

# 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)  
4321

2 Total pages this report: 1/14

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
Dr. Eugene  
NICKNAME LAST SUFFIX  
Finke

OFFICE USE ONLY

Date Received 3 PM 3 45  
CITY CLERK DEPARTMENT

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
701 La Cruz Drive  
El Paso TX 79902

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
David  
NICKNAME LAST SUFFIX  
Marcus

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
6090 Surety Drive  
Suite 100  
El Paso TX 79905

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( ) -

8 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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01/15/2003 03/31/2003

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
05/03/2003  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
1

12 OFFICE SOUGHT (if known)  
Other -- City Council 1

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME  
Dr. Eugene Finke

15 ACCOUNT # (Ethics Commission filers)  
4321

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures 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 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 273.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6539.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
--	---------

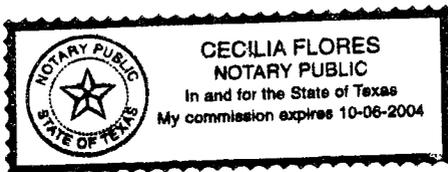
4. TOTAL POLITICAL EXPENDITURES	\$ 19782.31
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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19 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.



*Eugene I. Finke*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me by the said Eugene I Finke, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

*Cecilia Flores*

Cecilia Flores

NOTARY

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
3/14

2 FILER NAME  
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)  
4321

4 Date  
03/29/2003

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

6 Contributor address; City; State; Zip Code  
764 Dahlia  
El Paso TX 79922

7 Amount of contribution (\$)  
70.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
03/18/2003

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

Contributor address; City; State; Zip Code  
P.O. Box 565  
Santa Teresa NM 88008

Amount of contribution (\$)  
63.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
02/04/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Richard and Susan Azar

Contributor address; City; State; Zip Code  
2424 Altura Avenue  
El Paso TX 79930

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/12/2003

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

Contributor address; City; State; Zip Code  
5598 Westside Dr.  
El Paso TX 79932

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/05/2003

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

Contributor address; City; State; Zip Code  
800 Kern Drive  
EL Paso TX 79902

Amount of contribution (\$)  
50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
4/14

**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date: 03/13/2003  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Richard Bonart  
**6** Contributor address; City; State; Zip Code: 6524 Loma De Cristo, El Paso TX 79912

**7** Amount of contribution (\$): 250.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date: 03/12/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): John Carson  
Contributor address; City; State; Zip Code: 5640 Montana Suite D, El Paso TX 79925

Amount of contribution (\$): 250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 03/30/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): John Cook  
Contributor address; City; State; Zip Code: 109 N. Oregon Suite 314, El Paso TX 79901

Amount of contribution (\$): 70.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 02/27/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Tony Dill  
Contributor address; City; State; Zip Code: 2711 Federal, El Paso TX 79930

Amount of contribution (\$): 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 03/07/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): YINUO DU  
Contributor address; City; State; Zip Code: 1420 Crown Ridge, El Paso TX 79912

Amount of contribution (\$): 50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
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**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date  
03/24/2003

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
El Paso Police Officer's Association

**7** Amount of contribution (\$)  
250.00

**8** In-kind contribution description (if applicable)

**6** Contributor address; City; State; Zip Code  
747 E. San Antonio  
Suite 103  
El Paso TX 79901

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
03/29/2003

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

Amount of contribution (\$)  
63.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2816 Taylor Avenue  
El Paso TX 79930

Principal occupation (Optional)

Employer (Optional)

Date  
03/12/2003

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

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1221 Lonewood Drive  
El Paso TX 79925

Principal occupation (Optional)

Employer (Optional)

Date  
03/29/2003

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

Amount of contribution (\$)  
70.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5749 Oak Cliff  
El Paso TX 79912

Principal occupation (Optional)

Employer (Optional)

Date  
03/06/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Julio Hernandez, Jr.

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
615 La Cruz  
El Paso TX 79902

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
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**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date: 03/12/2003  
**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Marc Hernandez  
**6** Contributor address; City; State; Zip Code: 702 Wyoming Avenue, El Paso TX 79902

**7** Amount of contribution (\$): 100.00  
**8** In-kind contribution description (if applicable):

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date: 03/10/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Robert E. Jones  
Contributor address; City; State; Zip Code: 12100 Esther Lama, El Paso TX 79936

Amount of contribution (\$): 1000.00  
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 03/18/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): E.R. Lilly Jr.  
Contributor address; City; State; Zip Code: 700 Blacker Ave., El Paso TX 79902

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 03/18/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Linebarger, Goggan Blair, Pena & Sampson, LLP  
Contributor address; City; State; Zip Code: PO Box 17428, Austin TX 78760

Amount of contribution (\$): 500.00  
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

Date: 03/19/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Mary Lyerly  
Contributor address; City; State; Zip Code: 773 Via Cipro, El Paso TX 79912

Amount of contribution (\$): 70.00  
In-kind contribution description (if applicable):

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages this report:  
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**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date  
03/26/2003

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

**6** Contributor address; City; State; Zip Code  
6484 Calle Placido  
El Paso TX 79912

**7** Amount of contribution (\$)  
70.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation (Optional)

**10** Employer (Optional)

Date  
02/11/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
David and Jeryl Marcus

Contributor address; City; State; Zip Code  
442 Crown Point  
El Paso TX 79912

Amount of contribution (\$)  
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/30/2003

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

Contributor address; City; State; Zip Code  
4308 Wallington  
El Paso TX 79902

Amount of contribution (\$)  
50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/13/2003

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

Contributor address; City; State; Zip Code  
600 Woodlark Place  
El Paso TX 79912

Amount of contribution (\$)  
150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
03/10/2003

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
F.J. O'Leary

Contributor address; City; State; Zip Code  
847 Broadmoor  
El Paso TX 79912

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/14	
2 FILER NAME Dr. Eugene Finke		3 ACCOUNT # (Ethics Commission filers) 4321	
4 Date  03/12/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Esmail Panahi ..... 6 Contributor address; City; State; Zip Code 5616 Buckley Drive El Paso TX 79912	7 Amount of contribution (\$)  250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date  03/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Panahi ..... Contributor address; City; State; Zip Code 5616 Buckley Drive El Paso TX 79912	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  03/13/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Grace Rendall ..... Contributor address; City; State; Zip Code 6232 Meteor Way El Paso TX 79912	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  03/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. Charles Roark ..... Contributor address; City; State; Zip Code 4612 George Patton Lane El Paso TX 79924	Amount of contribution (\$)  50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date  03/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) S.A. Safi ..... Contributor address; City; State; Zip Code 755 Fairway EL Paso TX 79922	Amount of contribution (\$)  70.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:  
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2 FILER NAME  
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)  
4321

4 Date: 03/12/2003  
5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Leo Samaniego  
6 Contributor address; City; State; Zip Code: 1520 Desierto Rico, El Paso TX 79912

7 Amount of contribution (\$): 100.00  
8 In-kind contribution description (if applicable):

9 Principal occupation (Optional) 10 Employer (Optional)

Date: 03/28/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Raymond Telles, Jr.  
Contributor address; City; State; Zip Code: 824 Singing Hills, El Paso TX 79912

Amount of contribution (\$): 70.00  
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 03/31/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Gary Weiser  
Contributor address; City; State; Zip Code: 521 Texas Avenue, El Paso TX 79901

Amount of contribution (\$): 250.00  
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 03/31/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Robert White  
Contributor address; City; State; Zip Code: 7713 Nardo Goodman, El Paso TX 79912

Amount of contribution (\$): 50.00  
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

Date: 03/10/2003  
Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_): Dr. John D. Wilbanks  
Contributor address; City; State; Zip Code: 921 Thunderbird, El Paso TX 79912

Amount of contribution (\$): 100.00  
In-kind contribution description (if applicable):

Principal occupation (Optional) Employer (Optional)

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages report:  
10/14

**2** FILER NAME  
Dr. Eugene Finke **3** ACCOUNT # (Ethics Commission filers)  
4321

<b>4</b> Date 02/18/2003	<b>5</b> Payee name Advertising Federation of El Paso ..... <b>6</b> Payee address; City; State; Zip Code  TX	<b>7</b> Amount (\$) 240.00
-----------------------------	--	--------------------------------

<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Contribution	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	---

Date 02/17/2003	Payee name Bench Ads of El Paso ..... Payee address; City; State; Zip Code 6006 N. Mesa El Paso TX 79912	Amount (\$) 409.51
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Purpose of expenditure (See instructions regarding type of information required.) Advertising	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 03/27/2003	Payee name Bench Ads of El Paso ..... Payee address; City; State; Zip Code 6006 N. Mesa El Paso TX 79912	Amount (\$) 204.00
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Purpose of expenditure (See instructions regarding type of information required.) Advertising	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 02/18/2003	Payee name Clear Channel Outdoor Boards ..... Payee address; City; State; Zip Code 2305 Sparkman El Paso TX 79925	Amount (\$) 6750.00
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Purpose of expenditure (See instructions regarding type of information required.) Advertising	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report:  
11/14**2** FILER NAME  
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)  
4321**4** Date  
03/31/2003**5** Payee name  
Clear Channel Outdoor Boards**7** Amount  
(\$)  
5050.00**6** Payee address; City; State; Zip Code  
2305 Sparkman  
El Paso TX 79925**8** Purpose of expenditure (See instructions regarding type of information required.)  
Advertising**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
03/20/2003Payee name  
Davids Pennants and BannersAmount  
(\$)  
575.00Payee address; City; State; Zip Code  
TXPurpose of expenditure (See instructions regarding type of information required.)  
AdvertisingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
03/28/2003Payee name  
Davids Pennants and BannersAmount  
(\$)  
669.88Payee address; City; State; Zip Code  
TXPurpose of expenditure (See instructions regarding type of information required.)  
AdvertisingComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office heldDate  
02/15/2003Payee name  
El Paso City ClerkAmount  
(\$)  
250.00Payee address; City; State; Zip Code  
TXPurpose of expenditure (See instructions regarding type of information required.)  
Filing FeeComplete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** Total pages report:  
12/14**2** FILER NAME

Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321**4** Date

02/20/2003

**5** Payee name

El Paso Opera

**7** Amount

(\$)

75.00

**6** Payee address; City; State; Zip Code

TX

**8** Purpose of expenditure (See instructions regarding type of information required.)

Advertising

**9** Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

## Date

02/07/2003

## Payee name

El Paso Stonewall Democrats

## Amount

(\$)

120.00

## Payee address; City; State; Zip Code

TX

Purpose of expenditure (See instructions regarding type of information required.)

Fundraiser

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

## Date

02/25/2003

## Payee name

H &amp; H Mailing

## Amount

(\$)

2308.98

## Payee address; City; State; Zip Code

9020 Mayflower

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

## Date

03/13/2003

## Payee name

H &amp; H Mailing

## Amount

(\$)

131.61

## Payee address; City; State; Zip Code

9020 Mayflower

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)

Mailing

Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages report  
13/14

**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date  
02/07/2003

**5** Payee name  
Holy Light COGIC

**7** Amount  
(\$)  
70.00

**6** Payee address; City; State; Zip Code  
  
TX

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Fundraiser

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/31/2003

Payee name  
Scorpion Sales

Amount  
(\$)  
161.45

Payee address; City; State; Zip Code  
  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Advertising

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/19/2003

Payee name  
The Comic Strip

Amount  
(\$)  
2500.00

Payee address; City; State; Zip Code  
  
TX

Purpose of expenditure (See instructions regarding type of information required.)  
Fundraiser

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
02/17/2003

Payee name  
The El Paso Club

Amount  
(\$)  
78.98

Payee address; City; State; Zip Code  
Drawer 721  
El Paso TX 79944

Purpose of expenditure (See instructions regarding type of information required.)  
Meetings

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** Total pages report:  
14/14

**2** FILER NAME  
Dr. Eugene Finke

**3** ACCOUNT # (Ethics Commission filers)  
4321

**4** Date  
03/11/2003

**5** Payee name  
The El Paso Club

**7** Amount  
(\$)  
89.90

**6** Payee address; City; State; Zip Code  
Drawer 721  
El Paso TX 79944

**8** Purpose of expenditure (See instructions regarding type of information required.)  
Dinner Meetings

**9** Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
03/31/2003

Payee name  
The Jewish Voice

Amount  
(\$)  
98.00

Payee address; City; State; Zip Code  
405 Wallenberg Drive  
El Paso TX 79912

Purpose of expenditure (See instructions regarding type of information required.)  
Advertising

Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held