

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY CLERK DEPARTMENT

## FORM C/OH COVER SHEET PG 1

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

2003 APR 3

ACCOUNT #  
1111028  
(Ethics Commission filers)

2 Total pages filed:

6

### OFFICE USE ONLY

RECEIVED  
APR 25 2003  
CITY OF EL PASO  
CITY CLERK'S OFFICE

Date Handled: \_\_\_\_\_

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX

Craig S  
Ludwig

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

7037 Crownridge El Paso TX 79912

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX

Craig S  
Ludwig

Receipt # Amount

Date Processed

Date Imaged

0

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

SAME

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(905) 842-0277

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

/ / THROUGH 4 / 3 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year

5 / 3 / 03  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City rep district 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM

\*\* 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. \*\*

POLITICAL COMMITTEE (S)

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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

\$ 350.00

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

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

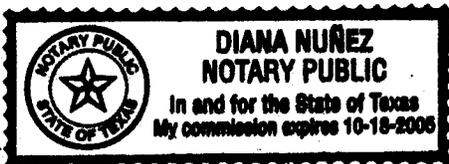
\$

OUTSTANDING LOAN TOTALS

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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

*[Handwritten Signature]*  
Signature of officer administering oath

Diana Nuñez  
Printed name of officer administering oath

Notary  
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 <i>2/26/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Lee</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>6116 Pinehurst EIPASO, TX 79912</i>			

9 Principal occupation (Optional) *Auto Dealer* 10 Employer (Optional)

Date <i>3-19-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beverly &amp; Howard Ludwig</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Box 833 Gleneden Beach OR. 97388</i>			

Principal occupation (Optional) *Retired* Employer (Optional)

Date <del><i>3-26-03</i></del> <i>3-26-03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moises Munoz</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>833 Vermillion Canutillo, TX. 79835</i>			

Principal occupation (Optional) *Computer tech* 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.

**PLEGGED CONTRIBUTIONS**

**SCHEDULE B1**

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

*Same as other side if applicable*

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

2 FILER NAME Craig Ludwig 3 ACCOUNT # (Ethics Commission filers)

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

5 Date <u>2-26-03</u>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paul Lee</u>	8 Amount of pledge (\$) <u>200<sup>00</sup></u>	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code <u>6016 Pinhurst EIPASO TX 79412</u>		

10 Principal occupation (optional) Auto Dealer 11 Employer (optional)

Date <u>3-14-03</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beverly &amp; Howard Ludwig</u>	Amount of pledge (\$) <u>50<sup>00</sup></u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>P.O. Box 633 Gleneden Beach, OR 97388</u>		

Principal occupation (optional) Employer (optional)

Date <u>3-26-03</u>	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Moises Munoz</u>	Amount of pledge (\$) <u>100<sup>00</sup></u>	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code <u>833 Vermillion Canutillo, TX. 79835</u>		

Principal occupation (optional) Employer (optional)

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

Principal occupation (optional) Employer (optional)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor 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 EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Craig Ludwig

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-25-03

5 Payee name

Cross roads Printing

7 Amount (\$)

20.00

6 Payee address; City; State; Zip Code

8022 N. MESA EL PASO TX 79912

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

Copies / Flyers

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

Date

4-1-03

Payee name

County of EL PASO

Amount (\$)

50.00

Payee address; City; State; Zip Code

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

Election District 1 Disc

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

Date

3-18-03

Payee name

CITY OF EL PASO

Amount (\$)

250.00

Payee address; City; State; Zip Code

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

Fee for Ballot placement

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

Date

2-25-03

Payee name

US Post office

Amount (\$)

21.00

Payee address; City; State; Zip Code

Coronado station EL PASO TX 79912

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

P.O. BOX for Political mail

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒	\$
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<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y           N	<b>8</b> Lender address;   City;   State;   Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date

<b>12</b> Description of Collateral <input type="checkbox"/> none
--

<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;   City;   State;   Zip Code	<b>16</b> Amount Guaranteed (\$)
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<b>17</b> Principal Occupation	<b>18</b> 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
--

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.**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

4 Date <b>3-31-03</b>	5 Payee name <b>Crossroads Printing</b>	8 Amount (\$) <b>12.77</b>
	6 Payee address; City; State; Zip Code <b>8022 N. MOSA EL PASO TX 79912</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Copies / Flyers</b>	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

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

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**