

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr.
FIRST: JESUS
MI:
NICKNAME: "CHUY"
LAST: TERRAZAS
SUFFIX:

OFFICE USE ONLY

Date Received

CITY CLERK DEPARTMENT
2003 APR 22 PM 12 24

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: 2600 Richmond
APT / SUITE #:
CITY: EL PASO, TX. STATE: ZIP CODE: 79930

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: Atty
FIRST: HECTOR
MI:
NICKNAME: DELGADO
LAST:
SUFFIX:

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 221 N. Kansas
CITY: EL PASO, TEX STATE: ZIP CODE: 79901

7 CAMPAIGN TREASURER PHONE

AREA CODE: PHONE NUMBER: EXTENSION:
(915) 544-1249

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: 4 / 7 / 03 THROUGH Month Day Year: 4 / 22 / 03

10 ELECTION

ELECTION DATE: Month Day Year: 5 / 03 / 03
ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): N/A

12 OFFICE SOUGHT (if known): City 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: N/A

Address / PO Box: Apt. / Suite #: City: State: Zip Code: N/A

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

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

\$

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

\$ 4835⁰⁰

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

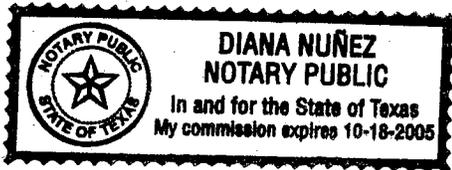
\$ 1935⁰⁰

OUTSTANDING LOAN TOTALS

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

\$ 1000⁰⁰

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.

Jesus Terrazas
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jesus "Chuy" Terrazas this the 22nd day of April, 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:

2 FILER NAME *JESUS "CHUY" TERRAZAS*

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/16/03

5 Full name of contributor out-of-state PAC (ID#: _____)
Mr & Mrs. A.R. Walters

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

100⁰⁰

9 Principal occupation (Optional)

10 Employer (Optional)

Date
3/16/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date
3/18/03

Full name of contributor out-of-state PAC (ID#: _____)
Bowie CLASS '51

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3124 EDGEROCK EL PASO, TEX 79935

50⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date
4/10/03

Full name of contributor out-of-state PAC (ID#: _____)
PROGRAM FOR EL PASO

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

433 EXECUTIVE CENTER EL PASO, TEX 79902

2000⁰⁰

Principal occupation (Optional)

Employer (Optional)

Date
4/14/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5045 OREGON EL PASO, TEX. 79941

100⁰⁰

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 JESUS "CHUY" TERRAZAS 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>4/7/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOBE PAC</u>	7 Amount of contribution (\$) <u>500⁰⁰</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>2/8/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>LARRY MEDINA</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date <u>2/27/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE DIPP</u>	Amount of contribution (\$) <u>200⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date <u>3/11/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ART ALVA</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date <u>3/14/03</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MANNY NAJERA</u>	Amount of contribution (\$) <u>500⁰⁰</u>	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 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 *JESUS "CHUY" TERRAZAS*

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/14/03

5 Full name of contributor out-of-state PAC (ID#: _____)
Basilio Silva Jr.

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

250⁰⁰

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/14/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

35⁰⁰

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

3/14/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

100⁰⁰

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

3/14/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

100⁰⁰

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

3/14/03

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

200⁰⁰

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.

LOANS **SCHEDULE E**

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

2 FILER NAME *JESUS "CHUY" TERRAZAS* 3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan *4/4/03* 7 Name of lender *JESUS TERRAZAS JR.* out-of-state PAC (ID#: _____) 9 Loan Amount (\$) *1000⁰⁰*

6 Is lender a financial Institution?
 Y N 8 Lender address; City; State; Zip Code *2600 RICHMOND EL PASO, TEX. 79930* 10 Interest rate *0*

11 Maturity date *N/A*

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 Name of lender out-of-state PAC (ID#: _____) Loan Amount (\$)

Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate

Y N Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable 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

3 ACCOUNT # (Ethics Commission filers)

4 Date
4/17/03

5 Payee name
Big 8 Stores

7 Amount (\$)
22⁶⁵

6 Payee address; City; State; Zip Code

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

SODAS #/Rally

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

Date
4/19/03

Payee name
VFW
Payee address; City; State; Zip Code
4810 Petching EL PASO, TEX.

Amount (\$)
250⁰⁰

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

Hall #/Rally

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

Date
4/19/03

Payee name
Norberto Marrufo
Payee address; City; State; Zip Code

Amount (\$)
96⁰⁰

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

Security Guards #/Rally

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

Date
4/19/03

Payee name
Richard Jaime
Payee address; City; State; Zip Code

Amount (\$)
100⁰⁰

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

Disco #/Rally

** 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

JESUS "GUY" KERRH2AS

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/14/03

5 Payee name

Thrifty Nickel

7 Amount (\$)

400⁰⁰

6 Payee address; City; State; Zip Code

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

Advertising Campaign

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

Candidate / Officeholder name Office sought Office held

Date

4/14/03

Payee name

Raul Ramos

Amount (\$)

300⁰⁰

Payee address; City; State; Zip Code

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

Campaign Worker

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

Candidate / Officeholder name Office sought Office held

Date

4/15/03

Payee name

The League of Women Voters

Amount (\$)

20⁰⁰

Payee address; City; State; Zip Code

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

Rally

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

Candidate / Officeholder name Office sought Office held

Date

4/15/03

Payee name

David Banners

Amount (\$)

216⁵⁰

Payee address; City; State; Zip Code

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

Signs

** 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

JESUS TERRAZAS JR.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/3/03

5 Payee name

CITY OF EL PASO

7 Amount (\$)

250⁰⁰

6 Payee address; City; State; Zip Code

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

Date

3/14/03

Payee name

CARLOS HERRON

Amount (\$)

120⁰⁰

Payee address; City; State; Zip Code

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

Campaign Worker

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

Candidate / Officeholder name Office sought Office held

Date

3/14/03

Payee name

Francisco Pulido

Amount (\$)

80⁰⁰

Payee address; City; State; Zip Code

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

Campaign Worker

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

Candidate / Officeholder name Office sought Office held

Date

4/4/03

Payee name

Southwest Printing

Amount (\$)

80⁰⁰

Payee address; City; State; Zip Code

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

Flyers

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

Candidate / Officeholder name Office sought Office held

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