

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 # <small>(Ethics Commission File#)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Ms FIRST: Emma SR: NICKNAME: LAST: Acosta SUFFIX:	OFFICE USE ONLY Date Received: Date Hand-delivered or Postmarked: Receipt # Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 8904 WH Burges CITY: El Paso STATE: TX ZIP CODE: 799252 <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (915) PHONE NUMBER: 731-2020 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms FIRST: Enriqueta SR: NICKNAME: Queta LAST: Fierro SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 8612 Whitus CITY: El Paso STATE: TX ZIP CODE: 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 539-1710 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
10 PERIOD COVERED	Month: 01 / Day: 15 / Year: 2013 THROUGH Month: 01 / Day: 11 / Year: 2013		
11 ELECTION	Month: 05 / Day: 11 / Year: 2013 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Files)	
4 Date 04/10/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (Dr. _____) Steve Franco	7 Amount of contribution (\$) 250.	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1221 Logewood El Paso Tx 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (Dr. _____) Gregxry B Bowling	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5333 Woodfield El PasoTx 79932		(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 (Dr. _____) Thea D. Wagner-Chambers	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3700 Taien Way El Paso 79928		(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 (Dr. _____) Armida Teran	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Rose Ln El Paso, TX 79915		(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 (Dr. _____) Brian Kennedy	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5015 Montoya E Paso, TX 9922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Emma Acosta			3 ACCOUNT # (Ethics Commission Files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (Dr. _____) David Michael Austin	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 6205 Pihehurst 79912		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (Dr. _____) Susana Dorado	Amount of contribution (\$) 200	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 600 El Parque Way 79912		(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 (Dr. _____) Victor Marquez/Katherine Marquez	Amount of contribution (\$) 100	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 205 Dream Spirit Santa Teresa, NM 88008		(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 (Dr. _____) Ma. Evangelina Quezada	Amount of contribution (\$) 10	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1320 Wright Ave El Paso TX 77902		(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 (Dr. _____) Teresa Quezada	Amount of contribution (\$) 50	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 4313 Santa Rita El Paso , TX 79902		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

PLEGGED CONTRIBUTIONS				SCHEDULE B
The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:	
2 FILER NAME Emma Acosta			3 ACCOUNT # (EPICs Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: < < < < < < < <				\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) Jorge A. Valenzuela	8 Amount of pledge (\$) 200	9 In-kind description (if applicable)	
7 Pledgor address; City; State; Zip Code 233 Pennsylvaniz El Paso, TX 79903		(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 (OR) Jose Xavxer Banales	Amount of pledge (\$) 250.	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code 4520 Shady Willow El Paso, TX 79922		(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 (OR) James Scherr	Amount of pledge (\$) 250.	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code 109 N. Oregon El Paso, TX 79901		(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 (OR) Enriqueta & Jesús Fierro	Amount of pledge (\$) 35.	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code 8612 Whitus El Paso, TX		(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 (OR) George Ybarra	Amount of pledge (\$) 50.	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code 4020 Oxford El Paso, TX 79903		(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.				

PLEGGED CONTRIBUTIONS		SCHEDULE B	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Files)	
4 TOTAL OF UNITEMIZED PLEDGES: < < < < < <		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) Ret.Lt.Col Jaime Barceleau	8 Amount of pledge (\$) 50	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code 916 Ellis		(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 (OR) Alfredo & Leticia Borrego	Amount of pledge (\$) 200	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 4020 Trowbridge El Paso, TX 79903		(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 (OR) Charles F. McNabb	Amount of pledge (\$) 200	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 5020 Montoya El Paso, TX 79922		(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 (OR) Gilbert Mendez	Amount of pledge (\$) 250	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 912 McFall El Paso, TX 79925		(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 (OR) Lillian Jacquez	Amount of pledge (\$) 250	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 7337 Dales Rd El Paso, XX 79915		(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.			

PLEGGED CONTRIBUTIONS		SCHEDULE B	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Rebecca Tarango	
2 FILER NAME Emma Acosta		3 ACCOUNT # (EPICs Commission Files)	
4 TOTAL OF UNITEMIZED PLEDGES: < < < < < <		\$ 300	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) _____ Rebecca Tarango	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code 3637 Shell El Paso 79925	300	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
10 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
	Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) _____ Rachel B & Gregory Harracksign	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 10633 Vista Aldegre DEl Paso, TX 79935	400	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
	Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) _____ Linebarger Goggan Blair & Sampson	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code PO Box 17428 Austin , TX 78760	500	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
	Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) _____ Nicole or Rafael Adame	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 764 Dahlia Dr El Paso, TX 79922	500	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
	Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR) _____ Stanley P. Jobe	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code 1150 Southview El Paso, TX 79928	1000	
		<small>(If travel outside of Texas, complete Schedule T)</small>	
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.			

PLEGGED CONTRIBUTIONS		SCHEDULE B	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Files)	
4 TOTAL OF UNITEMIZED PLEDGES: < < < < < <		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (OR: _____) Tanny Berg	8 Amount of pledge (\$) 250	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code PO Box 96 El Paso, Tx 79912		(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 (OR: _____) Scott & Adela McLaughlin	Amount of pledge (\$) 500	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 1209 Rim Road El Paso, TX 79902		(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 (OR: _____) Randall B.J. Bowlin	Amount of pledge (\$) 500	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 4655 Cohen El Paso, TX 79924		(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 (OR: _____) Robert L. Bowlin	Amount of pledge (\$) 500	In-kind description (if applicable)
Pledgor address: City: State: Zip Code 457 San Clemente El Paso, TX 79912		(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 (OR: _____)	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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission Files)
4 TOTAL OF UNITEMIZED LOANS: ◁ ▷ ◁ ▷ ◁ ▷ ◁ ▷		\$
5 Date of loan	7 Name of lender: Emma Acosta <input type="checkbox"/> out-of-state PAC (Dr. _____)	9 Loan Amount (\$) 2000
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 8904 WH Burges	10 Interest rate 11 Maturity date
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 (Dr. _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES		SCHEDULE F	
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gifts/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 Emma Acosta		3 ACCOUNT # (Ethics Commission Files)
4 Date 01/30/2013	5 Payee name City of El Paso		
6 Amount (\$) 250	7 Payee address; City: State: Zip Code City Hall El Paso TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Filing Fee	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 02/04/2013	Candidate / Officeholder name Payee name Eastside Democrats		
Amount (\$) 25	Payee address; City: State: Zip Code El Paso, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 02/05/2013	Candidate / Officeholder name Payee name El Paso County		
Amount (\$) 40	Payee address; City: State: Zip Code County Courthouse El Paso, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 02/21/2013	Candidate / Officeholder name Payee name Texas Democratic Party		
Amount (\$) 225	Payee address; City: State: Zip Code Austin, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Access to Website Database	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES		SCHEDULE F	
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gifts/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 Emma Acosta		3 ACCOUNT # (Ethics Commission Files)
4 Date	5 Payee name Lizette Saucedo		
6 Amount (\$) 750	7 Payee address; City; State; Zip Code El Paso, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (Use categories listed at the top of this schedule) Campaign Manager Fee	(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 03/02/2013	Payee name Lizette Saucedo		
Amount (\$) 300	Payee address; City; State; Zip Code El Paso, TX		
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) Campaign Manaer Fee	Description (If travel outside of Texas, complete Schedule T) Campaign Manaer Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Campaign Manaer Fee	Office sought	Office held
Date 03/24/2013	Payee name Lizette Saucedo		
Amount (\$) 250	Payee address; City; State; Zip Code El Paso, TX		
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) Campaign Manager Fee	Description (If travel outside of Texas, complete Schedule T) Campaign Manager Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Campaign Manager Fee	Office sought	Office held
Date 04/05/2013	Payee name Child Cises Center		
Amount (\$) 20	Payee address; City; State; Zip Code El Paso, TX		
PURPOSE OF EXPENDITURE	Category (Use categories listed at the top of this schedule) El Paso, TX	Description (If travel outside of Texas, complete Schedule T) Donation	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Donation	Office sought Donation	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gifts/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	Office Overhead/Rental Expense
Loan Repayment/Reimbursement		
Transportation Equipment & Related Expense		
Contributions/Donations Made By Candidate/Officeholder/Political Committee		
OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F:	2 Name: Emma Acosta	3 ACCOUNT # (Ethics Commission Files)
4 Date: 04/10/2013	5 Payee name: Lizette Saucedo	
6 Amount (\$): 400	7 Payee address; City; State; Zip Code: El Paso, TX	
8 PURPOSE OF EXPENDITURE	(a) Category: (See categories listed at the top of this schedule) Campaign Manager Fee	(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: 04/03/2013	Payee name: Future Careers Of El Paso	
Amount (\$): 21	Payee address; City; State; Zip Code: El Paso, TX	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Donation	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: 2/4	Payee name: Shell	
Amount (\$): 61.29	Payee address; City; State; Zip Code: El Paso	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Gas	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: 3/29	Payee name: Campaign Secrets	
Amount (\$): 99.80	Payee address; City; State; Zip Code: Via Websit	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Website	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		

