

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Larry	MI E
	NICKNAME	LAST Romero	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	2530 Savannah El Paso Texas 79930		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 740-7555	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Hortencia	MI B.
	NICKNAME	LAST Romero	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	3230 Montana El Paso Texas 79903		
8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 562-3226	EXTENSION
9 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 5 / 2 / 2013 6 / 6 / 2013		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 6 / 15 / 2013	☐ Primary ☒ Runoff ☐ General ☐ Special	
12 OFFICE	OFFICE HELD (if any)		
	13 OFFICE SOUGHT (if known) CITY REPRESENTATIVE, DISTRICT 2		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
LARRY E. ROMERO

15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

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COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 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)

\$ 11656.50

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 26106.02

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 8631.21

**OUTSTANDING
LOAN TOTALS**

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

\$

18 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.

Larry E. Romero

*** Electronically Certified ***

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jacqueline Leyva, this the 07 day of Jun, 20 13, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME Larry E. Romero		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/13	5 Full name of contributor ☐ out-of-state PAC (ID#: RUBEN ESCANDON JR	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable) SOUND AND MUSIC FOR FUNDRAISE
6 Contributor address; City; State; Zip Code 4121 LA ADELITA EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/11/13	Full name of contributor ☐ out-of-state PAC (ID#: Paul Powers	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable) FOOD AND BEVERAGE FOR ELECTION
Contributor address; City; State; Zip Code 2909 Pershing El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/2/13	5 Full name of contributor ☐ out-of-state PAC (ID#: IKE MONTY 6 Contributor address; City; State; Zip Code 7400 VISCOUNT, SUITE 109 EL PASO, TX 79925	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/2/13	Full name of contributor ☐ out-of-state PAC (ID#: LORENZO LAFARELLE Contributor address; City; State; Zip Code 10604 SPRINGWOOD EL PASO, TX 79925	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/13	Full name of contributor ☐ out-of-state PAC (ID#: PAUL DIPP Contributor address; City; State; Zip Code P.O. BOX 55 EL PASO, TX 79940	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/2/13	Full name of contributor ☐ out-of-state PAC (ID#: GEORGE ANDRITSOS Contributor address; City; State; Zip Code 3116 MONTANA EL PASO, TX 79903	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/13	Full name of contributor ☐ out-of-state PAC (ID#: RAUL CARDENAS Contributor address; City; State; Zip Code 145 N. CENTENNIAL WAY, EL PASO, TX 75201	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#: MARTIN SILVA	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1000 S. STANTON EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/13/13	Full name of contributor ☐ out-of-state PAC (ID#: LARRY MADRID	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6720 BRISA DEL MAR EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/13	Full name of contributor ☐ out-of-state PAC (ID#: HOWARD GOLDBERG	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 717 RIVER ELMS EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/13	Full name of contributor ☐ out-of-state PAC (ID#: LUIS DE LA CRUZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9013 LAIT DR. EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/15/13	Full name of contributor ☐ out-of-state PAC (ID#: GEORGE SHALOM JR.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 807 S. EL PASO ST. EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/15/13	5 Full name of contributor ☐ out-of-state PAC (ID#: MIKE DIPP	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O.BOX 55 EL PASO, TX 79940		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/16/13	Full name of contributor ☐ out-of-state PAC (ID#: BRADLEY ROE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 601 N. COTTON, SUITE 6 EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/16/13	Full name of contributor ☐ out-of-state PAC (ID#: ED SOTO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 515 S. KANSAS EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/13	Full name of contributor ☐ out-of-state PAC (ID#: STEVE FINN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6560 GRAND RIDGE EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/17/13	Full name of contributor ☐ out-of-state PAC (ID#: MRS. MORANTO	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2923 PERSHING DR. EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/17/13	5 Full name of contributor ☐ out-of-state PAC (ID#: GEORGE WAYNE	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5595 WESTSIDE DRIVE EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/21/13	Full name of contributor ☐ out-of-state PAC (ID#: JOHN FIELDS	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6385 FRANKLIN TRAIL DREL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/22/13	Full name of contributor ☐ out-of-state PAC (ID#: TANNY BERG	Amount of contribution (\$) 650.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 96 EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: MIKE ROSALES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1831 N. ZARAGOSA EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: DIANA PEREZ	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9947 FRANKLIN EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/13	5 Full name of contributor ☐ out-of-state PAC (ID#: ROLAND CORREA	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4855 N. MESA, SUITE 116 EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: IRENE PISTELLA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8016 BIG BEND DR. EL PASO, TX 79904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: GILBERT MORENO	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 509 WILLOW GLEN EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: JAN ENGELS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2219 KING JAMES PLACE EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: ALEX ACOSTA	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5866 VIA CUESTA DR. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/13	5 Full name of contributor ☐ out-of-state PAC (ID#: EDWARD PORTILLO	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1127 WYOMING EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: JIM RUNNELS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3120 GOLD EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: GEORGE SAENZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1352 HOOKRIDGE EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/13	Full name of contributor ☐ out-of-state PAC (ID#: PERLA MICHEL	Amount of contribution (\$) 21.50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11264 SKIPPER EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/24/13	Full name of contributor ☐ out-of-state PAC (ID#: WILLIAM LOVELADY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 51 EL PASO, TX 79853		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/25/13	5 Full name of contributor ☐ out-of-state PAC (ID#: SOLEDAD BASOCO	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10660 JETROCK EL PASO, TX 79935		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/29/13	Full name of contributor ☐ out-of-state PAC (ID#: LINEBARGER, GOGGAN, BLAIR & SAMPSON LLP	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/13	Full name of contributor ☐ out-of-state PAC (ID#: AURORA RUBALCAVA	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3118 MONTANA EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/30/13	Full name of contributor ☐ out-of-state PAC (ID#: ROBERT HOY JR.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 201 VILLA SERENA CT. EL PASO, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/13	Full name of contributor ☐ out-of-state PAC (ID#: IRENE FIERRO	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2618 FILLMORE EL PASO, TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A

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2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/3/13	5 Full name of contributor ☐ out-of-state PAC (ID#: CARL ATTEBERRY	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4605 BLOSSOM EL PASO, TX 79924		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/3/13	Full name of contributor ☐ out-of-state PAC (ID#: MYRNA DECKERT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4276 CANTERBURY EL PASO, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/13	Full name of contributor ☐ out-of-state PAC (ID#: JOE LOPEZ	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2008 PUEBLO NUEVO CIRCLE EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/3/13	Full name of contributor ☐ out-of-state PAC (ID#: RICHARD CASTRO	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3332 WEDGEWOOD EL PASO, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/13	Full name of contributor ☐ out-of-state PAC (ID#: GERALD RUBIN	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 538 LAUREL CANYON EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEDGED CONTRIBUTIONS

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SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: NONE	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄ \$			
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

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SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: NONE
2 FILER NAME LARRY E. ROMERO		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 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral ☐ none		15 Check if personal funds were deposited into political account ☐
16 GUARANTOR INFORMATION ☐ not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral ☐ none		Check if personal funds were deposited into political account ☐
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/2/13	5 Payee name EL DIARIO DE EL PASO		
6 Amount (\$) 2352.00	7 Payee address; City; State; Zip Code 1801 TEXAS AVE., EL PASO, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) 2 FULL PAGE COLOR ADS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/2/13	Payee name THE FORMA GROUP		
Amount (\$) 8349.84	Payee address; City; State; Zip Code 301 E. SAN ANTONIO, STE. B201, EL PASO, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) CONSULTING/PRINTING/MAILING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/6/13	Payee name THE FORMA GROUP		
Amount (\$) 3076.27	Payee address; City; State; Zip Code 301 E. SAN ANTONIO, STE. B201, EL PASO, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) CONSULTING/PRINTING/MAILING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
Date 5/8/13	Payee name DAVID'S PENNANTS		
Amount (\$) 284.16	Payee address; City; State; Zip Code 9911 CARNEGIE, EL PASO, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) 18" X 24" SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5/9/13	5 Payee name AT&T					
6 Amount (\$) 273.09	7 Payee address; City; State; Zip Code 500 TEXAS, EL PASO, TX 79901					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POLLING	(b) Description (If travel outside of Texas, complete Schedule T) PHONE BANK EXPENSES				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/10/13	Payee name DAVID'S APPAREL					
Amount (\$) 155.88	Payee address; City; State; Zip Code 9901 CARNEGIE, EL PASO, TX 79925					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/11/2013	Payee name ITALIAN KITCHEN					
Amount (\$) 135.31	Payee address; City; State; Zip Code 2923 PERSHING, EL PASO, TX 79903					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) PIZZAS FOR ELECTION NIGHT PARTY				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date 5/11/13	Payee name ELIDA'S CATERING					
Amount (\$) 460.00	Payee address; City; State; Zip Code 2510 N. ST. VRAIN, EL PASO, TX 79902					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) CATERER FOR VOLUNTEER APPRECIATION PARTY				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:33%">Candidate / Officeholder name</td> <td style="width:33%">Office sought</td> <td style="width:33%">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5		2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/13		5 Payee name SAMS CLUB			
6 Amount (\$) 136.70		7 Payee address; City; State; Zip Code 7001 GATEWAY BLVD WEST, EL PASO, TX 79925			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD		(b) Description (If travel outside of Texas, complete Schedule T) FOOD AND DRINK FOR POLL SITTERS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/21/13		Payee name EP SHALOM II, LP			
Amount (\$) 650.00		Payee address; City; State; Zip Code P.O. BOX 96, EL PASO, TX 79941			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE		Description (If travel outside of Texas, complete Schedule T) MONTHLY RENT FOR CAMPAIGN OFFICE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/30/13		Payee name QUIXOTE & ASSOCIATES			
Amount (\$) 2000.00		Payee address; City; State; Zip Code 3609 FORT BLVD, EL PASO, TX 79930			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 5/30/13		Payee name CARLOS BALLESTEROS			
Amount (\$) 540.00		Payee address; City; State; Zip Code 6412 EDGEMERE, G-10, EL PASO, TEXAS 79903			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) BLOCK WALKING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/30/13	5 Payee name LEONARD GUTIERREZ		
6 Amount (\$) 205.33	7 Payee address; City; State; Zip Code 504 PHIL HANSEN, CANUTILLO, TX 79835		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) REIMBURSEMENT FOR PHONE BANKERS MEALS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/31/13	Payee name JP MORGAN CHASE BANK		
Amount (\$) 15.00	Payee address; City; State; Zip Code 2829 MONTANA, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEES	Description (If travel outside of Texas, complete Schedule T) BANK CHECKING FEES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/31/13	Payee name DAVID'S PENNANTS		
Amount (\$) 257.09	Payee address; City; State; Zip Code 9911 CARNEGIE, EL PASO, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) 18" X 24" & 4' X 4' SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6/5/13	Payee name DAVID'S APPAREL		
Amount (\$) 90.93	Payee address; City; State; Zip Code 9911 CARNEGIE, EL PASO, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F**POLITICAL EXPENDITURES****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/5/13	5 Payee name A.U.S. SERVICES		
6 Amount (\$) 1671.98	7 Payee address; City; State; Zip Code 2020 MILLS AVE., EL PASO, TX 79901		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) MAILOUT FLYER	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 6/5/13	Payee name THE FORMA GROUP		
Amount (\$) 4680.01	Payee address; City; State; Zip Code 301 E. SAN ANTONIO, SUITE B201, EL PASO, TX 79901		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) CONSULTING/DESIGN	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/28/13	5 Payee name CHURCH'S CHICKEN		
6 Amount (\$) 22.17 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1916 MONTANA, EL PASO, TX 79903		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) PHONE BANK VOLUNTEER MEALS	
Date 5/17/13	Payee name OFFICE DEPOT		
Amount (\$) 208.08 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1111 GERONIMO, EL PASO, TX 79925		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE	Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES	
Date 6/5/13	Payee name HOUSE OF PIZZA		
Amount (\$) 64.08 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2016 PIEDRAS, EL PASO, TX 79930		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) PHONE BANK VOLUNTEER MEALS	
Date 6/1/13	Payee name MC DONALDS		
Amount (\$) 21.65 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2811 GATEWAY WEST, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) PHONE BANK VOLUNTEER MEALS	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/4/13	5 Payee name SUBWAY SANDWICHES		
6 Amount (\$) 34.10 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2850 MONTANA, EL PASO, TX 79903		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) PHONE BANK VOLUNTEER MEALS	
Date 6/1/13	Payee name WALGREENS		
Amount (\$) 10.92 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2879 MONTANA, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) SNACKS FOR PHONE BANK VOLUNTEERS	
Date 6/4/13	Payee name WALGREENS		
Amount (\$) 13.29 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2879 MONTANA, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) SNACKS FOR PHONE BANK VOLUNTEERS	
Date 5/31/13	Payee name MC DONALDS		
Amount (\$) 20.29 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2811 GATEWAY WEST, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) FOOD FOR PHONE BANK VOLUNTEERS	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/9/13	5 Payee name ALBERTSON'S		
6 Amount (\$) ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5200 MONTANA, EL PASO, TX 79903		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FOOD	(b) Description (If travel outside of Texas, complete Schedule T) BEVERAGES FOR VOLUNTEER APPRECIATION PARTY	
Date 5/6/13	Payee name SUBWAY SANDWICHES		
Amount (\$) 18.13 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2850 MONTANA, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) PHONE BANK VOLUNTEER MEALS	
Date 5/9/13	Payee name ALBERTSON'S		
Amount (\$) 35.49 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5200 MONTANA, EL PASO, TX 79903		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) FOOD FOR VOLUNTEER APPRECIATION PARTY	
Date 5/4/13	Payee name TACO CABANA		
Amount (\$) 23.79 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7870 N. MESA, EL PASO, TX 79932		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) FOOD FOR PHONE BANK VOLUNTEERS	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/30/13	5 Payee name OFFICE DEPOT		
6 Amount (\$) 43.26 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1111 GERONIMO, EL PASO, TX 79925		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE	(b) Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES	
Date 5/30.13	Payee name HOUSE OF PIZZA		
Amount (\$) 154.91 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2016 PIEDRAS, EL PASO, TX 79930		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) CANDIDATES ENDORSEMENT DINNER	
Date 5/2/13	Payee name DELICIOUS MEXICAN EATERY		
Amount (\$) 59.27 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3314 FORT BLVD, EL PASO, TX 79930		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD	Description (If travel outside of Texas, complete Schedule T) FOOD FOR PHONE BANK VOLUNTEERS	
Date	Payee name		
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	

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SCHEDULE H

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: NONE		2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: NONE	2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

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SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: NONE	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)	
7 Purpose for which amount is received			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	
Purpose for which amount is received			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	
Purpose for which amount is received			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	
Purpose for which amount is received			
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)	
Purpose for which amount is received			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: NONE	
2 FILER NAME LARRY E. ROMERO		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
5 Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G ☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E			
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

CITY CLERK DEPT.

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FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are not an officeholder. --**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder