

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:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Cushing, Jr ROBERT A NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received: 2003 JUN 30 11:12 AM CITY CLERK DEPARTMENT Date Hand-delivered or Date Postmarked: Receipt #: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2525 RICHMOND AVE EL PASO, TX 79930 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	TITLE Graham Elijah NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5512 LONGVIEW CIRCLE EL PASO, TX 79924		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 822-3050		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 26 / 03 6 / 05 / 03		
10 ELECTION	ELECTION DATE Month Day Year Runoff 5 / 31 / 03	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None	OFFICE SOUGHT (if known) City Rep. District 2	
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		
<input type="checkbox"/> 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 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

\$ 0

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

\$ 5135

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8194.52

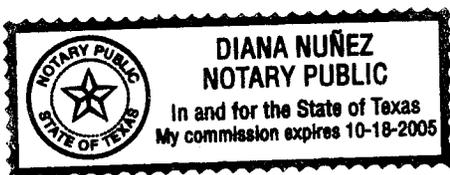
OUTSTANDING LOAN TOTALS

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

\$ 4194.52

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 A. Cushing, Jr., this the 30th day of June, 20 03, to certify which, witness my hand and seal of office.

Diana Nuñez
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: 4	
2 FILER NAME ROBERT A. CUSHING JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BUILDERS PAC OF EL PASO	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6040 SURETY, EL PASO, TX 05			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMIE BEERON	Amount of contribution (\$) \$200.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2530 RICHMOND EL PASO, TX 30			
Principal occupation (Optional)		Employer (Optional)	
Date 4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MAUSON HIPPS	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3404 BROADDUS EL PASO, TX 79904			
Principal occupation (Optional)		Employer (Optional)	
Date 4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EL PASO FIREFIGHTERS POLITICAL ACTION	Amount of contribution (\$) \$250.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 370487 EL PASO, TX 37			
Principal occupation (Optional)		Employer (Optional)	
Date 4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY JARVIS	Amount of contribution (\$) \$50.	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5411 N. MESA 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

Robert A. Cushing, Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/24

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

Ronald Oleary

6 Contributor address; City; State; Zip Code

10657 Vista Del Sol El Paso, TX 35

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/28

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

JONES Family Trust

Contributor address; City; State; Zip Code

PO Box 221048 El Paso, TX 13

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/29

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

JANE Ratcliff

Contributor address; City; State; Zip Code

8706 Magnetic El Paso, TX 04

Amount of contribution (\$)

\$15.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/02

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

Peter Felix III

Contributor address; City; State; Zip Code

10537 Jacquelin Ann El Paso, TX 36

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

5/13

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

MARINA Felix

Contributor address; City; State; Zip Code

11534 Jacquelin Ann El Paso TX 36

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**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 <i>ROBERT A. CUSHING, JR</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WL. OR GAGLE G. HUNT</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 12220 El Paso, TX 13</i>	7 Amount of contribution (\$) <i>\$500</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>5/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RITA HAGATEJEDA</i> Contributor address; City; State; Zip Code <i>4930 MCGREGOR El Paso 04</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ERNESTO MENDOZA</i> Contributor address; City; State; Zip Code <i>2037 OCEANSIDE El Paso, TX 36</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RODNEY SMITH</i> Contributor address; City; State; Zip Code <i>3413 SANDS AVE El Paso, TX 04</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <i>5/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John FOX</i> Contributor address; City; State; Zip Code <i>4741 MAXWELL #13 El Paso, TX 04</i>	Amount of contribution (\$) <i>\$500.00</i>	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 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

ROBERT A. CUSHING, JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date
5/24

5 Full name of contributor out-of-state PAC (ID# _____)

JANE RATCHIFF

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

8706 MAGNETIC EL PASO, TX 04

\$20.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

5/11

BUILDERS PAC OF EL PASO

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6040 SURETY EL PASO, TX 05

\$450.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor out-of-state PAC (ID# _____)

6/13

PETER FELIX

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11534 JACQUELIN ANN CT. EL PASO, TX 36

\$500.00

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

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LOANS **SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E: **9**

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

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

5 Date of loan: **3/19** 7 Name of lender: **ROBERT A. CUSHING JR** out-of-state PAC (ID#: _____) 9 Loan Amount (\$): **\$250**

6 Is lender a financial Institution? **Y** **N** 8 Lender address; City; State; Zip Code: **2525 RICHMOND AVE. EL PASO, TX 30** 10 Interest rate
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: **ROBERT A. CUSHING JR** out-of-state PAC (ID#: _____) Loan Amount (\$): **\$190.00**

Is lender a financial Institution? **Y** **N** Lender address; City; State; Zip Code: **2525 RICHMOND AVE EL PASO, TX 30** Interest rate
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.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

9

2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

3/28

7 Name of lender

ROBERT A. CUSHING JR

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,149.22

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2525 RICHMOND AVE EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

3/27

Name of lender

ROBERT A. CUSHING JR

out-of-state PAC (ID#: _____)

Loan Amount (\$)

728.92

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2525 RICHMOND AVE EL PASO, TX

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

9

2 FILER NAME
 ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan
 4/6

7 Name of lender out-of-state PAC (ID#: _____)
 ROBERT A CUSHING JR

9 Loan Amount (\$)
 \$67.12

6 Is lender a financial institution?
 Y N

8 Lender address; City; State; Zip Code
 2525 RICHMOND AVE EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor

 15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan
 4/12
 Is lender a financial institution?
 Y N

Name of lender out-of-state PAC (ID#: _____)
 ROBERT A. CUSHING, JR
 Lender address; City; State; Zip Code
 2525 RICHMOND AVE EL PASO, TX 30

Loan Amount (\$)
 42.22

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

 Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

9

2 FILER NAME

ROBERT A. CUSHING, JR

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

4/15

7 Name of lender

ROBERT A. CUSHING, JR

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

503.36

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

2525 RICHMOND AVE EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

4/25

Name of lender

ROBERT A. CUSHING, JR

out-of-state PAC (ID#: _____)

Loan Amount (\$)

69.28

Is lender a financial institution?

Y

(N)

Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 30

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:
9

2 FILER NAME
Robert A. Cushing Jr

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan
4/28

7 Name of lender out-of-state PAC (ID#: _____)
Robert A. Cushing, Jr

9 Loan Amount (\$)
1144.20

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
2525 Richmond Ave. El Paso, Tx 30

10 Interest rate
11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan
5/2

Name of lender out-of-state PAC (ID#: _____)
Robert A. Cushing, Jr

Loan Amount (\$)
254.32

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code
2525 Richmond Ave El Paso, Tx 30

Interest rate
Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

9

2 FILER NAME

ROBERT A. CUSHING, JR

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

5/19

7 Name of lender

ROBERT A. CUSHING, JR

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

503.36

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

2525 RICHMOND AVE EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan

5/14

Name of lender

ROBERT A. CUSHING JR

out-of-state PAC (ID#: _____)

Loan Amount (\$)

293.45

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

2525 RICHMOND AVE. EL PASO, TX 30

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:
9

2 FILER NAME
ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
5/16

7 Name of lender out-of-state PAC (ID#: _____)
ROBERT A. CUSHING JR

9 Loan Amount (\$)
198.10

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
2525 RICHMOND AVE. EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor
.....
15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation

18 Employer

Date of loan
5/16

Is lender a financial institution?
Y N

Name of lender out-of-state PAC (ID#: _____)
ROBERT A. CUSHING JR.
Lender address; City; State; Zip Code
2525 RICHMOND AVE EL PASO, TX 30

Loan Amount (\$)
743.91

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor
.....
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: **9**

2 FILER NAME
ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan
5/23

7 Name of lender out-of-state PAC (ID#: _____)
ROBERT A. CUSHING JR

9 Loan Amount (\$)
510.78

6 Is lender a financial Institution?
Y (N)

8 Lender address; City; State; Zip Code
2525 RICHMOND AVE. EL PASO, TX 30

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan
5/24

Name of lender out-of-state PAC (ID#: _____)
ROBERT A. CUSHING JR

Loan Amount (\$)
142.89

Is lender a financial Institution?
Y (N)

Lender address; City; State; Zip Code
2525 RICHMOND AVE. EL PASO, TX 30

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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LOANS	SCHEDULE E
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The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: 9
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2 FILER NAME ROBERT A. CUSHING, JR	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
--	----

5 Date of loan 5/26	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT A. CUSHING, JR	9 Loan Amount (\$) 525.53
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6 Is lender a financial Institution? Y Ⓝ	8 Lender address; City; State; Zip Code 2525 RICHMOND AVE. EL PASO, TX 30	10 Interest rate
		11 Maturity date

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

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

17 Principal Occupation	18 Employer
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Date of loan 5/28	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT A. CUSHING, JR	Loan Amount (\$) 882.84
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Is lender a financial Institution? Y Ⓝ	Lender address; City; State; Zip Code 2525 RICHMOND AVE. EL PASO, TX 30	Interest rate
		Maturity date

Description of Collateral <input checked="" type="checkbox"/> none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	--	------------------------

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5

2 FILER NAME

ROBERT A. CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/19/03

5 Payee name

CITY OF EL PASO

7 Amount (\$)

\$ 250

6 Payee address; City; State; Zip Code

2 Civic Center Plaza El Paso, TX 01

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

Filing fee

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

R.A. CUSHING JR Dist 2 0

Date

3/21

Payee name

Marty Suerlein

Amount (\$)

\$ 190.00

Payee address; City; State; Zip Code

2905 Pershing El Paso

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

Photo

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

R.A. CUSHING JR Dist 2 0

Date

3/28

Payee name

H&H MAILING

Amount (\$)

1144.22

Payee address; City; State; Zip Code

El Paso

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

MAILING FEE

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

RA CUSHING JR Dist 2 0

Date

3/28

Payee name

PDX PRINTING

Amount (\$)

728.92

Payee address; City; State; Zip Code

El Paso

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

RA Cushing Jr Dist 2 0

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:

5

2 FILER NAME

R.A. CASHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/6

5 Payee name

Kinko's

6 Payee address; City; State; Zip Code

El Paso

7 Amount (\$)

67.12

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

Printing

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

R.A. Cashing Jr Dist 2 0

Date

4/12

Payee name

Kinko's

Payee address; City; State; Zip Code

El Paso

Amount (\$)

42.22

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

R.A. Cashing Jr Dist 2 0

Date

4/15

Payee name

DAVID'S PENNANTS & BANNERS

Payee address; City; State; Zip Code

El Paso

Amount (\$)

503.36

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

Campaign Signs

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

R.A. Cashing Jr Dist 2 0

Date

4/25

Payee name

Kinko's

Payee address; City; State; Zip Code

El Paso

Amount (\$)

69.28

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

R.A. Cashing Jr Dist 2 0

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:

5

2 FILER NAME

RA CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28

5 Payee name

H & H MAILING

7 Amount (\$)

1144.20

6 Payee address; City; State; Zip Code

El Paso

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

MAILING

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

RA Cushing Jr Dist 2 0

Date

5/2

Payee name

WESTERN BEVERAGES

Amount (\$)

254.32

Payee address; City; State; Zip Code

El Paso

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

Election Party Refreshments

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

RA Cushing Jr Dist 2 0

Date

5/9

Payee name

DAVID'S ~~PER~~ PERNNANTS & BANNERS

Amount (\$)

503.36

Payee address; City; State; Zip Code

El Paso

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

Campaign Signs

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

RA CUSHING JR Dist 2 0

Date

5/14

Payee name

PDX PRINTING

Amount (\$)

293.45

Payee address; City; State; Zip Code

El Paso, TX

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

Campaign Literature

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

RA CUSHING JR Dist 2 0

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:

5

2 FILER NAME

RA CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/16

Kwikos

198.10

6 Payee address; City; State; Zip Code

El Paso

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

Printing

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

Candidate / Officeholder name Office sought Office held

RA Cushing Jr Dist 2 0

Date

Payee name

Amount (\$)

5/16

H&H MAILING SERVICES

743.91

Payee address; City; State; Zip Code

El Paso

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

MAILING

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

Candidate / Officeholder name Office sought Office held

RA Cushing Jr Dist 2 0

Date

Payee name

Amount (\$)

5/23

PDX PRINTING

510.78

Payee address; City; State; Zip Code

El Paso

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

Campaign Lit.

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

Candidate / Officeholder name Office sought Office held

RA Cushing Jr Dist 2 0

Date

Payee name

Amount (\$)

5/24

Kwikos

142.89

Payee address; City; State; Zip Code

El Paso

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

RA Cushing Jr Dist 2 0

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:

5

2 FILER NAME

RA. Cushing Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/26

H&H MAILING

6 Payee address; City; State; Zip Code

EL PASO, TX

525.53

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

Campaign MAILING

RA CUSHING JR Dist 2 0

Date

Payee name

Amount (\$)

5/28

H&H MAILING

Payee address; City; State; Zip Code

EL PASO, TX

882.84

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

Campaign MAILING

RA CUSHING JR Dist 2 0

Date

Payee name

Amount (\$)

Payee 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

Payee name

Amount (\$)

Payee 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

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G **4**

2 FILER NAME

FA CUSHING JR

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/19

5 Payee name
City of El Paso
6 Payee address; City; State; Zip Code

2 Civic Center Plaza

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

8 Amount (\$)
250.00

Reimbursement from political contributions intended

Date
3/21

5 Payee name
Marty Swartz
6 Payee address; City; State; Zip Code

2905 PERSHING El Paso

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

8 Amount (\$)
190.00

Reimbursement from political contributions intended

Date
3/28

5 Payee name
HEH MAILING SERVICES
6 Payee address; City; State; Zip Code

El Paso

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

Campaign Mailing

8 Amount (\$)
1144.22

Reimbursement from political contributions intended

Date
3/28

5 Payee name
PDX PRINTING
6 Payee address; City; State; Zip Code

El Paso

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

Campaign Literature

8 Amount (\$)
728.92

Reimbursement from political contributions intended

Date
4/6

5 Payee name
Kinko's
6 Payee address; City; State; Zip Code

El Paso

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

Printing Campaign Literature

8 Amount (\$)
67.12

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
1

2 FILER NAME
RA Cushing JR

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
4/12	Kinkos El Paso 7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Printing	42.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/15	DAVIDS PENNANTS & BANNERS El Paso Purpose of expenditure (See instructions regarding type of information required.) Campaign Signs	503.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/25	Kinko's El Paso Purpose of expenditure (See instructions regarding type of information required.) Campaign Printing	69.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/28	H. E. H. MAILING El Paso Purpose of expenditure (See instructions regarding type of information required.) Campaign Mailing	1144.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/2	Western BEVERAGES El Paso Purpose of expenditure (See instructions regarding type of information required.) Election Party Refreshments	254.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
4

2 FILER NAME

RA Cushing Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/17

5 Payee name

PDX Printing

6 Payee address; City; State; Zip Code

El Paso

8 Amount (\$)

293.45

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

Campaign Literature

Reimbursement from political contributions intended

Date

5/7

Payee name

DAVIDS Pennants & Banners

Payee address; City; State; Zip Code

El Paso

Amount (\$)

503.36

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

Campaign Signs

Reimbursement from political contributions intended

Date

5/16

Payee name

KINKOS

Payee address; City; State; Zip Code

El Paso

Amount (\$)

198.10

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

Campaign Printing

Reimbursement from political contributions intended

Date

5/16

Payee name

H & H MAILING

Payee address; City; State; Zip Code

El Paso

Amount (\$)

793.91

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

Mailing Campaign Literature

Reimbursement from political contributions intended

Date

5/23

Payee name

PDX PRINTING

Payee address; City; State; Zip Code

El Paso

Amount (\$)

510.78

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

Campaign Printing

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

4

2 FILER NAME

RA Cushing Jr

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/24

5 Payee name

Kwikos

6 Payee address; City; State; Zip Code

El Paso

8 Amount (\$)

142.89

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

Campaign Printing

Reimbursement from political contributions intended

Date

5/26

Payee name

H & H MAILING

Payee address; City; State; Zip Code

El Paso

Amount (\$)

525.53

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

Campaign MAILING

Reimbursement from political contributions intended

Date

5/28

Payee name

H & H MAILING

Payee address; City; State; Zip Code

El Paso

Amount (\$)

882.84

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

Campaign MAILING

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED