

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

CITY CLERK DEPARTMENT
2003 APR 3 AM 11 32
CITY CLERK DEPARTMENT

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filer)
2003 APR 3 AM 11 32

2 Total pages filed: **4**

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI LAST NICKNAME SUFFIX
Raymond J Coraham
Ray

OFFICE USE ONLY

Date Received
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
10142 Stoneway El PASO TX. 79925

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI LAST NICKNAME SUFFIX
Lourdes Olivas

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
10909 DonJanuary El PASO TX. 79935

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 590-1779

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
3/3/03 THROUGH 3/24/03

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

MAYOR

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

N/A

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. **

N/A

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

\$ - 0 -

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

\$ 300.00

EXPENDITURE TOTALS

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

\$ 15.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,353.28

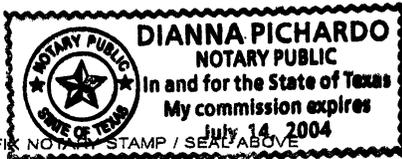
OUTSTANDING LOAN TOTALS

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

\$ 1,200.00

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.



Ray Graham
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ray Graham, this the 3 day of April, 20 02, to certify which, witness my hand and seal of office.

Dianna Richardo

Dianna Richardo

Consumer Banker

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME **Raymond J. Graham** 3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan **3/1e** 7 Name of lender **Raymond J. Graham** out-of-state PAC (ID#: _____) 9 Loan Amount (\$) **500⁰⁰**

6 Is lender a financial Institution? **Y** **(N)** 8 Lender address; City; State; Zip Code **10142 Stoneway EL PASO, TX 79925** 10 Interest rate **-0-**

11 Maturity date **-0-**

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 **Self-employed** 18 Employer **NONE**

Date of loan **3/15** Name of lender **Raymond J. Graham** out-of-state PAC (ID#: _____) Loan Amount (\$) **200⁰⁰**

Is lender a financial Institution? **Y** **(N)** Lender address; City; State; Zip Code **10142 Stoneway EL PASO, TX 79925** Interest rate **-0-**

Maturity date **-0-**

Description of Collateral none

GUARANTOR INFORMATION Name of guarantor Amount Guaranteed (\$)

not applicable Guarantor address; City; State; Zip Code

Principal Occupation **Self employed** Employer **None**

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 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

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

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

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

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

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME *Raymond J. Coraham* 3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan *3/23* 7 Name of lender *Raymond J. Coraham* out-of-state PAC (ID#: _____) 9 Loan Amount (\$) *500⁰⁰-*

6 Is lender a financial institution? *Y* N 8 Lender address; City; State; Zip Code *10142 Stoneway El PASO, TX. 79925⁰* 10 Interest rate *-0-*

11 Maturity date *-0-*

12 Description of Collateral
 none

13 GUARANTOR INFORMATION not applicable 14 Name of guarantor 16 Amount Guaranteed (\$)

15 Guarantor address; City; State; Zip Code

17 Principal Occupation *Self-Employed* 18 Employer *None*

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 Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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