code

**801 ELLIS  
EL PASO, TX 79903**

Amount of contribution (\$) **\$50<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/13**

Full name of contributor  out-of-state PAC (ID#:

**JOE GUTIERREZ**

Contributor address; City; State; Zip Code

**5607 BAGDAD WAY  
EL PASO, TX 79924**

Amount of contribution (\$) **\$25<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/13**

Full name of contributor  out-of-state PAC (ID#:

**DAVID AUSTIN**

Contributor address; City; State; Zip Code

**5745 MIRA GRANDE  
EL PASO, TX 79912**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(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.

2013 JUN - 7 PM 2:05  
CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 14

2 FILER NAME LARRY E. ROMERO

3 ACCOUNT # (Ethics Commission Filers)

4 Date 2/28/13

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
WILLIAM LEFF

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3130 MONTANA  
EL PASO, TX 79903

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 2/28/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
STAN HARMON

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2400 MEMPHIS  
EL PASO, TX 79930

\$50<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 2/28/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
ED FLORES

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

296 AMELIA  
EL PASO, TX 79915

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/6/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
STEVE WALSH

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2510 WEDGELY DR.  
DALLAS, TX 75211

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 3/12/13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
MYRNA DECKERT

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4276 CANTERBURY  
EL PASO, TX 79902

\$200<sup>00</sup>

(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.

2013 JUN -7 PM 2:05  
CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

|   |   |  |  |
|---|---|--|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A: <u>14</u>                          |  |
| 2 FILER NAME<br><u>LARRY E. ROMERO</u>  |   | 3 ACCOUNT # (Ethics Commission Filers)                       |  |
| 4 Date<br><u>3/12/13</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>ROBERT HOY JR.</u>     | 7 Amount of contribution (\$)<br><u>\$1,000<sup>00</sup></u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>201 VILLA SERENA CT.<br/>EL PASO, TX 79912</u>         |   | (If travel outside of Texas, complete Schedule T)            |  |
| 9 Principal occupation / Job title (See Instructions)   |   | 10 Employer (See Instructions)                               |  |
| Date<br><u>3/12/13</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>GINGER FRANCIS</u>       | Amount of contribution (\$)<br><u>\$1,000<sup>00</sup></u>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>P.O. Box 3739<br/>EL PASO, TX 79902</u>                  |   | (If travel outside of Texas, complete Schedule T)            |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |  |
| Date<br><u>3/12/13</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>L. FREDERICK FRANCIS</u> | Amount of contribution (\$)<br><u>\$1,000<sup>00</sup></u>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>500 N. <del>FRANCIS</del> MESA<br/>EL PASO, TX 79901</u> |   | (If travel outside of Texas, complete Schedule T)            |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |  |
| Date<br><u>3/12/13</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>WILLIAM SANDERS</u>      | Amount of contribution (\$)<br><u>\$2,000<sup>00</sup></u>   | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>201 E. MAIN<br/>EL PASO, TX 79901</u>                    |   | (If travel outside of Texas, complete Schedule T)            |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                                  |  |
| Date<br><u>3/13/13</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><u>STEVEN HOY</u>           | Amount of contribution (\$)<br><u>\$500<sup>00</sup></u>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><u>700 CINCINNATI<br/>EL PASO, TX 79902</u>                 |   | (If travel outside of Texas, complete Schedule T)            |  |
| Principal occupation / Job title (See Instructions)   |   | 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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **3/13/13**

5 Full name of contributor  out-of-state PAC (ID#:  
**STEVE FOX**

7 Amount of contribution (\$) **\$1,000<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1122 AIRWAY BLVD,  
EL PASO, TX 79925**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **3/14/13**

Full name of contributor  out-of-state PAC (ID#:  
**JOSE LUIS ENRIQUEZ**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1713 TOMMY AARON  
EL PASO, TX 79935**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/14/13**

Full name of contributor  out-of-state PAC (ID#:  
**MICHAEL HERNANDEZ**

Amount of contribution (\$) **\$200<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4501 TROWBRIDGE  
EL PASO, TX 79903**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/14/13**

Full name of contributor  out-of-state PAC (ID#:  
**PEDRO LUZARRAGA**

Amount of contribution (\$) **\$50<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1717 CHALLENGER  
EL PASO, TX 79936**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/14/13**

Full name of contributor  out-of-state PAC (ID#:  
**DAVID ELLIS**

Amount of contribution (\$) **\$50<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4115 TROWBRIDGE  
EL PASO, TX 79903**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/14/13**

5 Full name of contributor  out-of-state PAC (ID#:  
**ROBERT BROWN**

7 Amount of contribution (\$) **\$2,000<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**123 W. MILLS  
EL PASO, TX 79901**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/14/13**

Full name of contributor  out-of-state PAC (ID#:  
**J. KIRK ROBISON**

Amount of contribution (\$) **\$2,000<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4445 N. MESA  
EL PASO, TX 79912**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/15/13**

Full name of contributor  out-of-state PAC (ID#:  
**CECILIA ROMERO**

Amount of contribution (\$) **\$500<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3324 WAYSIDE  
EL PASO, TX 79935**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/16/13**

Full name of contributor  out-of-state PAC (ID#:  
**DIANA PEREZ**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**9947 FALKIRK AVE.  
EL PASO, TX 79925**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/19/13**

Full name of contributor  out-of-state PAC (ID#:  
**JACK CARDWELL**

Amount of contribution (\$) **\$2,000<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**6080 SURETY DR.  
EL PASO, TX 79905**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/19/13**

5 Full name of contributor  out-of-state PAC (ID#:  
**RAYMOND PALACIOS**

7 Amount of contribution (\$)  
**\$500<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**637 WILLOW GLEN  
EL PASO, TX 79922**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/20/13**

Full name of contributor  out-of-state PAC (ID#:  
**PAUL POWERS**

Amount of contribution (\$)  
**\$250<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**230 OLEANDER WAY  
EL PASO, TX 79922**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/20/13**

Full name of contributor  out-of-state PAC (ID#:  
**JOAN Mc LAUGHLIN**

Amount of contribution (\$)  
**\$25<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4610 FRANKFORT  
EL PASO, TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/20/13**

Full name of contributor  out-of-state PAC (ID#:  
**WILLIAM LOVELADY**

Amount of contribution (\$)  
**\$300<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**P.O. BOX 51  
TORNILLO, TX 79853**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/21/13**

Full name of contributor  out-of-state PAC (ID#:  
**CARL ATTEBERRY**

Amount of contribution (\$)  
**\$100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4605 BLOSSOM  
EL PASO, TX 79924**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/22/13**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**ROBERTO DIAZ DE LEON**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**425 DESERT GARDEN DR.  
SANTA TERESA, NM 88008**

**\$100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/22/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**MILTON DURAN**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**10205 ASHWOOD  
EL PASO, TX 79925**

**\$50<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/22/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**IRENE FERRO**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**2618 FILLMORE  
EL PASO, TX 79930**

**\$100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/25/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**J.O. STEWART**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**124 W. CASTELLANO  
EL PASO, TX 79912**

**\$500<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/25/13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**RACHEL MONTES**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1713 HENRY ABBOTT  
EL PASO, TX 79936**

**\$100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 14

2 FILER NAME LARRY E. ROMERO 3 ACCOUNT # (Ethics Commission Filers)

|   |   |  |  |
|---|---|--|--|
| 4 Date<br><u>3/26/13</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>RICHARD CASTRO</u> | 7 Amount of contribution (\$)<br><u>\$1,000<sup>00</sup></u> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><u>3332 WEDGEWOOD<br/>EL PASO, TX 79925</u> |   | (If travel outside of Texas, complete Schedule T)            |  |

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

|  |  |   |  |
|--|--|---|--|
| Date<br><u>3/26/13</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>IRA BARBE</u> | Amount of contribution (\$)<br><u>\$25<sup>00</sup></u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><u>2901 MCKINLEY<br/>EL PASO, TX 79930</u> |  | (If travel outside of Texas, complete Schedule T)       |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |  |  |  |
|--|--|--|--|
| Date<br><u>3/27/13</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>RICHARD AGUILAR</u> | Amount of contribution (\$)<br><u>\$500<sup>00</sup></u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><u>8201 LOCKHEED<br/>EL PASO, TX 79925</u> |  | (If travel outside of Texas, complete Schedule T)        |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |   |  |  |
|--|---|--|--|
| Date<br><u>3/29/13</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>ROBERT WINGO</u> | Amount of contribution (\$)<br><u>\$500<sup>00</sup></u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><u>1021 LOS JARDINES<br/>EL PASO, TX 79912</u> |   | (If travel outside of Texas, complete Schedule T)        |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |   |  |  |
|--|---|--|--|
| Date<br><u>3/8/13</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>TANNY BERG</u> | Amount of contribution (\$)<br><u>\$1,950<sup>00</sup></u> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><u>P.O. BOX 96<br/>EL PASO, TX 79912</u> |   | (If travel outside of Texas, complete Schedule T)          |  |

Principal occupation / Job title (See Instructions) 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: **14**

2 FILER NAME **LARRY E. ROMERO**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **7/17/13**

5 Full name of contributor  out-of-state PAC (ID#)

**RUBEN ESCANDON**

6 Contributor address; City; State; Zip Code

**4121 ADELITA  
EL PASO, TX 79922**

7 Amount of contribution (\$)

**\$150<sup>00</sup>**

8 In-kind contribution description (if applicable)

**AUDIO SYSTEM FOR  
KICK-OFF EVENT**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **2/15/13**

Full name of contributor  out-of-state PAC (ID#)

**JOHN ROMERO**

Contributor address; City; State; Zip Code

**1121 LARRY MAHAN  
EL PASO, TX 79925**

Amount of contribution (\$)

**\$281<sup>64</sup>**

In-kind contribution description (if applicable)

**ADVERTISING  
BANNERS**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/14/13**

Full name of contributor  out-of-state PAC (ID#)

**RUBEN ESCANDON**

Contributor address; City; State; Zip Code

**4121 LA ADELITA  
EL PASO, TX 79922**

Amount of contribution (\$)

**\$150<sup>00</sup>**

In-kind contribution description (if applicable)

**AUDIO SYSTEM FOR  
FUNDRAISER**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/16/13**

Full name of contributor  out-of-state PAC (ID#)

**JOHN ROMERO**

Contributor address; City; State; Zip Code

**1121 LARRY MAHAN  
EL PASO, TX 79925**

Amount of contribution (\$)

**\$440<sup>62</sup>**

In-kind contribution description (if applicable)

**T-SHIRTS  
FOR VOLUNTEERS**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **3/20/13**

Full name of contributor  out-of-state PAC (ID#)

**MELISSA ROMERO**

Contributor address; City; State; Zip Code

**2726 SILVER  
EL PASO, TX 79930**

Amount of contribution (\$)

**\$450<sup>00</sup>**

In-kind contribution description (if applicable)

**REGISTRATION FEE  
FOR NORTHEASTER  
PARADE**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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: **14**

2 FILER NAME **LARRY E. ROMERO** 3 ACCOUNT # (Ethics Commission Filers)

|   |  |   |  |
|---|--|---|--|
| 4 Date<br><b>3/25/13</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>JOHN ROMERO</b> | 7 Amount of contribution (\$)<br><b>\$484.17</b>  | 8 In-kind contribution description (if applicable)<br><b>BANNER FOR NORTHEASTER PARADE</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1121 LARRY MAHAN<br/>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<br><b>3/14/13</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br><b>GARY HOFF</b> | Amount of contribution (\$)<br><b>\$7500</b>      | In-kind contribution description (if applicable)<br><b>FOOD FOR FUNDRAISER</b> |
| Contributor address; City; State; Zip Code<br><b>1216 TEXAS<br/>EL PASO, TX 79901</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)

|  |  |   |  |
|--|--|---|--|
| 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)

|  |  |   |  |
|--|--|---|--|
| 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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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|   |                           |
|---|---------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule B: |
|---|---------------------------|

|              |  |
|--------------|--|
| 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------|--|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨ | \$ |
|---|----|

|   |   |   |                                       |
|---|---|---|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 8 Amount of pledge (\$)                           | 9 In-kind description (if applicable) |
| 7 Pledgor address;      City; State; Zip Code |   | (If travel outside of Texas, complete Schedule T) |                                       |

|  |                                |
|--|--------------------------------|
| 10 Principal occupation / Job title (See Instructions) | 11 Employer (See Instructions) |
|--|--------------------------------|

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

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

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

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |   |                                     |
|---|---|---|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of pledge (\$)                             | In-kind description (if applicable) |
| Pledgor 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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**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: <b>2</b>                    |  | 2 FILER NAME <b>LARRY E. ROMERO</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)  |  |
| 4 Date <b>1/28/13</b>                                 |  | 5 Payee name <b>UNIVERSAL GRAPHICS</b>   |  |   |  |
| 6 Amount (\$) <b>\$16643</b>                          |  | 7 Payee address; City; State; Zip Code<br><b>1217 BARRANCA #B<br/>EL PASO, TX 79935</b>              |  |   |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>          |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>POSTERS + ENVELOPES</b> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>1/30/13</b>                                   |  | Payee name <b>CITY OF EL PASO</b>  |  |   |  |
| Amount (\$) <b>\$25000</b>                            |  | Payee address; City; State; Zip Code<br><b>2 CIVIC CENTER PLAZA<br/>EL PASO, TX 79901</b>            |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>FEES</b>                          |  | Description (If travel outside of Texas, complete Schedule T)<br><b>FILING FEE</b>              |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>2/1/13</b>                                    |  | Payee name <b>UNIVERSAL GRAPHICS</b>   |  |   |  |
| Amount (\$) <b>\$48713</b>                            |  | Payee address; City; State; Zip Code<br><b>1217 BARRANCA #B<br/>EL PASO, TX 79935</b>                |  |   |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>PRINTING EXPENSE</b>              |  | Description (If travel outside of Texas, complete Schedule T)<br><b>PUSH CARDS</b>              |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held   |  |
| Date <b>2/6/13</b>                                    |  | Payee name <b>EP SHALOM</b>  |  |   |  |
| Amount (\$) <b>\$1,95000</b>                          |  | Payee address; City; State; Zip Code<br><b>444 EXECUTIVE CENTER BLVD. #120<br/>EL PASO, TX 79902</b> |  |   |  |
| 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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**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: <b>2</b>                    |  | 2 FILER NAME <b>LARRY E. ROMERO</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date <b>2/8/13</b>                                  |  | 5 Payee name <b>ROMERO CONSULTING</b>  |  |  |  |
| 6 Amount (\$) <b>\$70815</b>                          |  | 7 Payee address; City; State; Zip Code<br><b>1121 LARRY MAHAN<br/>EL PASO, TX 79925</b>    |  |  |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b> |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>LIABILITY INSURANCE FOR OFFICE</b> |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date <b>3/12/13</b>                                   |  | Payee name <b>DAVID'S PENNANTS BANNERS</b>   |  |  |  |
| Amount (\$) <b>\$48713</b>                            |  | Payee address; City; State; Zip Code<br><b>9911 CARNEGIE<br/>EL PASO, TX 79925</b>         |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |  | Description (If travel outside of Texas, complete Schedule T)<br><b>BANNERS FOR OFFICE</b>                 |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date <b>3/13/13</b>                                   |  | Payee name <b>DAVID'S PENNANTS BANNERS</b>   |  |  |  |
| Amount (\$) <b>\$57508</b>                            |  | Payee address; City; State; Zip Code<br><b>9911 CARNEGIE<br/>EL PASO, TX 79925</b>         |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |  | Description (If travel outside of Texas, complete Schedule T)<br><b>CORRUGATED SIGNS</b>                   |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |
| Date <b>3/22/13</b>                                   |  | Payee name <b>DAVID'S PENNANTS BANNERS</b>   |  |  |  |
| Amount (\$) <b>\$56831</b>                            |  | Payee address; City; State; Zip Code<br><b>9911 CARNEGIE<br/>EL PASO, TX 79925</b>         |  |  |  |
| PURPOSE OF EXPENDITURE                                |  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> |  | Description (If travel outside of Texas, complete Schedule T)<br><b>CORRUGATED SIGNS</b>                   |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate / Officeholder name  |  | Office sought Office held  |  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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:<br><b>2</b>   | 2 FILER NAME<br><b>LARRY E. ROMERO</b>   | 3 ACCOUNT # (Ethics Commission Filers)   |
| 4 Date<br><b>1/22/13</b>  | 5 Payee name<br><b>CATHEDRAL HIGH SCHOOL</b>   |  |
| 6 Amount (\$)<br><b>\$ 100.00</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>1309 N. STANTON<br/>EL PASO, TX 79902</b>     |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><b>EVENT EXPENSES</b>  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>HALL RENTAL</b>                                  |
| Date<br><b>1/23/13</b>  | Payee name<br><b>EL PASO COUNTY ELECTIONS DEPT.</b>  |  |
| Amount (\$)<br><b>\$ 2500</b><br><input type="checkbox"/> Reimbursement from political contributions intended     | Payee address; City; State; Zip Code<br><b>500 E. SAN ANTONIO<br/>EL PASO, TX 79901</b>    |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>FEES</b>                | Description (if travel outside of Texas, complete Schedule T)<br><b>MAP OF DISTRICT 7</b>                                |
| Date<br><b>1/24/13</b>  | Payee name<br><b>OFFICE DEPOT</b>  |  |
| Amount (\$)<br><b>\$ 102.78</b><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><b>1111 GERONIMO DRIVE<br/>EL PASO, TX 79925</b>   |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b>     | Description (if travel outside of Texas, complete Schedule T)<br><b>EASELS, FOAM BOARD</b>                               |
| Date<br><b>3/08/13</b>  | Payee name<br><b>LOWE'S</b>  |  |
| Amount (\$)<br><b>\$ 140.03</b><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><b>11950 ROJAS<br/>EL PASO, TX 79936</b>           |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> | Description (if travel outside of Texas, complete Schedule T)<br><b>CABLE TIES FOR SIGNS<br/>WOODEN STAKES FOR SIGNS</b> |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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:<br><b>2</b> | 2 FILER NAME<br><b>LARRY E. ROMERO</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|--|

|                          |                                     |
|--------------------------|-------------------------------------|
| 4 Date<br><b>3/16/13</b> | 5 Payee name<br><b>OFFICE DEPOT</b> |
|--------------------------|-------------------------------------|

|   |  |
|---|--|
| 6 Amount (\$)<br><b>\$ 4870</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>1111 GERONIMO<br/>EL PASO, TX 79925</b> |
|---|--|

|                          |  |  |
|--------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>LABELS - NOTE PADS</b> |
|--------------------------|--|--|

|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>3/21/13</b> | Payee name<br><b>OFFICE DEPOT</b> |
|------------------------|-----------------------------------|

|   |  |
|---|--|
| Amount (\$)<br><b>\$86.58</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>1111 GERONIMO<br/>EL PASO, TX 79925</b> |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>OFFICE OVERHEAD</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>LABELS</b> |
|------------------------|--|--|

|                        |   |
|------------------------|---|
| Date<br><b>2/28/13</b> | Payee name<br><b>DAVID'S PENNANTS BANNERS</b> |
|------------------------|---|

|   |   |
|---|---|
| Amount (\$)<br><b>\$2435.63</b><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><b>9911 CARNEGIE AVE.<br/>EL PASO, TX 79925</b> |
|---|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>ADVERTISING EXPENSE</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>200 CORRUGATED SIGNS</b> |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | 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) |
|------------------------|--|---|

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H: | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|--------------|--|

|        |                 |
|--------|-----------------|
| 4 Date | 5 Business name |
|--------|-----------------|

|               |   |
|---------------|---|
| 6 Amount (\$) | 7 Business 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |               |
|------|---------------|
| Date | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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 | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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 | Business name |
|------|---------------|

|             |   |
|-------------|---|
| Amount (\$) | Business 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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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 I: | 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 (See instructions regarding type of information required.) |
|--------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required.) |
|------------------------|--|--|

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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