

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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	\$ 0
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
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4. TOTAL POLITICAL EXPENDITURES	\$ 440.00
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OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 440.00
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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.



Robert A. Cushing Jr

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Caroline North

 Signature of officer administering oath

Caroline North

 Printed name of officer administering oath

Notary

 Title of officer administering oath

LOANS

SCHEDULE E

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

2 FILER NAME *ROBERT A. CUSHING, JR* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: $\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$ \$ *440⁰⁰/_{xx}*

5 Date of loan *3/19* ~~3/27~~ 7 Name of lender out-of-state PAC (ID#: _____) 9 Loan Amount (\$)
ROBERT A. CUSHING, JR *\$ 250⁰⁰*

6 Is lender a financial Institution? *Y* 8 Lender address; City; State; Zip Code 10 Interest rate
2525 RICHMOND AVE. EL PASO, TX 11 Maturity date

12 Description of Collateral none

13 GUARANTOR INFORMATION not applicable 14 Name of guarantor 16 Amount Guaranteed (\$)
15 Guarantor address; City; State; Zip Code

17 Principal Occupation 18 Employer

Date of loan *3/21* Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)
ROBERT A. CUSHING, JR *\$ 190⁰⁰*

Is lender a financial Institution? *Y* Lender address; City; State; Zip Code Interest rate
2525 RICHMOND AVE EL PASO, TX 79930 Maturity date

Description of Collateral none

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code

Principal Occupation Employer

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *ROBERT A. CUSHING, JR*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/19/03

5 Payee name
City of El Paso (City Clerk)
6 Payee address; City; State; Zip Code
2 Civic Center Plaza, El Paso, TX 79930

7 Amount (\$)
\$ 250.00

8 Purpose of payment (See instructions regarding type of information required.)
Filing fee to run for office

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held
ROBERT A. CUSHING, JR Dist. 2 Rep 0

Date
3/21/03

Payee name
Marty Swortum Studio
Payee address; City; State; Zip Code
2905 Pershing Drive

Amount (\$)
\$ 190.00

Purpose of payment (See instructions regarding type of information required.)
Digital Photography for Campaign literature

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held
ROBERT A. CUSHING, JR Dist. 2 Rep 0

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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

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**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

Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date
*19 March
2002*

5 Payee name
City of El Paso (City Clerk)

6 Payee address; City; State; Zip Code

2 Civic Center Plaza El Paso, TX 79902

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

Filing fee to run for office

8 Amount (\$)
\$250.00

Reimbursement from political contributions intended

Date

5 Payee name
Marty Swortum Studio

6 Payee address; City; State; Zip Code

2905 Pershing Dr. El Paso, TX 79903

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

Digital Photography for campaign literatures

8 Amount (\$)
\$190.00

Reimbursement from political contributions intended

Date

5 Payee name

6 Payee address; City; State; Zip Code

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

8 Amount (\$)

Reimbursement from political contributions intended

Date

5 Payee name

6 Payee address; City; State; Zip Code

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

8 Amount (\$)

Reimbursement from political contributions intended

Date

5 Payee name

6 Payee address; City; State; Zip Code

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

8 Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED