	TE / OFFICEHOLDER N 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: EL PASÓ		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST ANTONED NICKNAME LAST (TONY) SAN ROMAN		JUL 1 2 2013		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX: APT / SUITE #. CITY: PC BOX 972/15 EZ PASO, TX 79997	STATE; ZIP ODE	RECEIVED Date Hand-delivered or Postmarked RESIDENTSOFFICE Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 772 - 1500	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST ANTONIO NICKNAME LAST (TONY) SAN ROMAN	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT/SUITE #: 3525 ACAMESA AUE El MASO ITX 79905	CITY: STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	аrea code phone number (915) 772.1500	EXTENSION			
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 05/02/2013 THROUGH	Month Day	Year 2013		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year \mathcal{OS} 11 2013	Runoff] General Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If Know EL PASO (C.M. TRUSTEC #	nun; ty college		
GO TO PAGE 2					

Texas Ethics Commission

(TDD 1-800-735-2989)

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2					
14 С/ОН НАМЕ Ал	TONEO F	(TONY) SAN ROMAN 15 AC	COUNT # (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	COMMITTEE ADDRESS			
additional pages		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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 200				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
4. TOTAL POLITICAL EXPENDITURES \$ 200			\$ 200 **		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 0		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0		
18 AFFIDAVIT LETICIA S. ALVAREZ Notary Public, State of Texas My Commission Expires May 21, 2014 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. Motor 21, 2014 Signature of Candidate or Officeholder					
AFFIX NOTARY STAM		me, by the said Antonio F. San Ro	$\mathcal{M}\mathcal{A}\mathcal{A}$ this the		
Sworn to and subscribed before me, by the said $\underline{-\mu}$ ($\underline{-\mu}$), $\underline{-\mu}$, this the $\underline{-\mu}$, day of $\underline{-\mu}$, $\underline{-\mu}$, $\underline{-\mu}$, to certify which, witness my hand and seal of office.					
Function Subscription Lefticita S. Alvarcz Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

Revised 09/28/2011

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)	
	ANTON TO F. (TONY) SAN ROMA.			
Date	CARLOS FRAGOSO	5 Full name of contributor [] out-of-state PAC(1D#:)		8 In-kind contribution description (if applicable
[5]13	6 Contributor address; City; State; Zip Code 4066 N. Meder # 903		200 "	
	ET CASO, TX 79912		(If travel outside	of Texas, complete Schedule T
Principal occi	upation / Job title (See Instructions)	10 Employer (See FAAQ 050	Instructions)	
Date	Full name of contributor Dut-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicab
	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
				of Texas, complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
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Principal occ	upation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	

I

Austin, Texas 78711-2070

(512) 463-5800

POLITICAL	EXPENDITURES		SCHEDULE F			
EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement						
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	contributi trict Candic	ation Equipment & Related Expense ons/Donations Made By late/Officeholder/Political Committee enter a category not listed above)			
	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F:	2 FILER NAME ANTONES F (TONY)SAN	ROMAN 3 A	CCOUNT # (Ethics Commission Filers)			
4 Date 5/5/13	5 Payee name ZAPA GRAPHICS					
6 Amount (\$) 200 4	7 Payee address; City; State; Zip Code 3410 WICKHAN AVE SUITE ELPASP, 78 79904	100				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel out	side of Texas, complete Schedule T)			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought EPCC REUSTE	Office held E # 4 کرن ک			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code		<u> </u>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	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 out	side of Texas, complete Schedule T)			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
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Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						