POLITICAL EXPENDITURES		SCHEDULE F	
EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gifts/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: Meeting	2 Candidate / Officeholder name Emma Acosta		3 ACCOUNT # (Ethics Commission Files)
4 Date 2/14	5 Payee name Shell		
6 Amount (\$) 98.30	7 Payee address; City; State; Zip Code El Paso, Tx		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gas for Volunteers	(b) Description (If travel outside of Texas, complete Schedule T) Shell	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 98.30	Office sought El Paso, Tx	Office held Gas for Volunteers
Date 2/09	Payee name Shell		
Amount (\$) 47.73	Payee address; City; State; Zip Code El Paso, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 2/09	Description (If travel outside of Texas, complete Schedule T) Shell	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 47.73	Office sought El Paso, Tx	Office held 2/09
Date 2/05	Payee name Fortis		
Amount (\$) 55.87	Payee address; City; State; Zip Code El Paso, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Meeting	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/25	Payee name McDonald's		
Amount (\$) 10.82	Payee address; City; State; Zip Code El Paso, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) food for Volunteers	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gifts/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	Office Overhead/Rental Expense
Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F:	2 Emma Acosta	3 ACCOUNT # (Ethics Commission Files)
4 Date 02/14	5 Payee name Best Buy	
6 Amount (\$) 339.32	7 Payee address; City; State; Zip Code El Paso, Tx	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Computer upgrade and supplies	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 2/28	Payee name Shell	
Amount (\$) 60.73	Payee address; City; State; Zip Code El Paso	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gas for Volunteers	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 02/22	Payee name Wal-Mart	
Amount (\$) 7.55	Payee address; City; State; Zip Code El Paso	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Plates/supplies	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 2/20	Payee name Family Dollar	
Amount (\$) 3.52	Payee address; City; State; Zip Code El Paso, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Envelopes/other	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gifts/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	Office Overhead/Rental Expense
Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F:	2 Name: Emma Acosta	
3 ACCOUNT # (Ethics Commission Files)		
4 Date	5 Payee name: Regency Printing	
6 Amount (\$): 135.31	7 Payee address; City; State; Zip Code: El Paso, TX	
8 PURPOSE OF EXPENDITURE	(a) Category: (See categories listed at the top of this schedule) Print materials	(b) Description: (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date: 2/19	Payee name: Arvatodigital	
Amount (\$): 129.89	Payee address; City; State; Zip Code: Website	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Windows Upgrade	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: 2/15	Payee name: McDonalds	
Amount (\$): 12.99	Payee address; City; State; Zip Code:	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Food for volunteers	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: 2/15	Payee name: Walmart	
Amount (\$): 9.76	Payee address; City; State; Zip Code: El Paso	
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		

POLITICAL EXPENDITURES		SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Gifts/Awards/Memorials Expense	Salaries/Wages/Contract Labor
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Travel In District
Event Expense	Polling Expense	Travel Out Of District
Fees	Printing Expense	Office Overhead/Rental Expense
Loan Repayment/Reimbursement		
Transportation Equipment & Related Expense		
Contributions/Donations Made By Candidate/Officeholder/Political Committee		
OTHER (enter a category not listed above)		
The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F:	2 Name: Emma Acosta	3 ACCOUNT # (Ethics Commission Files)
4 Date	5 Payee name: Evolve Credit Union	
6 Amount (\$): 1500	7 Payee address; City; State; Zip Code: El Paso Tx	
8 PURPOSE OF EXPENDITURE	(a) Category: (See categories listed at the top of this schedule) Loan Payment	(b) Description: (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date: 01/31/2013	Candidate / Officeholder name	Office sought
Amount (\$): 912.33	Payee name: Idea Spreaders	Office held
Amount (\$): 912.33	Payee address; City; State; Zip Code: El Paso, Texas	
PURPOSE OF EXPENDITURE	Category: (See categories listed at the top of this schedule) Signs/banner/other print materials	Description: (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date:	Candidate / Officeholder name	Office sought
Amount (\$):	Payee name	Office held
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date:	Candidate / Officeholder name	Office sought
Amount (\$):	Payee name	Office held
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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:	2 FILED NAME Emma Acosta	3 ACCOUNT # (Ethics Commission Files)
4 Date: 02/08	5 Payee name Evolve Credit Union	
6 Amount: (\$) 250 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code El Paso, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Loan Payment	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <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)
Date	Payee name	
Amount (\$) <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)
Date	Payee name	
Amount (\$) <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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME:	3 ACCOUNT # (Ethics Commission Files):
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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Files)
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.)
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.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**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 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Files)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT** **FORM C/OH - FR**

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 Files)
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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