

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 <input checked="" type="radio"/> MR FIRST MI NICKNAME LAST SUFFIX 605 WED 605 605 WEDDAD		OFFICE USE ONLY Date Received 2013 MAY -2 CITY CLERK DEPT. Date Hand-delivered or Postmarked PH 4: 17 Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6036 CAMINO AUGUSTO EL PASO, TX 79912		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 584 4487		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="radio"/> MR FIRST MI NICKNAME LAST SUFFIX ROSALES		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9613 CARNIGLE EL PASO, TX 79925		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () 915 591 3389		
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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 11 / 13 5 / 1 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MAYOR	
GOTO PAGE 2			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

LEO GUS HADDAD

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *29607.00*

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *35494.33*

CONTRIBUTION
BALANCE

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

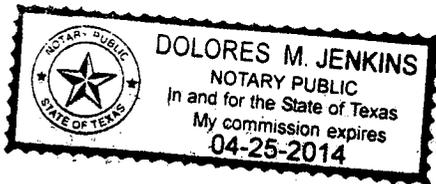
\$

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leo Gus Haddad, this the 2nd day of May, 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

[Handwritten Signature]
Notary

Title of officer administering oath

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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: <u>10</u>	
2 FILER NAME <u>L GOS HAZZAD</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/8/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BYHAN ARCADAM</u>	7 Amount of contribution (\$) <u>1000⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8401 TIBBET JUSTA LANE EL PASO, TX 79932</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		10 Employer (See Instructions)	
Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BEBE DAN</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4790 SOL DE ALMA EL PASO, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/2/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARGARET ARSOLD</u>	Amount of contribution (\$) <u>50⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1504 ROCKY BLUFF DR. EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ARLONE CARROLL</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>640 WILLOW BLVD EL PASO, TX 79922</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>BANKER</u>		Employer (See Instructions)	
Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TIM COLLINS</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1621 RIMBOAS EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INS. EXOR</u>		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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: (14) 11A	
2 FILER NAME: L GUS HARRIS		3 ACCOUNT # (Ethics Commission Filers)	
4 Date: 4/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESUS LICON	7 Amount of contribution (\$): 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7129 GORDON BLVD EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ENGINEER		10 Employer (See Instructions)	
Date: 4/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMAN ISAAC	Amount of contribution (\$): 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2827 ROCK EL PASO, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date: 4/1/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTOR CHAMANI	Amount of contribution (\$): 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8904 METTLE EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date: 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOAN LYON	Amount of contribution (\$): 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1621 RIM ROAD EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)	
Date: 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G GOMEZ	Amount of contribution (\$): 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 371351 EL PASO, TX 79937		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A 10	
2 FILER NAME L GUS HADDAD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE CHAMAU JR	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10727 ERLY EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARY WESTON	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6685 TOSCANI RIDGE EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) EXECUTIVE INDUSTRY		Employer (See Instructions)	
Date 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL BUCK	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO BOX 1803 EL PASO, TX 799 SANTA TERESA, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IGNACIO TRONCOSO	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4235 RIDGECLOS DR. EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND ADARDO	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5331 MORATANO EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) EXECUTIVE INDUSTRY		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

2 FILER NAME LEOS HAZDAD 3 ACCOUNT # (Ethics Commission Filers)

4 Date <u>4/13/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MITCHELL ABOTHAM</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>305 SHARONDALES EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LINDA TRONCOSO</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>730 Mc KOLLIGON DR. EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GENEVA WILLIAMS</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>212 ARLSAND DR. EL PASO, TX 79932</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MELISSA LEO HAZDAD</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1601 N CAMPBELL EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LEO HAZDAD</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1601 N CAMPBELL EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	

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

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>10</u>	
2 FILER NAME <u>LGOS HANAW</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/9/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT & FEUILLE SA</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO BOX 2245 EP 79951</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>ACCOUNTANT</u>		10 Employer (See Instructions) <u>SELF</u>	
Date <u>4/8/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GEORGE DOUBTUS</u>	Amount of contribution (\$) <u>150⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6700N MESA EP, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CUNLE GASS</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1601 N CAMPBELL EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions) <u>EPISD</u>	
Date <u>4/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NAHAD KHOURI</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8616 W5 AUTOS EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/18/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JIMMY ANGELOS</u>	Amount of contribution (\$) <u>105⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>8400 CROZISTA DR. EL PASO, TX 79925</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedules (10) JPA	
2 FILER NAME LGOS HADDAD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/11/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TONY KHOOBY	7 Amount of contribution (\$) 200⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13421 MONDANA EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) ENGINEER		10 Employer (See Instructions)	
Date 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVAN HADDAD	Amount of contribution (\$) 200⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6393 CALLE PUCIDO EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)	
Date 3/24/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM FRANKS	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3445 NACIN EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PLUMBER		Employer (See Instructions) ST CLLEMENTE	
Date 4/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES/DOBICA ROOF	Amount of contribution (\$) 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 W RIVERSIDE RUIDOSO, NM 88345		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ROOFER		Employer (See Instructions)	
Date 4/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BOWN HADDAD	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3208 CONDRILLA COURT AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 MAY -2 PM 4:17 SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>10</u>	
2 FILER NAME <u>LGOS HADDAD</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/11/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ADAM FRANK</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>106 MOSA PARK DR. EL PASO, TX 79912</u>		<u>\$ 2147.00</u>
9 Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		10 Employer (See Instructions)	
Date <u>4/11/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>BRYAN ROBERTS</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>2400 MONTANA EL PASO, TX 79903</u>	<u>3000.00</u>	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/10/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERTO MATEOS</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>920 N SONTON EL PASO, TX 79902</u>	<u>500.00</u>	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/11/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>AUGO ARZU</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1125 CAMINO ACTO EP, TX 79902</u>	<u>25.00</u>	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/11/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERTO FOSTER</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>6080 SURETY DR EL PASO, TX 79905</u>	<u>3000.00</u>	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 <i>AAA</i>	
2 FILER NAME LEWIS HADDAD		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/22/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVIATION CONSULTANTS	7 Amount of contribution (\$) 8000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7309 BOGUM EL PASO, TEXAS 79925		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) INVESTOR		10 Employer (See Instructions)	
Date 4/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY TOKOPA	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10505 STEWART NW ABQ, NM 87114		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions)	
Date 4/22/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ESTERLA ESCOBAR	Amount of contribution (\$) 2500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7117 PEAR TREE LANE EL PASO, TX 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions)	
Date 4/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOEMAN HADDAD	Amount of contribution (\$)	In-kind contribution description (if applicable) 825⁰⁰
Contributor address; City; State; Zip Code 815 RIM ROAD EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions)	
Date 4/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD SOAN	Amount of contribution (\$)	In-kind contribution description (if applicable) 1000⁰⁰
Contributor address; City; State; Zip Code 6901 MONTANA EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>10</u> <i>YSA</i>	
2 FILER NAME <u>LGUS MADRID</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/26/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RAYMUNDO BACA</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>9901 TUNING DC. EL PASO, TX 79925</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		10 Employer (See Instructions)	
Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>HIGTON R MADDOX JR</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6011 ESCONDIDO DC. EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>4/22/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE NEBSMAN</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1708 BOB CULL LN. EL PASO, TX 79955</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>NORMAN DOLOREY MADRID</u>	Amount of contribution (\$) <u>500⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>815 RIM ROAD EL PASO, TX 79902</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	
Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOE A ROSALES</u>	Amount of contribution (\$) <u>1000⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>9104 METTLER ST EL PASO, TX 79925</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>INVESTOR</u>		Employer (See Instructions)	

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

CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 MAY -2 PM 4:17 SCHEDULE A

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

2 FILER NAME L GUS HADDAD 3 ACCOUNT # (Ethics Commission Filers)
10 JAA

4 Date <u>4/14/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GABRY & KATHY MUNDY</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>900 SUNING HILLS EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/26/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN HERMAN SCHEMID</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5704 BURNING TREE EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SOLEIMAN B MASOUD</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>PO BOX 22051 EL PASO, TEXAS 79915</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>SAM P SHAWENBURGER</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1345 GREENWOOD EL PASO, TX 79925</u>		(If travel outside of Texas, complete Schedule T)	

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

Date <u>4/25/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EDWARD E McCOEMICK</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>327 COCAL SKY LN. EL PASO, TX 79912</u>		(If travel outside of Texas, complete Schedule T)	

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

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CITY CLERK DEPT.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 MAY -2 PM 4:17 SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>10</u> <u>YTA</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/11/13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>VICTOR MOCLES</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>5521 JUANANA DUC SOL 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 <u>4/15/13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EDMONDO DONA</u>	Amount of contribution (\$) <u>\$100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>6300 ESCONDIDO DR, EL PASO, TX 79912</u>		(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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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 MAY -2 PM 4:17

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: 6	2 FILER NAME LGOS HADDAD	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/3/13	5 Payee name FASO SIGLS
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6 Amount (\$) 460¹⁸	7 Payee address; City; State; Zip Code 4724 N MESA, EL PASO TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/13	Payee name COYOTE SOLUTIONS
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Amount (\$) 259⁵⁰	Payee address; City; State; Zip Code 500 DUNLUND, EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/2013	Payee name CENTRAL BUSINESS ASSOCIATION
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Amount (\$) 400⁰⁰	Payee address; City; State; Zip Code 310 N MESA, EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSES	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/11/13	Payee name CLUB CHANNEL
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Amount (\$) 6150⁰⁰	Payee address; City; State; Zip Code PO BOX 591790 SAN ANTONIO, TX 78258
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 MAY -2 PM 4:17

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- 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: 6	2 FILER NAME LGUSHADDDO	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/29/13	5 Payee name KOFX
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6 Amount (\$) \$2720⁰⁰	7 Payee address; City; State; Zip Code 5426 N MESA, EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADMINISLV	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name JEAN COLLINS
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Amount (\$) \$1500⁰⁰	Payee address; City; State; Zip Code 1512 OAKDALE 1512 OAKDALE EL PASO, TX 79905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name ESPERELLA TV
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Amount (\$) \$1275⁰⁰	Payee address; City; State; Zip Code 5426 N MESA, EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/30/13	Payee name REGENCY PRINTING
------------------------	---------------------------------------

Amount (\$) \$192⁶⁹	Payee address; City; State; Zip Code 2313 N PLORES, EL PASO, TX 79930
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 MAY -2 PM 4:17

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: 6	2 FILER NAME LUIS HERRERA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/29/13	5 Payee name TELEMONDO
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6 Amount (\$) \$ 638⁰⁰	7 Payee address; City; State; Zip Code 10033 CARNEGIE, EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name TIME WARNER
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Amount (\$) \$ 1215⁰⁰	Payee address; City; State; Zip Code 113N STANTON, EL PASO TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name KHBY
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Amount (\$) \$ 212⁰⁰	Payee address; City; State; Zip Code 4045 N MESA, EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name KTSM
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Amount (\$) \$ 4080⁰⁰	Payee address; City; State; Zip Code 801 N OLSON, EL PASO, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES	CITY CLERK DEPT. 2013 MAY -2 PM 4:17	SCHEDULE F
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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: 6	2 FILER NAME LUIS HAZDAD	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/24/13	5 Payee name PASO DEL NORTE PUBLISHING	
6 Amount (\$) \$156⁰⁰	7 Payee address; City; State; Zip Code 1801 TEXAS, EL PASO, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(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 4/24/13	Payee name ALCON DESIGN	
Amount (\$) \$297⁹⁷	Payee address; City; State; Zip Code 2183 BURNWOOD, EL PASO, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	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 4/29/13	Payee name KTSN	
Amount (\$) \$9444⁰⁰	Payee address; City; State; Zip Code 801 N OREGON, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	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 4/29/13	Payee name KABC	
Amount (\$) \$1700	Payee address; City; State; Zip Code 801 N OREGON, EL PASO, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	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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CITY CLERK DEPT.
POLITICAL EXPENDITURES 2013 MAY -2 PM 4:17 **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: 6	2 FILER NAME L BUS WADWAD	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/17/2013	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$348.54	7 Payee address; City; State; Zip Code 801 SUNLAND PARK DR. ; EL PASO, TX 79912
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/13	Payee name ALCON DESIGN
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Amount (\$) 234.75	Payee address; City; State; Zip Code 218 B GLENWOOD, EL PASO, TX 79905
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/13	Payee name OFFICE DEPOT
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Amount (\$) 140.70	Payee address; City; State; Zip Code 801 SUNLAND PARK DR., EL PASO, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/23/13	Payee name FRANK VILLASANA
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Amount (\$) \$1400.00	Payee address; City; State; Zip Code 155 WESTMORLAND, EL PASO, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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CITY CLERK DEPT.

POLITICAL EXPENDITURES

2013 MAY -2 PM 4:17

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: 6	2 FILER NAME GGUS HADDAD	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/30/13	5 Payee name CARLOS SANCHEZ
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6 Amount (\$) \$50⁰⁰	7 Payee address; City; State; Zip Code 909613 CARNEGIE, EL PASO, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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