

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1  
CITY CLERK DEPARTMENT

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCEPTED APR 25 PM 2 Total pages filed: 10

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. NICKNAME: FIRST: John LAST: Kether MI: T SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 209 Stratus, El Paso, TX APT / SUITE #: 79912 CITY: STATE: ZIP CODE

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE: Mr. NICKNAME: FIRST: John LAST: Kether MI: T SUFFIX:

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); 209 Stratus, El Paso, TX APT / SUITE #: 79912 CITY: STATE: ZIP CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 433-0966 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: 03 / 24 / 03 THROUGH Month Day Year: 4 / 25 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any): None

12 OFFICE SOUGHT (if known): 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: None  
Address / PO Box; Apt. / Suite #; City; State; Zip Code: None

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** John T. Kether **15 ACCOUNT # (Ethics Commission filers)**

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

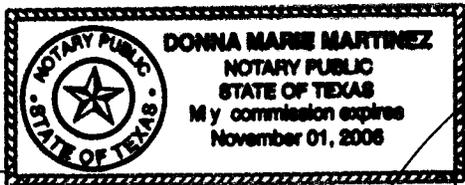
\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>Build PAC of El Paso</u>
		COMMITTEE ADDRESS
		<u>6046 Surety Dr., El Paso, TX 79905</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Bobby Boling</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>6046 Surety Dr., El Paso, TX 79905</u>

**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.)

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <del>1,200.00</del> 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,400
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,946.83
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

### 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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John T. Kether, this the 25th day of October, 2008, to certify which, witness my hand and seal of office.

[Signature] Donna Marie Martinez Notary  
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

John T. Kether

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/4/03

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

Jobe PAC

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

#1 McKelligon Canyon Rd, El Paso, TX 79930

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/5/03

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

Randall Strachan

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1278 Clint, TX 79836

Principal occupation (Optional)

Employer (Optional)

Date

4/9/03

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

Clinton Dean

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4212 O'Keefe, El Paso, TX 79902

Principal occupation (Optional)

Employer (Optional)

Date

4/8/03

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

Bruce and Candace Scudday

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7122 Desert Jewel, El Paso, TX 79912

Principal occupation (Optional)

Employer (Optional)

Date

4/17/03

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

WR and Cerana Suarez

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

612 Spring Crest, El Paso, TX 79912

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**  
(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

*John T. Kemer*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*4/17/03*

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

*El Paso Association of Builders*

7 Amount of contribution (\$)

*\$500*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*6046 Surety Dr., El Paso, TX 79905*

9 Principal occupation (Optional)

10 Employer (Optional)

Date

*4/22/03*

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

*Stuart Leeds*

Amount of contribution (\$)

*\$100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5468 Ridge St., El Paso, TX 79932*

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>John T. Ketter</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/5/03</b>	5 Payee name <b>Phillips 66</b>	7 Amount (\$) <b>\$11.49</b>
6 Payee address; City; State; Zip Code <b>6200 N. Mesa, El Paso, TX 79912</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>Gas</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/5/03</b>	Payee name <b>Armando Rodriguez</b>	Amount (\$) <b>\$50</b>
Payee address; City; State; Zip Code <b>241 Briana Ct, Canutillo, TX 79835</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Driving</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/5/03</b>	Payee name <b>Lucy's</b>	Amount (\$) <b>\$11.69</b>
Payee address; City; State; Zip Code <b>4119 N. Mesa, El Paso, TX 79902</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Dinner</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/9/03</b>	Payee name <b>Office Depot</b>	Amount (\$) <b>\$121.02</b>
Payee address; City; State; Zip Code <b>801 Sunland Park, El Paso, TX 79912</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Office Supplies</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

John T. Kether

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/9/03

5 Payee name

H & H Mailing Services

7 Amount (\$)

\$1514.39

6 Payee address; City; State; Zip Code

9020 Mayflower, El Paso, TX 79925

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

Mail

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/9/03

Payee name

PDX Printing

Amount (\$)

\$1493.33

Payee address; City; State; Zip Code

100 Porfirio Diaz, El Paso, TX 79902

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

Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/9/03

Payee name

Dorsey's

Amount (\$)

\$73.61

Payee address; City; State; Zip Code

6101 Dew, El Paso, TX 79912

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

Stationery

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

4/9/03

Payee name

Phillips 66

Amount (\$)

\$17.54

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

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

Gas

-- 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 Schedule F:

2 FILER NAME **John T. Ketter**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/9/03

**Double Dave's**

6 Payee address; City; State; Zip Code

**1610 N. Zaragoza, El Paso, TX 79936**

**\$15.16**

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

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

Date

Payee name

Amount (\$)

4/9/03

**Angel Cruz**

Payee address; City; State; Zip Code

**7329 Branding Iron, Canutillo, TX 79835**

**\$50**

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

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

**Driving**

Date

Payee name

Amount (\$)

4/10/03

**Angel Cruz**

Payee address; City; State; Zip Code

**7329 Branding Iron, Canutillo, TX 79835**

**\$50**

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

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

**Driving**

Date

Payee name

Amount (\$)

4/11/03

**Phillip's 66**

Payee address; City; State; Zip Code

**6200 N. Mesa, El Paso, TX 79912**

**\$20.98**

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

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

**Gas**

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME **John T. Kether**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/12/03

**Phillips 66**  
6 Payee address; City; State; Zip Code

\$15.57

**6200 N. Mesa, El Paso, TX 79912**

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

**Gas**

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

Date

Payee name

Amount (\$)

4/12/03

**Armando Rodriguez**  
Payee address; City; State; Zip Code

\$50

**241 Briana Ct., Canutillo, TX 79835**

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

**Driving**

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

Date

Payee name

Amount (\$)

4/13/03

**Armando Rodriguez**  
Payee address; City; State; Zip Code

\$50

**241 Briana Ct., Canutillo, TX 79835**

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

**Driving**

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

Date

Payee name

Amount (\$)

4/14/03

**Ben L. Ivey, III**  
Payee address; City; State; Zip Code

\$200

**945 S. Mesa Hills Dr. #2705  
El Paso, TX 79912**

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

**Driving**

-- 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 Schedule F:

2 FILER NAME

John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/14/03

5 Payee name

Angel Cruz

7 Amount (\$)

\$50

6 Payee address; City; State; Zip Code

7329 Branding Iron, Canutillo, TX 79835

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

Driving

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

Date

4/14/03

Payee name

Phillip's 66

Amount (\$)

\$16.53

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

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

Gas

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

Date

4/15/03

Payee name

Angel Cruz

Amount (\$)

\$50

Payee address; City; State; Zip Code

7329 Branding Iron, Canutillo, TX 79835

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

Driving

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

Date

4/19/03

Payee name

Phillip's 66

Amount (\$)

\$14.79

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

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

Gas

-- 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 Schedule F:
2 FILER NAME <i>John T. Kemer</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>4/24/03</i>	5 Payee name <i>Phillips 66</i>	7 Amount (\$) <i>\$20.36</i>
6 Payee address; City; State; Zip Code <i>6200 N. Mesa, El Paso, TX 79912</i>		

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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

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