

# 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:  
**6**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Raul

F

LAST

Amaya

SUFFIX

OFFICE USE ONLY

Date Received

CITY CLERK DEPT.  
APR 11 PM 5:21

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10375 Biscaine St.

El Paso, TX

79974

change of address

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 383-7737

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

Raul

F

LAST

Amaya

SUFFIX

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10375 Biscaine St, El Paso, TX 79974

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 383-7737

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

2 / 12 / 2013

THROUGH

Month

Day

Year

4 / 11 / 2013

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 11 / 2013

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, District 4

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Raul F. Amaya*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

APR 11 PM 5:21  
CLERK DEPT.

17 CONTRIBUTION  
TOTALS

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

\$ 75.00

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

\$ 525.00

EXPENDITURE  
TOTALS

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

\$ 163.54

4. TOTAL POLITICAL EXPENDITURES

\$ 279.51

CONTRIBUTION  
BALANCE

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

\$ 296.46

OUTSTANDING  
LOAN TOTALS

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

\$ N/A

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.

*Raul F. Amaya*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*Sylvia Martinez*  
Signature of officer administering oath

Sylvia Martinez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="float:right">2013 APR 11 PM 5:21</span>	
2 FILER NAME <i>Raul F. Amaya</i>		3 ACCOUNT # (Ethics Commission Filer) <i>X</i>	
4 Date <i>2/27/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul F. Amaya</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable) <i>CIT CLERK DEPT.</i>
6 Contributor address; City; State; Zip Code <i>10375 Biscayne St, El Paso, TX 79924</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Financial Services Entrepreneur</i>		10 Employer (See Instructions) <i>Primerica Financial Services</i>	
Date <i>2/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Chacon</i>	Amount of contribution (\$) <i>\$150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10911 Oregon St, Ste 1119, El Paso, TX 79901</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self employed</i>	
Date <i>3/8/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul F. Amaya</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10375 Biscayne St, El Paso, TX 79924</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Financial Services Entrepreneur</i>		Employer (See Instructions) <i>Primerica Financial Services</i>	
Date <i>3/18/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martin Jimenez</i>	Amount of contribution (\$) <i>\$150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11253 Pony Soldier, El Paso, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>rentier</i>		Employer (See Instructions) <i>self employed</i>	
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)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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	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.

<b>1</b> Total pages Schedule F: <u>1</u>	<b>2</b> FILER NAME <u>Raul F. Amaya</u>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <u>2013 APR 11 PM 21</u>
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<b>4</b> Date <u>3/25/13</u>	<b>5</b> Payee name <u>Northeast Printing</u>
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<b>6</b> Amount (\$) <u>\$ 65<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>9728-E. Dyer, El Paso, TX 79924</u>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <u>Printing Expense</u>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>fliers</u>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Raul F. Amaya</u>	Office sought <u>City Council, District 4</u>	Office held
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Date <u>3/30/13</u>	Payee name <u>Northeast Parade (TMO Foundation)</u>
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Amount (\$) <u>\$ 45<sup>00</sup></u>	Payee address; City; State; Zip Code <u>P.O. Box 3747, El Paso, TX 79924</u>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <u>Event Expense</u>	Description (If travel outside of Texas, complete Schedule T) <u>participation in parade</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Raul F. Amaya</u>	Office sought <u>City Council, District 4</u>	Office held
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Date <u>4/17/13</u>	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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:		2 FILER NAME <i>Raul F. Amaya</i>		3 ACCOUNT # (Ethics Commission Filers) <i>203 APR 11 PM 5:21</i> <i>CITY CLERK DEPT.</i>	
4 Date <i>3/11/13</i>		5 Payee name <i>Northeast Printing</i>			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$ 46.50</i>		7 Payee address; City; State; Zip Code <i>9728-E. Dyer, El Paso, TX 79924</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>fliers</i>	
Date <i>3/14/13</i>		Payee name <i>Wal-Mart</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$ 20.54</i>		Payee address; City; State; Zip Code <i>4700 Transmountain, El Paso, TX 79924</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense (inkjet cartridge)</i>		Description (If travel outside of Texas, complete Schedule T)	
Date <i>3/18/13</i>		Payee name <i>Northeast Printing</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$ 46.50</i>		Payee address; City; State; Zip Code <i>9728-E. Dyer, El Paso, TX 79924</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>fliers &amp; printing paper</i>	
Date <i>4/7/13</i>		Payee name <i>Walmart</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>\$ 5.97</i>		Payee address; City; State; Zip Code <i>4700 Transmountain, El Paso, TX 79924</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Printing Expense (paper)</i>		Description (If travel outside of Texas, complete Schedule T) <i>paper</i>	

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

*Raul F. Amaya*

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

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

*Raul F. Amaya*  
Signature of Candidate / Officeholder

CITY CLERK DEPT.  
503 APR 11 PM 5:21

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.

*Raul F. Amaya*  
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