

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)
00052-113

2 Total pages filed:
8

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr. Ruben L
NICKNAME LAST SUFFIX
REYES

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
2830 Aurora Apt. 2. El Paso TX 79930

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Jose M
NICKNAME LAST SUFFIX
Escobedo

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6061 Bridal Veil Dr El Paso TX 79925

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 751-1834

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
2 / 21 / 03 THROUGH 4 / 03 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
City Council Rep Dist. 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

additional pages

OFFICE USE ONLY

Date Received
2003 APR 10 PM 3:03

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT

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)

00052-113

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

\$ 135.00

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

\$ 535.00

EXPENDITURE TOTALS

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

\$ 240.00

4. TOTAL POLITICAL EXPENDITURES

\$ 447.15

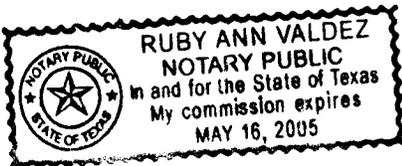
OUTSTANDING LOAN TOTALS

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

\$ 0

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 Ruben L. Reyes, this the 9th day of April, 2003, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Ruby Ann Valdez
Printed name of officer administering oath

Notary for The State of Tx
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 Ruben L Reyes		3 ACCOUNT # (Ethics Commission filers) 00052-113	
4 Date 3-10-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Subramanian	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3-1-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Love	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 247 Festival El Paso TX 799			
Principal occupation (Optional)		Employer (Optional)	
Date 3-15-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE PISON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6744 Ridge Top			
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 EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Ruben C Reyes</i>		3 ACCOUNT # (Ethics Commission filers) <i>00052-113</i>
4 Date <i>2-28-03</i>	5 Payee name <i>County of El Paso</i>	7 Amount (\$) <i>5.00</i>
6 Payee address; City; State; Zip Code <i>500 E. San Antonio EL Paso TX 79901</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>working list</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-13-03</i>	Payee name <i>Kwik Kopy</i>	Amount (\$) <i>113.66</i>
Payee address; City; State; Zip Code <i>9530 V. scout EL Paso TX 79925</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DOOR HANGERS</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-14-03</i>	Payee name <i>Paper Chase</i>	Amount (\$) <i>10.83</i>
Payee address; City; State; Zip Code <i>2601 N. MESA EL Paso TX 79902</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Notary</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>3-14-03</i>	Payee name <i>Regency Printing</i>	Amount (\$) <i>93.04</i>
Payee address; City; State; Zip Code <i>2020 N. Piedras EL Paso TX 79930</i>		
Purpose of payment (See instructions regarding type of information required.) <i>flyers</i>		** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Ruben C. Reyes		3 ACCOUNT # (Ethics Commission filers) 00052-113
4 Date 2-28-03	5 Payee name County of El Paso 6 Payee address; City; State; Zip Code 500 E. San Antonio El Paso TX 79901	7 Amount (\$) 1.50
8 Purpose of payment (See instructions regarding type of information required.) Precinct Maps		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-14-03	Payee name Family Dollar Payee address; City; State; Zip Code 500 HAW Piedras 2436 Gateway E El Paso TX 79903	Amount (\$) 12.00
Purpose of payment (See instructions regarding type of information required.) water		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-14-03	Payee name albertsons Payee address; City; State; Zip Code 2200 Yarbrough El Paso TX 799	Amount (\$) 18.89
Purpose of payment (See instructions regarding type of information required.) picnic supplies - walkers		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 3-15-03	Payee name Kinkos Payee address; City; State; Zip Code 6600 Montana El Paso TX 79925	Amount (\$) 6.28
Purpose of payment (See instructions regarding type of information required.) copies		9 ** 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

SCHEDULE F

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

2 FILER NAME *Ruben C Reyes* 3 ACCOUNT # (Ethics Commission filers)
00052-113

4 Date <i>2-22-03</i>	5 Payee name <i>Party Bowl</i>	7 Amount (\$) <i>5.40</i>
6 Payee address; City; State; Zip Code <i>6440 Gateway E- El Paso TX 79905</i>		

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

Date <i>3-15-03</i>	Payee name <i>Margarita Escobedo</i>	Amount (\$) <i>25.00</i>
Payee address; City; State; Zip Code <i>212 N. Maryland EL Paso TX 79905</i>		

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

Date <i>3-27-03</i>	Payee name <i>Bib B</i>	Amount (\$) <i>6.82</i>
Payee address; City; State; Zip Code <i>5514 Alameda EL Paso TX 79905</i>		

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

Date <i>3-22-03</i>	Payee name <i>Party Bowl</i>	Amount (\$) <i>3.99</i>
Payee address; City; State; Zip Code <i>6440 Gateway C. EL Paso TX 79905</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Balloons</i>	9 ** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Ruben C Reyes

3 ACCOUNT # (Ethics Commission filers)

00052-113

4 Date

3-15-03

5 Payee name

Margarita Escobedo

6 Payee address; City; State; Zip Code

212 N. Maryland El Paso TX 79905

7 Amount (\$)

25.00

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

Burros

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

Candidate / Officeholder name Office sought Office held

Date

3-21-03

Payee name

Rio Bravo Telas

Payee address; City; State; Zip Code

320 S. El Paso El Paso TX 79901

Amount (\$)

9.77

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

material for signs

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

Candidate / Officeholder name Office sought Office held

Date

3-21-03

Payee name

Home Depot

Payee address; City; State; Zip Code

11360 Rojas El Paso TX 79936

Amount (\$)

30.20

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

sign supplies

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

Candidate / Officeholder name Office sought Office held

Date

3-22-03

Payee name

Big B

Payee address; City; State; Zip Code

5514 Alameda El Paso TX 79905

Amount (\$)

6.82

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

food for pink walkers

** 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Ruben C Reyes</i>		3 ACCOUNT # (Ethics Commission filers) <i>00052-113</i>
4 Date <i>3-22-03</i>	5 Payee name <i>Texas Fabrics</i> 6 Payee address; City; State; Zip Code <i>1500 Texas Ave. El Paso TX 79901</i>	7 Amount (\$) <i>22.62</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>material for signs</i>		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date <i>3-23-03</i>	Payee name <i>Lowes</i> Payee address; City; State; Zip Code <i>4531 Trans Mountain, El Paso, TX 79924</i>	Amount (\$) <i>6.19</i>
Purpose of payment (See instructions regarding type of information required.) <i>material for signs</i>		.. 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
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED