



# 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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 \$ 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 \$ 0

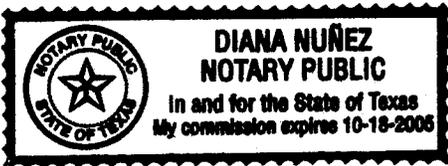
4. TOTAL POLITICAL EXPENDITURES \$ ~~1246.05~~ 1246.05

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1246.05

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.



Lisa E Turner  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Diana Nuñez Diana Nuñez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 1 of 2

2 FILER NAME

JISA EKINA TURNER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

2-18-03

MINUTEMAN Press

50.88

6 Payee address; City; State; Zip Code

1201 AIRWAY BLVD STE D-2  
EL PASO TX 79925

7 Purpose of expenditure (See instructions regarding type of information required.)

PRINTING

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2-18-03

CITY OF EL PASO

250.00

Payee address; City; State; Zip Code

EL PASO TX

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

FILING FEE

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

2-18-03

FAST SIGNS

330.66

Payee address; City; State; Zip Code

1201 AIRWAY STE D-3  
EL PASO TX 79912

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

BANNER AND SIGNS

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

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:

2 262

2 FILER NAME

LISA ELENA TURNER

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

3-1-03

INTELLIGENT OFFICE

6 Payee address; City; State; Zip Code

7362 REMON CIRCLE  
EL PASO TX 79912

421.00

7 Purpose of expenditure (See instructions regarding type of information required.)

HQ OFFICE RENT, FEES & SETUP

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3-1-03

INTELLIGENT OFFICE

Payee address; City; State; Zip Code

7362 REMON CIRCLE  
EL PASO TX 79912

30.89

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

HQ RENT

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-1-03

INTELLIGENT OFFICE

Payee address; City; State; Zip Code

7362 REMON CIRCLE  
EL PASO TX 79912

158.00

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

HQ RENT

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

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:

04 104 ~~104~~

2 FILER NAME

Lisa Elena Turner

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

2-18-03

7 Name of lender

Lisa Elena Turner

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

9 Loan Amount (\$)

50,858

6 Is lender a financial institution?

Y

8 Lender address; City; State; Zip Code

222 BARTLETT #504  
EL PASO TX 79912

10 Interest rate

11 Maturity date

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

2-18-03

Name of lender

Lisa Elena Turner

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

Loan Amount (\$)

250.00

Is lender a financial institution?

Y

Lender address; City; State; Zip Code

222 BARTLETT #504  
EL PASO TX 79912

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.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

*4* *2 of 4*

2 FILER NAME

*Lisa Elena Turnea*

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

*2-18-03*

7 Name of lender

*Lisa Elena Turnea*

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

9 Loan Amount (\$)

*330.16*

6 Is lender a financial institution?

*Y*

8 Lender address; City; State; Zip Code

*LLJ MARLETT # 504  
EL PASO TX 79912*

10 Interest rate

11 Maturity date

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*

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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**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form:

1 Total pages Schedule E:

*4* *3 of 4*

2 FILER NAME

*Lisa Elena Turner*

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

*7-1-03*

7 Name of lender

*Lisa Elena Turner*

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

9 Loan Amount (\$)

*42,100*

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

*222 Bartlett #504  
El Paso TX 79912*

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

*3-1-03*

Name of lender

*Lisa Elena Turner*

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

Loan Amount (\$)

*36,879*

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

*222 Bartlett #504  
El Paso TX 79912*

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

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**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

*4* *4 of 4*

2 FILER NAME

*Lisa Elena Turner*

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date of loan

*4-1-03*

7 Name of lender

*Lisa Elena Turner*

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

9 Loan Amount (\$)

*158,000*

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

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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