

# 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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI  
MS. ANGIE C  
NICKNAME LAST SUFFIX  
Barajas

OFFICE USE ONLY

Date Received

003 APR 25 4 17 PM  
CITY CLERK DEPARTMENT

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2400 Kilmarnock El Paso TX 79925

Date Hand-delivered or Date Postmarked

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
MS. ANGIE C  
NICKNAME LAST SUFFIX  
Barajas

Receipt #

Amount

Date Processed

Date Imaged

o

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2400 Kilmarnock El Paso, TX 79925

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 4945425

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 Month Day Year  
4 / 4 / 03 THROUGH 04 / 25 / 03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

N/A

12 OFFICE SOUGHT (if known)

City Clerk



13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's consent or approval. Candidates are required to disclose this information only if they receive notification of such expenditures.

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

*ANGIE C. Barajas*

15 ACCOUNT # (Ethics Commission files)

*N/A*

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

\$

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

\$ *2,630.15*

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *1,361.53*

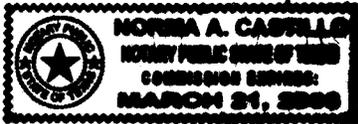
OUTSTANDING LOAN TOTALS

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

\$

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.



*Angie C. Barajas*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Angie C. Barajas*, this the *25th* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.

*Norma A. Castello*  
Signature of officer administering oath

*Norma A. Castello*  
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:

1

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

4-10-03

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

El Paso municipal Police officers Association

6 Contributor address; City; State; Zip Code

747 E. San Antonio, STE. 103 El Paso, TX 79901

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-10-03

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

Vickie Icard

Contributor address; City; State; Zip Code

10705 Jack Fleck El Paso, TX 79935

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-10-03

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

Progress For El Paso

Contributor address; City; State; Zip Code

433 Executive CTE Blvd. El Paso, TX 79902-1013

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-21-03

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

Juan & Magalena R. Navar

Contributor address; City; State; Zip Code

10828 Sombra Verde El Paso, TX 79935

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-15-03

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

Pat Alderton

Contributor address; City; State; Zip Code

5213 Harlan El Paso, TX 79924

Amount of contribution (\$)

\$455.15

In-kind contribution description (if applicable)

T-shirts  
gas & food

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.

# PLEGGED CONTRIBUTIONS

## SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		
10 Principal occupation (optional)		11 Employer (optional)	

N/A

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)		Employer (optional)	

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		
Principal occupation (optional)		Employer (optional)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

7 Amount (\$)

4-6-03

officemax

6 Payee address; City; State; Zip Code

9801 Gateway west Blvd.  
El Paso, TX 79925

\$119.75

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

magnetic signs, copies

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-19-03

David's Banners

Payee address; City; State; Zip Code

9911 Carnegie St. El Paso, TX 79925

\$535.84

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

Amount (\$)

4-23-03

David's Banners

Payee address; City; State; Zip Code

9911 Carnegie St. El Paso, TX 79925

\$405.94

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

Amount (\$)

4-18-03

Jaxon's

Payee address; City; State; Zip Code

1135 Airway Blvd El Paso, TX 79925

\$300.00

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

deposit for election night party

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*N/A*

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y N

8 Lender address; City; State; Zip Code

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

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

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

2 FILER NAME

ANGIE C. Barajas

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

7 Amount (\$)

4-7-03

Kinko's

6 Payee address; City; State; Zip Code

1410 N. LEE Trevino  
El Paso, TX 79936

\$50.00

8 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

Date

Payee name

Amount (\$)

4-12-03

Frank Barajas

Payee address; City; State; Zip Code

9310 Daugherty El Paso, TX 79925

\$150.00

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

Gas/food - <sup>signs</sup> walk

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4.15.03

Yvonne abeyta

Payee address; City; State; Zip Code

9310 Daugherty El Paso, TX 79925

\$67.00

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

flowers, walk, gas

.. 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

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y      N

8 Lender address;   City;   State;   Zip Code

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

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;   City;   State;   Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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