

# 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:

5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX

CHARLES C.  
CHARLIE HOOTEN

OFFICE USE ONLY

Date Received: 2003 JUN 23 PM 4:23  
CITY CLERK DEPARTMENT

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed 23

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

548 SATELLITE DR. EL PASO, TX 79912

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX

WILLIAM B.  
BILL HOOTEN

6 CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

924 CORTIJO EL PASO, TX 79912

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 584-8176

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

4 / 24 / 2003    THROUGH    6 / 5 / 03

10 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     General     Special

5 / 3 / 03

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

EL PASO CITY REPRESENTATIVE, DIST. 1

13 NOTICE OF 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

## FORM ACTA – INSTRUCTION GUIDE

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**14. MODIFIED REPORTING OPTION:** Sign this option if you wish to report under the modified reporting schedule or if you wish to renew your previous selection to report under the modified reporting schedule. To the left of your signature, enter the year of the election or election cycle to which your selection of modified reporting applies.

Your selection of modified reporting is valid for an entire election cycle. For example, if you choose modified reporting before a primary election, your selection remains in effect for any runoff and for the general election and any related runoff. You must make this selection at least 30 days before the first election to which your selection applies.

An opposed candidate in an election is eligible to report under the modified reporting schedule if he or she does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures in connection with an election. The amount of a filing fee paid to qualify for a place on the ballot does not count against the \$500 expenditure limit. An opposed candidate who reports under the modified schedule is not required to file pre-election reports (due 30 days and 8 days before an election) or runoff reports (due 8 days before a runoff). (Remember: An *unopposed* candidate is not required to file pre-election reports or runoff reports in the first place.) The obligations to file semi-annual reports, telegram reports, or special session reports, if applicable, are not affected by selecting the modified schedule.

The \$500 maximums apply to each election within the cycle. In other words, you are limited to \$500 in contributions and expenditures in connection with the primary, an additional \$500 in contributions and expenditures in connection with the general election, and an additional \$500 in contributions and expenditures in connection with a runoff.

**Exceeding \$500 in contributions or expenditures.** If you exceed \$500 in contributions or expenditures in connection with an election, you must file according to the regular schedule. In other words, you must file pre-election reports and a runoff report, if you are in a runoff.

If you exceed either of the \$500 limits *after the 30th day before the election*, you must file a sworn report of contributions and expenditures within 48 hours after exceeding the limit. After that, you must file any pre-election reports or runoff reports that are due under the regular filing schedule.

Your selection is not valid for other elections or election cycles. Use another AMENDMENT form (ACTA) to renew your option to file under the modified schedule.

*For more information, see the "Ethics Commission Campaign Finance Guide For Candidates" that applies to you.*

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT #(Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political 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

\$ 265.00

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

\$ 1715.00

EXPENDITURE TOTALS

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

\$ 295.00

4. TOTAL POLITICAL EXPENDITURES

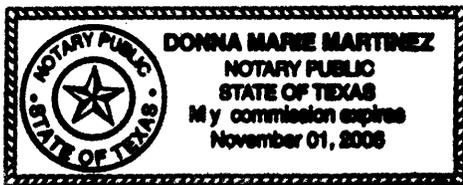
\$ 295.00

OUTSTANDING LOAN TOTALS

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

\$ 331.74

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.

*Charles Hooten*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Hooten, this the 5th day of July, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A1:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		

9 Principal occupation (Optional) 10 Employer (Optional)

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		

Principal occupation (Optional) Employer (Optional)

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		

Principal occupation (Optional) Employer (Optional)

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		

Principal occupation (Optional) Employer (Optional)

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		

Principal occupation (Optional) Employer (Optional)

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

Total pages this Schedule A1: 1

Filer Name: Charles C. Hooten

Date	Full name of contributor Address	Amount of Contribution
4-24-03	LOUANN & RICKIE FEUILLE 1021 BROADMOOR EL PASO, TX 79912	100.00
4-24-03	BOB HAYNSWORTH 1575 BELVIDERE EL PASO, TX 79912	250.00
4-26-03	MARCELLA & WILLIS BEAN 5724 MIRA SIERRA EL PASO, TX 79912	100.00
4-29-03	RAY MALOOLY 804 CHERRY HILL LANE - EP. (12)	250.00
4-29-03	FREDERICK ROBERTS 561 BLUFF CANYON CIRCLE EP (12)	100.00
4-29-03	REX SMITH 413 BUTTE CIR. EP (12)	100.00
4-29-03	LYNNE MARTIN 5138 THORNTON EP (32)	100.00
4-30-03	BUD PARRISH 516 BLACKER EP (02)	100.00
4-30-03	DIETER GERZYMISCH P.O. Box 1056, FABENS, TX 79838	250.00
5-2-03	GERALD MANGRUM 1300 SHADOW CANYON PL. EP (12)	100.00

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule B1:  
**1**

2 FILER NAME: **CHARLES C. HOOTEN** 3 ACCOUNT # (Ethics, Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:  $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$  \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <b>AL JEFFERSON</b>	8 Amount of pledge (\$) <b>250.00</b>	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code <b>349 CLAIREMONT EL PASO, TX 79912</b>			

10 Principal occupation (optional) 11 Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation (optional) Employer (optional)

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

<b>LOANS</b>	<b>SCHEDULE E</b>
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral <input type="checkbox"/> none
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13 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;    City;    State;    Zip Code	16 Amount Guaranteed (\$)
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17 Principal Occupation	18 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution?  Y            N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date

Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
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Principal Occupation	Employer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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

CHARLES HOOTEN

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.

*Charles Hooten*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

### 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.

*Charles Hooten*

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.

\_\_\_\_\_  
Signature of Officeholder

# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.	<b>1</b> Total pages Schedule K:
<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name ..... <b>6</b> Payor address;            City; State; Zip Code ..... <b>7</b> Reason for credit	<b>8</b> Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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Date	Payor name ..... Payor address;            City; State; Zip Code ..... Reason for credit	Amount (\$)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED