

# 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 # N/A  
(Ethics Commission files)

2 Total pages filed: 5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST Manuel MI  
NICKNAME LAST Resendez SUFFIX

### OFFICE USE ONLY

Date Received  
2003 APR 3 PM 12:30  
CITY CLERK DEPARTMENT  
Date Hand-delivered or Date Postmarked  
Receipt #  
Amount  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
120 Rio Road El Paso Texas 79922

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST Robert MI  
NICKNAME LAST Resendez SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
120 Rio El Paso Texas 79922

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 584-6006

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  
3/20/03 THROUGH 2/3/03

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special  
5/3/03

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
N/A City Representative #8

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

Manuel Resendez

15 ACCOUNT # (Ethics Commission files)

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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	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	\$ -
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250-
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
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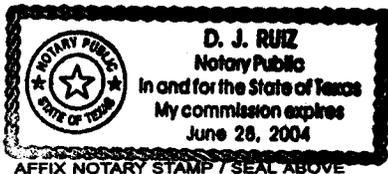
4. TOTAL POLITICAL EXPENDITURES	\$ 683.14
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OUTSTANDING LOAN TOTALS

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



AFFIX NOTARY STAMP / SEAL ABOVE

Manuel Resendez  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Manuel Resendez, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

Diana J Ruiz  
Signature of officer administering oath

Diana J Ruiz  
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 Manuel Resendez 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>3/24/03</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>El Paso Municipal Police Office Ass.</u> <u>Political Action Commite. Fund</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable) <u>Check 1111</u>
6 Contributor address; City; State; Zip Code <u>747 E. San Antonio ste 103</u> <u>El Paso, TX 79901</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

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

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

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>Manuel Resendez</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <b>City of El Paso</b>	8 Amount (\$)
<b>3/17</b>	6 Payee address; City; State; Zip Code <b>#2 Civic Center PLAZA El Paso TX 79901</b>	<b>250.00</b>
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Filing fee</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>DAVID PERENTSE BUNNERS</b>	Amount (\$)
<b>3/19</b>	Payee address; City; State; Zip Code <b>9911 COREY ST. El Paso TX 79925</b>	<b>298.69</b>
	Purpose of expenditure (See instructions regarding type of information required.)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>CAVEZ SIBN</b>	Amount (\$)
<b>3/21</b>	Payee address; City; State; Zip Code <b>404 Schuster El Paso TX 79902</b>	<b>62.50</b>
	Purpose of expenditure (See instructions regarding type of information required.)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>City of El Paso</b>	Amount (\$)
	Payee address; City; State; Zip Code <b>#2 Civic Center PLAZA El Paso TX 79901</b>	<b>5.00</b>
	Purpose of expenditure (See instructions regarding type of information required.) <b>City of El Paso BUDGET CD</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>City of El Paso</b>	Amount (\$)
	Payee address; City; State; Zip Code <b>#2 Civic Center PLAZA El Paso TX 79901</b>	<b>14.50</b>
	Purpose of expenditure (See instructions regarding type of information required.) <b>District 8 (NAD)</b>	<input checked="" type="checkbox"/> 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 FILER NAME

Manuel Resendez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27

5 Payee name

CHAVEZ SIGN

8 Amount (\$)

62.00

6 Payee address; City; State; Zip Code

104 Schuster  
E. Desoto 79954

7 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

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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