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: 15

CITY CLERK DEPARTMENT 2003 APR 3 PM 4 29

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: MR. FIRST: Eduardo MI:
NICKNAME: Eddie LAST: Holguin SUFFIX: JR.

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
8736 Winchester
El Paso, TX 79907

5 CAMPAIGN TREASURER NAME

TITLE: MR. FIRST: Rodolfo MI: A.
NICKNAME: Rudy LAST: TRONCOSO SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9301 San Lorenzo
El Paso TX 79907

7 CAMPAIGN TREASURER PHONE

AREA CODE: (915) PHONE NUMBER: 329-2939 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: 1/15/03 THROUGH Month Day Year: 4/3/03

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 Council Rep. 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

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	$ Ø
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4290.—

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
4.	**TOTAL POLITICAL EXPENDITURES**	$ 5262.92

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.

NOTARY PUBLIC STATE OF TEXAS
CECILIA FLORES
NOTARY PUBLIC
In and for the State of Texas
My commission expires 10-06-2004

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Edward Holquin, this the 3rd 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	Title of officer administering oath
	Cecilia Flores	NOTARY

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 6

2 FILER NAME: Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / Payee address; City; State; Zip Code	7 Amount ($)
12/20/02	Office Depot 8701 Gateway West El Paso Tx 79925	26.82

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Stationery			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/02	Chris Chavez Photographer 3004 Savannah El Paso Tx 79930	130.-

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
pictures for literature			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/5/02	Smartz Printing 9627 Sgms El Paso Tx 79925	76.21

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
printing of literature			

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/12/02	Smartz Printing 9627 Sgms El Paso Tx 79925	95.80

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
printing of literature			

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Revised 04/04/2000

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 6

2 FILER NAME: Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	Payee name / Payee address; City; State; Zip Code	7 Amount ($)
11/29/02	Bat Screen Printing 7358 Alameda El Paso, TX 79915	250 —

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name	Office sought	Office held
Demo			

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 6

2 FILER NAME: Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/29/03	Bat Screen Printing ~~7235~~ 7358 Alameda El Paso TX 79915	100.-

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

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 ($)
1/17/03	Bat Screen Printing 7358 Alameda El Paso TX 79915	200.-

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 ($)
1/17/03	Alex Gutierrez 9435 Carl Longnemare El Paso TX 79907	220.-

Purpose of payment (See instructions regarding type of information required.): storage of 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 ($)
1/9/03	Luis Carlos Paez 1901 Mary Alice El Paso TX 79936	145.-

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

•• 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: 4 of 4

2 FILER NAME: Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/17/03	City of El Paso	250.

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/13/03	Little Cesars 427 N. Yarbrough El Paso Tx 79915	16.24

Purpose of payment (See instructions regarding type of information required.): Food for volunteers

•• 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 ($)
2/13/03	Big 8 Foods 7044 Alameda El Paso Tx 79907	12.12

Purpose of payment (See instructions regarding type of information required.): Cakes for volunteers

•• 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 ($)
2/13/03	Party Bowl 6440 Gateway East El Paso Tx	23.00

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

•• 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: 5 of 6

2 FILER NAME Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / Payee address; City; State; Zip Code	7 Amount ($)
3/05/03	Bat Screen Printing 7358 Alameda El Paso Tx 79915	150.—

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

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 ($)
3/4/03	Bat Screen Printing 7358 Alameda El Paso Tx 79915	180.—

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 ($)
2/28/03	Joe Aguilar	75.—

Purpose of payment (See instructions regarding type of information required.): walk a tox

•• 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 ($)
2/24/03	Bat Screen Printing 7358 Alameda El Paso Tx 79915	150.—

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: 6 of 6

2 FILER NAME: Rodolfo Troncoso

3 ACCOUNT # (Ethics Commission filers)

4 Date	Payee name / Payee address; City; State; Zip Code	7 Amount ($)
4/1/03	KTSM Radio 4045 N. Mesa El Paso Tx 79902	291.55

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

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 ($)
4/1/03	KROO Radio 4150 Pinnacle El Paso Tx 79902	360.-

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

•• 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 ($)
3/20/03	Smaetz Printing 9627 Sena El Paso Tx 79925	330.05

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

•• 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	Chris Chavez Photographer 3004 Savannah El Paso Tx 79930	75.-

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

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

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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: 1 of 3

2 FILER NAME: Rodolfo Troncoso

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 ($)
2/9/03	Pitney Bowles P.O Box 856042 Louisville Ky 40285	Postage	275.— ☑ Reimbursement from political contributions intended
2/9/03	Pitney Bowles P.O Box 856042 Louisville Ky 40285	Postage - additional	10.— ☑ Reimbursement from political contributions intended
3/8/02	United Rentals 8280 Gateway East El Paso Tx 79907	Ogger - / Signs	37.— ☑ Reimbursement from political contributions intended
2/15/03	Alejandro's Mexican Restaurant 5655 Gateway West El Paso, Texas 79925	meeting with volunteers	45.— ☑ Reimbursement from political contributions intended
2/16/03	Home Depot 11360 Rojas El Paso Tx 79936	Supplies for signs	18.91 ☑ Reimbursement from political contributions intended

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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 of 3

2 FILER NAME: Rodolfo Troncoso

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
2/27/03	Gabriel's Mexican Restaurant 9100 Alameda El Paso TX 79907	Campaign rally	442.96	☑
3/1/03	United Rentals 8289 Gateway East El Paso TX 79907	Oggen / signs	30.85	☑
3/18/03	Panchos McRae & Sims El Paso TX 79925	Lunch with campaign workers	26.76	☑
3/21/03	Luis Carlos Paez 1901 Mary Anne El Paso TX 79936	Website	125.—	☐
3/25/03	Applebee's 7956 Gateway East El Paso TX 79915	Campaign meeting	79.21	☐

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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 of 2

2 FILER NAME: Rodolfo Troncoso

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 ($)	Reimbursement from political contributions intended
2/21/03	McKinney Wrecking 118 Burkett El Paso Tx 79922	Wood signs	67.40	☐
2/26/03	Home Depot 11360 Lopez El Paso Tx 79936	Wood	137.12	☐
3/24/03	H & H Direct Inc 9020 Mayflower El Paso Tx 79925	Mailing	775.92	☐
3/17/03	Logans Roadhouse 11865 Gateway West El Paso Tx 79915	dining with volunteers	115.-	☐
Date	Payee name Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-$PAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 4

2 FILER NAME: Rodolfo Troncoso

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)
	Gilbert Morales 8861 Old County El Paso TX 79907	250.-	

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)
	Vicky Icard 10705 Jack Fleck El Paso TX 79935	50.-	

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)
	Alma Wilson 147 Davis El Paso TX 79907	35.-	

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)
	Bobby Bowling 5819 San Valley El Paso TX 79924	250.-	

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)
	Joe & Dortencia Chavez 8050 San Jose El Paso TX 79915	150.-	

Principal occupation (Optional)	Employer (Optional)

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

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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 of 4

2 FILER NAME: Rodolfo Troncoso

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)
2/10/03	Francisco + Ruth Arroyos 12469 Robert David El Paso TX 28	150.-	

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)
2/10/03	Jan Engles 2219 King James El Paso TX 79903	35.-	

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)
2/10/03	Avelino Hermosillo 9304 Carranza El Paso TX 79907	50.-	

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)
	Rudy Escajeda 10641 Vista Lomas El Paso TX 79935	250.-	

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)
	Bobby Bowling 5819 Sun Valley El Paso TX 79924	250.-	

Principal occupation (Optional)	Employer (Optional)

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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: 3 of 4

2 FILER NAME: Rodolfo Tronco SD

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)
2/20/03	Betti Flores 2816 Taylor El Paso TX 79930	50.-	

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)
2/23/03	Jan Engels 2219 King James El Paso TX 79903	20.-	

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)
2/19/03	El Paso Municipal Police Officers 747 E. San Antonio El Paso TX 79901	150.-	

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)
2/27/03	Rebecca T + Frank Spencer P.O Box 1067 Pecos, TX 79772	250.-	

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)
2/18/03	Lineberger Goggan Blair + Sampson LLP P.O Box 17428 Austin TX 78760	500.-	

Principal occupation (Optional)	Employer (Optional)

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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: 4 of 4

2 FILER NAME: Rodolfo Moncoso

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)
2/27/03	Pete Pedregon 10128 Suez El Paso TX 79925	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)
Business owner	

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)
3/13/03	Robert Jones	1000.-	

Principal occupation (Optional)	Employer (Optional)
Business owner	

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)
3/15/03	Reyes Marquez 12901 Montana El Paso TX 79936		400.-

Principal occupation (Optional)	Employer (Optional)
Business owner	

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)
3/7/03	Bobby Bowling 5819 Sun Valley El Paso TX 79924		350.-

Principal occupation (Optional)	Employer (Optional)
Business owner	

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)

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