

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Ms. Emma
NICKNAME LAST SUFFIX
Acosta

OFFICE USE ONLY

Date Received

4/6/2017 4:03:43 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**8904 WH Burges
El Paso, TX 79925**

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 731-2020

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Ms. Belen
NICKNAME LAST SUFFIX
Robles

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3336 Fillmore El Paso, Tx 79903

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 355-4828

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 Month Day Year
01/01/2017 THROUGH **03/27/2017**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
05/06/2017 General Special

12 OFFICE

OFFICE HELD (if any)

City Rep dist 3

13 OFFICE SOUGHT (if known)

Mayor

GO TO PAGE 2

City Clerk Dept.
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Ms. Emma Acosta

15 Filer ID (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,955
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,505
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2,231.48
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,739.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,765.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000

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.

Emma Acosta

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emma Acosta, this the 6 day of April, 2017, to certify which, witness my hand and seal of office.

John Glendon

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

City Clerk Dept.
4/6/2017 4:12:04 PM

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Ms. Emma Acosta		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,505
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,197.19
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 20,000
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,739.11
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

City Clerk Dept.
4/6/2017 4:12:04 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Emma P. Aguilar

6 Contributor address; City; State; Zip Code

3420 Pershing Dr

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/26/2017

Sylvia Sandoval

Contributor address; City; State; Zip Code

4981 Star Flower Ln.

100

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/26/2017

Avi A. Kotkowski

Contributor address; City; State; Zip Code

PO Box 1678

150

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/26/2017

Irma L. Garcia

Contributor address; City; State; Zip Code

1501 Fairfield Dr

150

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
4/6/2017 4:12:04 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Jeannette M. Jeffers, CPA

6 Contributor address; City; State; Zip Code

3431 Pershing Dr, Ste B-3

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

CPA

9 Employer (See Instructions)

UNK

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/26/2017

Demetrio M. Jimenez

Contributor address; City; State; Zip Code

442 Country Oaks Dr

500

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/26/2017

Gustavo Quintana

Contributor address; City; State; Zip Code

6460 Snowheights Ct.

500

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

01/26/2017

Siria Rocha

Contributor address; City; State; Zip Code

425 Majestic Mountain

500

Principal occupation / Job title (See Instructions)

Health Administrator

Employer (See Instructions)

Atlantis Health

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

01/26/2017

5 Full name of contributor

Randall J. & Paige Bowling

6 Contributor address;

6504 Contessa rdg

out-of-state PAC (ID#: _____)

City; State; Zip Code

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Home builder

9 Employer (See Instructions)

Tropicana Homes

Date

01/26/2017

Full name of contributor

Robert L. Bowling IV

Contributor address;

457 San Clemente

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Home Builder

Employer (See Instructions)

Tropicana Homes

Date

01/26/2017

Full name of contributor

German Roman

Contributor address;

PO Box 96141

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

03/16/2017

Full name of contributor

Jose L. Erives

Contributor address;

745 Willow Glen Dr

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

900

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Erives Transportation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

03/16/2017

5 Full name of contributor

Jorge Valenzuela

out-of-state PAC (ID#: _____)

6 Contributor address;

233 Pennsylvania

City; State; Zip Code

7 Amount of contribution (\$)

500

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

03/16/2017

Full name of contributor

Fermin Dorado

out-of-state PAC (ID#: _____)

Contributor address;

4875 Cuartel Ln

City; State; Zip Code

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Dorado Engineering

Date

03/16/2017

Full name of contributor

Eugenio Mesta

out-of-state PAC (ID#: _____)

Contributor address;

721 Gary Land

City; State; Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Architect

Employer (See Instructions)

UNK

Date

03/16/2017

Full name of contributor

David Austin

out-of-state PAC (ID#: _____)

Contributor address;

6205 Pinehurst

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Food Bank

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

03/16/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Emma P. Aguilar
.....
6 Contributor address; City; State; Zip Code
3420 Pershing

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date

03/16/2017

Full name of contributor out-of-state PAC (ID#: _____)
Ramiro & Belen Robles
.....
Contributor address; City; State; Zip Code
3336 Fillmore

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
Retired/Elected Official

Employer (See Instructions)
Retired/EPCC

Date

03/23/2017

Full name of contributor out-of-state PAC (ID#: _____)
German Roman
.....
Contributor address; City; State; Zip Code
PO Box 961941

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

Date

03/23/2017

Full name of contributor out-of-state PAC (ID#: _____)
Suleiman B. Masoud
.....
Contributor address; City; State; Zip Code
PO Box 220251

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)
Unknown

Employer (See Instructions)
Unknown

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

03/23/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Ali Boureslan

6 Contributor address; City; State; Zip Code

10009 Album

7 Amount of contribution (\$)

150

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/23/2017

R.D. Andron

Contributor address; City; State; Zip Code

4313 Santa Rita

100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/23/2017

George Salome

Contributor address; City; State; Zip Code

807 S. El Paso St

200

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Salome Investments

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

03/23/2017

Gary Porras

Contributor address; City; State; Zip Code

359 W. Vinton Rd

1000

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/2017

5 Full name of contributor

Linebarger Goggan Blair

6 Contributor address;

PO Box 17428 Austin, TX

out-of-state PAC (ID#: _____)

City; State; Zip Code

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)

Law Firm

9 Employer (See Instructions)

Linebarger Goggan Blair

Date

02/28/2017

Full name of contributor

Bradley Roe

Contributor address;

601 N. Coton

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

UNK

Date

03/01/2017

Full name of contributor

Celina Vasquez

Contributor address;

4050 Pendleton Dr #2 Bryan, TX

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

03/08/2017

Full name of contributor

Guillermo A. Holguin

Contributor address;

2513 Bert Yancy

out-of-state PAC (ID#: _____)

City; State; Zip Code

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Retire

Employer (See Instructions)

retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

03/13/2017

5 Full name of contributor out-of-state PAC (ID#: _____)

Armando & Betty Marquez

6 Contributor address; City; State; Zip Code

1608 Ken Still Ln

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

02/28/2017

Full name of contributor out-of-state PAC (ID#: _____)

Rudy & Martha Escajeda

Contributor address; City; State; Zip Code

10641 Vista Lomas

Amount of contribution (\$)

350

Principal occupation / Job title (See Instructions)

Restaurant Owner

Employer (See Instructions)

El Zarape Restaurant

Date

02/24/2017

Full name of contributor out-of-state PAC (ID#: _____)

Donald W & Melanie Schneider

Contributor address; City; State; Zip Code

31102 Via Peralta Trabuco Canyon, Ca

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Unknown

Date

02/28/2017

Full name of contributor out-of-state PAC (ID#: _____)

Richard V. Teschner

Contributor address; City; State; Zip Code

1800 N. Stanton

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

02/24/2017

5 Full name of contributor out-of-state PAC (ID#: _____)
Stanley P. Jobe

6 Contributor address; City; State; Zip Code
1150 Southview

7 Amount of contribution (\$)

1000

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Jobe

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

City Clerk Dept.
4/6/2017 4:12:04 PM

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1

2 FILER NAME
Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
01/13/2017

6 Full name of contributor out-of-state PAC (ID#: _____)
Ismael Enriquez
7 Contributor address; City; State; Zip Code
8904 WH Burges El Paso, TX 79925

8 Amount of Contribution \$
1250

9 In-kind contribution description
Food, venue, mariachis for Campaign Kickoff
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Retired

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
01/24/2017

Full name of contributor out-of-state PAC (ID#: _____)
Sandra J. Falcon
Contributor address; City; State; Zip Code
11219 Mansfield Dr. Frisco, TX 75035

Amount of Contribution \$
947.19

In-kind contribution description
Doorhangers
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Law Clerk

Employer (FOR NON-JUDICIAL) (See Instructions)
Collin County

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City Clerk Dept.
4/6/2017 4:12:04 PM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (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 contribution description

Check 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 contribution description

Check 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 contribution description

Check 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 contribution description

Check 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.

City Clerk Dept.
4/6/2017 4:12:04 PM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
2

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 20000

5 Date of loan

01/02/2017

7 Name of lender

Ismael Enriquez

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

8000

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

8904 WH Burges

10 Interest rate

0

11 Maturity date

06/10/2017

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

Retired

14 Description of Collateral

Loan

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Ismael Enriquez

19 Amount Guaranteed (\$)

8000

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

03/17/2017

Name of lender

Sandra J. Falcon

out-of-state PAC (ID#: _____)

Loan Amount (\$)

5000

Is lender a financial institution?

Lender address; City; State; Zip Code

11219 Mansfield Dr Frisco, TX 75035

Interest rate

0

Maturity date

06/30/2017

Principal occupation / Job title (See Instructions)

Law Clerk

Employer (See Instructions)

Collin County

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Sandra J. Falcon

Amount Guaranteed (\$)

5000

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
4/6/2017 4:12:04 PM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
2

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 20000

5 Date of loan

01/04/2017

7 Name of lender

Emma Acosta

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5000

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

8904 Wh Burges

10 Interest rate

0

11 Maturity date

06/17/2017

12 Principal occupation / Job title (See Instructions)

Elected/Consultant

13 Employer (See Instructions)

city of El Paso/EmmaCosta Consulting

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

Emma Acossta

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

8904 Wh Burges

5000

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

02/01/2017

Name of lender

Christopher P Falcon

out-of-state PAC (ID#: _____)

Loan Amount (\$)

2000

Is lender a financial institution?

Lender address; City; State; Zip Code

8904 WH Burges

Interest rate

0

Maturity date

06/30/2017

Principal occupation / Job title (See Instructions)

Service

Employer (See Instructions)

Universal Tinting

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Christopher P Falcon

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

8904 W Burges

2000

not applicable

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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Ms. Emma Acosta		3 Filer ID (Ethics Commission Filers)	
4 Date 02/24/2017		5 Payee name VistaPrint			
6 Amount (\$) 128.19		7 Payee address; City; State; Zip Code Vistaprint.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep	
Date 03/03/2017		Payee name Walmart			
Amount (\$) 144.35		Payee address; City; State; Zip Code walmart.com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office equipment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep	
Date 02/15/2017		Payee name Walmart			
Amount (\$) 189.87		Payee address; City; State; Zip Code walmart.com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer equipment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep Dist 3	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Ms. Emma Acosta		3 Filer ID (Ethics Commission Filers)	
4 Date 02/09/2017		5 Payee name Davids Pennants			
6 Amount (\$) 405.94		7 Payee address; City; State; Zip Code 9911 Carnegie			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep Dist 3	
Date 02/14/2017		Payee name Vista Print			
Amount (\$) 637.97		Payee address; City; State; Zip Code vistaprint.com			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing literature/t-shirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep Dist 3	
Date 03/18/2017		Payee name Davids Pennants Banners			
Amount (\$) 1001.31		Payee address; City; State; Zip Code 9911 Carnegie			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Emma Acosta		Office sought Mayor	
				Office held City Rep Dist 3	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 0	2 FILER NAME Ms. Emma Acosta	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME Ms. Emma Acosta	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	
------------------------------	------------------------------------	--	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
----------------------------------	---	--

11 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
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political	
----------------------------	------------------------------------	--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 0	2 FILER NAME Ms. Emma Acosta	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 FILER NAME Ms. Emma Acosta	3 Filer ID (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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 0	2 FILER NAME Ms. Emma Acosta	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME

Ms. Emma Acosta

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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 A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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 A2
 Schedule B
 Schedule B(J)
 Schedule C2
 Schedule D
 Schedule F1
 Schedule F2
 Schedule F4
 Schedule G
 Schedule H
 Schedule COH-UC
 Schedule B-SS

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)

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

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

Ms. Emma Acosta

2 Filer ID (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

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