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: 8

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT 2003 APR 3 PM 4 03

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mrs. FIRST: Marilyn MI: J

NICKNAME: LAST: Mischen SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 32 Half Moon Dr. APT / SUITE #: CITY: El Paso STATE: TX ZIP CODE: 79915

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: Luis MI: A.

NICKNAME: 'Poncho' LAST: Liaño SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 11400 Beach Front APT / SUITE #: CITY: El Paso STATE: TX ZIP CODE: 79936

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 859-8424 EXTENSION:

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: 03/22/03 THROUGH Month Day Year: 03/24/03

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Representative District 3

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 Marilyn Mischen

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

☐ 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	$ -0-
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ -0-

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 11.66
4.	**TOTAL POLITICAL EXPENDITURES**	$ 11.66

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1000.-

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.

DONNA MARIE MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
My commission expires
November 01, 2008

Marilyn Mischen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilyn Mischen, this the 3rd day of April, 2008, to certify which, witness my hand and seal of office.

Donna Marie Martinez — Signature of officer administering oath

Donna Marie Martinez — Printed name of officer administering oath

Notary — Title of officer administering oath

NDATE / OFFICEHOLDER AIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission files): CITY CLERK DEPARTMENT

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: Mrs. FIRST: Marilyn MI:
NICKNAME: LAST: Mischen SUFFIX:

2003 MAR 21 PM 2 13

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 32 Half Moon Dr APT / SUITE #: CITY: El Paso STATE: Tx ZIP CODE: 79915

5 CAMPAIGN TREASURER NAME
TITLE: FIRST: LUIS MI: A.
NICKNAME: PONCHO LAST: LIAÑO SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 11400 Beachfront APT / SUITE #: CITY: El Paso STATE: Tx ZIP CODE: 79936

7 CAMPAIGN TREASURER PHONE
AREA CODE: (915) PHONE NUMBER: 857-8424 EXTENSION:

8 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☒ 16th 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: 03 / 07 / 03 THROUGH Month Day Year: 03 / 21 / 03

10 ELECTION
ELECTION DATE Month Day Year: 05 / 03 / 03
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any):
12 OFFICE SOUGHT (if known): City Representative District 3

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Marilyn J. Mischen

15 ACCOUNT # (Ethics Commission Use)

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	$ 163.35
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 275.00
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 51.64
4.	TOTAL POLITICAL EXPENDITURES	$ 656.07
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1000.00

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

DONNA MARIE MARTINEZ
NOTARY PUBLIC
STATE OF TEXAS
My commission expires
November 01, 2006

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.

Marilyn J. Mischen
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilyn J. Mischen, this the 21st day of March, 2002, to certify which, witness my hand and seal of office.

Donna Marie Martinez — Donna Marie Martinez — Notary
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Revised 05/11/2000

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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: Marilyn J. Mischen

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/13/03	ADAIR WAKEFIELD MARGO 709 Blacker El Paso Tx 79902	75.00	

9 Principal occupation (Optional)

10 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)
3/21/03	Paul Lee 6116 Pinehurst Dr El Paso Tx 79912	200.00	

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)

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

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: Marilyn Mischen

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan: 03/14/03

6 Is lender a financial institution? Y (N)

7 Name of lender: William F. Mischen, Jr. ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code: 32 Half Moon Dr El Paso, Tx 79915

9 Loan Amount ($): 1000.00

10 Interest rate: —0—

11 Maturity date: 03/31/03

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

Name of lender ☐ 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 ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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: Marilyn Mischen

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/12/03	Richard's Printing, INC 6050 Alameda Ave El Paso Tx 79905	385.44

8 Purpose of payment (See instructions regarding type of information required.): Handouts & Campaign Cards

9 -- 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 ($)
3/17/03	David's Pennants & Banners 9911 Carnegie Street	270.63/100

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

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

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: Marilyn Mischen

3 ACCOUNT # (Ethics Commission filers)

4 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
3/11/03	El Paso County Elections Dept County Courthouse El Paso Tx 79901	list of Voters In District	50.00	☒
3/13/03	David's Pennants & Banners 9911 Carnegie Street El Paso Tx (25)	Campaign Signs	135.32	☒
3/19/03	Office Depot 1111 Geronimo Drive El Paso Tx 79925	Office Supplies	19.99	☒
3/20/03	Wal-Mart Yarbrough Dr. El Paso, TX 79925		6.43	☒
				☐

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED