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

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: 7

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

CITY CLERK DEPARTMENT 2003 APR 28 PM 12 18

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mrs. FIRST: Marilyn MI: J.
NICKNAME LAST: Mischer 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: Mr. FIRST: Luis MI: A.
NICKNAME: "Poncho" LAST: Liano 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: 79915

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 857-8424 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: 03/25/03 THROUGH Month Day Year: 04/23/03

10 ELECTION

ELECTION DATE Month Day Year: 5/03/03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Representative District 7

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 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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPARTMENT 2003 APR 28 AM 9 16

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	$ 389.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 450.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 287.67
4.	TOTAL POLITICAL EXPENDITURES	$ 3248.21

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1197.67

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.

NOTARY PUBLIC STATE OF TEXAS
SANDRA CARDENAS
NOTARY PUBLIC
In and for the State of Texas
My commission expires
05-30-2006

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marilyn Mischen, this the 25th day of April 20 03 to certify which, witness my hand and seal of office

Signature of officer administering oath | Printed name of officer administering oath: Sandra Cardenas | 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: Marilyn Mischer

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)
3/27/03	Gary Jennings 3301 Donegal city "25"	250.00	

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)
4/18/03	Robert H. Hoy, Jr 1122 Airport Blvd.	100.00	

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)
4/6	John Scanlon 7925 Sunmont City "25"	100.00	

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

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

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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: Marilyn Mischen

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/08/03	Postmaster Airport Main Office 79910-9709	300.00

8 Purpose of payment (See instructions regarding type of information required.): Bulk Mail Permit

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 ($)
4/11/03	Postmaster Airport Main Office 79910-9709	566.10

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

-- 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 ($)
3/31/03	BAT Printing 7358 ~~8374~~ Alameda ~~Sta~~ #4 79907 EPTX	87.94/100

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16	BAT Screen 7358 Alameda #4 79907	105.54

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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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 Use)

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

5 Date of loan: 4/24/03

6 Is lender a financial institution? Y (N)

7 Name of lender: Marilyn Mischen ☐ out-of-state PAC (ID#: _____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($): 197.67

10 Interest rate

11 Maturity date: 5-31-03

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

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

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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 Marilyn Mischen

3 ACCOUNT # (Ethics Commission filers)

4 Date

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.) ETc - Office supplies, Stamps, Campaign sign equip,

8 Amount

☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
03/27/03	Office Depot 8701 Gateway Blvd W.	Computer-Printer supplies	82.92
3/31/03	Xpedx El Paso Store	Paper For Walking lists	60.84
4/9/03	Richards Printing 6050 Alameda	Mailers	610.53/100
4/14/03	Postmaster airport Main Office	Mailing of Campaign literature	764.79/100

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	8 Amount ($)
4/23/03	Richards Printing	328.88
	6 Payee address; City; State; Zip Code: 6050 Alameda	
	7 Purpose of expenditure (See instructions regarding type of information required.): Mail out Literature	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name	Amount ($)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

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