

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME _____ 15 ACCOUNT # (Ethics Commission Filers) _____

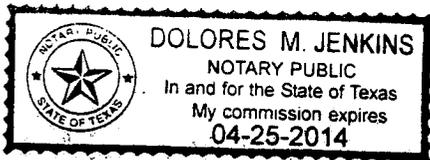
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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 |

CITY CLERK DEPT.
2013 APR 11 PM 2:28

| | | |
|-------------------------|---|-------------------------|
| 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) | \$ 3,017. ⁷⁸ |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 365 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,462. ⁶⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,365 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,194. ⁸² |

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Edward J. Beck, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Dolores M. Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 11 PM 2:28

| | | | |
|---|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Edward Beck</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>3/8/13</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall O'leary</i> | 7 Amount of contribution (\$) <i>\$1,000-</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>7910 Gateway Blvd E 79915</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>OWNER Desert View</i> | | 10 Employer (See Instructions) <i>self</i> | |
| Date <i>3/18/13</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arturo Juarez</i> | Amount of contribution (\$) <i>\$50-</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>10017 Eastridge EL Paso TX 79925</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>3/18/13</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan O'leary</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>\$500-</i> |
| Contributor address; City; State; Zip Code <i>7910 Gateway Blvd E #105 79915</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>OWNER Asset Appraisal</i> | | Employer (See Instructions) <i>Asset Appraisal</i> | |
| Date <i>3/25/13</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dan O'leary</i> | Amount of contribution (\$) | In-kind contribution description (if applicable) <i>\$250-</i> |
| Contributor address; City; State; Zip Code <i>7910 Gateway Blvd E #105 79915</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>OWNER ASSET Appraisal</i> | | Employer (See Instructions) <i>ASSET APPRAISAL</i> | |
| Date <i>3/31/13</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARCIA ALLEN</i> | Amount of contribution (\$) <i>\$100.00</i> | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code <i>Not Given EL Paso TX</i> | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) <i>Not Given</i> | | Employer (See Instructions) <i>!</i> | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT. **SCHEDULE A**

2013 APR 11 PM 2:28

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

| | | | |
|---|--|--|--|
| 2 FILER NAME Edward Beck | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 3/15/13 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christina Lee | 7 Amount of contribution (\$) \$50- | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 8021 N. FM 620 #1217 Austin TX 78726 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) owner of clothing store | | 10 Employer (See Instructions) What Women Want | |
| Date 3/15/13 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gilbert Torres | Amount of contribution (\$) \$50- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1729 Bara EL PASO TX 79935 | | (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 <input type="checkbox"/> out-of-state PAC (ID#: Isabel Schmitt | Amount of contribution (\$) \$50- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code over seas military wife korea | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Military wife | | Employer (See Instructions) Military wife | |
| Date 4/10/13 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Ortega | Amount of contribution (\$) \$85.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 10229 Saigon Dr EL PASO TX 79925 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Utility | | Employer (See Instructions) UTEP Athletics | |
| Date 4/05/13 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christina Lee | Amount of contribution (\$) \$100- | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 8021 N. FM 620 #1217 Austin TX 78726 | | (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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY CLERK DEPT. **SCHEDULE A**

2013 APR 11 PM 2:28

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <i>Edward Beck</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>4-05-13</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Barnhart</i> | 7 Amount of contribution (\$) <i>\$100</i> | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code <i>8021 N. FM 620 # 616 AUSTIN TX 78726</i> | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) <i>Texas window cleaning</i> | | 10 Employer (See Instructions) <i>self</i> | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

LOANS

CITY CLERK DEPT.

SCHEDULE E

2013 APR 11 PM 2:28

| | | |
|--|---|--|
| 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: | | \$ |
| 5 Date of loan <i>3-18-13</i> | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Edward Beck</i> | 9 Loan Amount (\$) <i>64853</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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 2:28

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------|------------------------------------|--|
| 1 Total pages Schedule F: | 2 FILER NAME Edward Beck | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------|------------------------------------|--|

| | |
|--------------------------|---------------------------------------|
| 4 Date 4-11-13 | 5 Payee name Witness Design |
|--------------------------|---------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) 1,100.95 | 7 Payee address; City; State; Zip Code 1017 N. Trenton Ave Tulsa Oklahoma 74106 |
|----------------------------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Marketing | (b) Description (If travel outside of Texas, complete Schedule T) Printing of SIGNS |
|--------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|---|
| Date 3-18-13 | Payee name EL Paso Mail & Print |
|------------------------|---|

| | |
|------------------------------|--|
| Amount (\$) 648.53 | Payee address; City; State; Zip Code 1144 Vista De Oro Dr EL Paso TX 79935 |
|------------------------------|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Marketing | Description (If travel outside of Texas, complete Schedule T) Printing |
|------------------------|--|--|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------|
| Date 4-05-13 | Payee name Face Book |
|------------------------|--------------------------------|

| | |
|------------------------------|---|
| Amount (\$) \$1.83 | Payee address; City; State; Zip Code online |
|------------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Marketing | Description (If travel outside of Texas, complete Schedule T) Advertisement |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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

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

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT CITY CLERK DEPT. FORM C/OH - FR**

2013 APR 11 PM 2:28

The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

| | |
|-------------|--|
| 1 C/OH NAME | 2 ACCOUNT # (Ethics Commission Filers) |
|-------------|--|

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder