

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

GONZALO CAMACHO

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 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)

\$

8,018.⁵³

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

8,018.⁵³

CONTRIBUTION BALANCE

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

\$

0

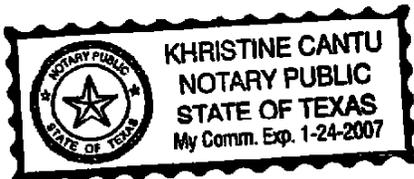
OUTSTANDING LOAN TOTALS

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

\$

0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Gonzalo Camacho
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gonzalo E. Camacho, this the 21st day of November, 2003, to certify which, witness my hand and seal of office.

Kristine Cantu
Signature of officer administering oath

Kristine Cantu
Printed name of officer administering oath

Consumer Banker
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:
3 1/3

2 FILER NAME

GONZALO CRONCHIO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/10/03

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

ROBERT G. PROCTOR, JR AND JILL WHITTEN

6 Contributor address: City: State: Zip Code

[REDACTED]

7 Amount of contribution (\$)

20⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/15/03

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

DAVID J. HIGGINS

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/13/03

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

GUSTAV AND SHARON KORIVA

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

TOM VILLANUEVA

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/15/03

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

KAREN C. DARR

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: **2/3**

2 FILER NAME

GONZALO CAMACHO

3 ACCOUNT # (Ethics Commission files)

4 Date

10/9/03

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

PAUL P. J. CUNHA

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

PRESIDENT

10 Employer (See Instructions)

LAND TECH CONSULTANTS

Date

10/11/03

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

MARIANNE H. SMITH

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/09/03

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

UNION PACIFIC CORP. FUND FOR EFF' GROW.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/20/03

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

FRANK J. FORZANO

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/10/03

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

PETER C. CASWELL & LORA WILBERTHAL

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

30⁰⁰

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

3/3

2 FILER NAME

GONZALO CAMARHO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/17/03

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

ADAM S. McCLOSKEY

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/03

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

JACK MAKE

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/10/03

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

THEODORE G. CLEVELAND

Amount of contribution (\$)

99⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/20/03

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

GONZALO CAMARHO

Amount of contribution (\$)

169.53

In-kind contribution description (if applicable)

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#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B: 1	
2 FILER NAME GONZALO CAMARHO		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) N/A	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation \ Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1. Total pages Schedule E:

2 FILER NAME

GONZALO CAMACHO

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 (\$)

N/A

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 1/2

2 FILER NAME

GONZALO CANABHO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/22/03

5 Payee name

SBC

6 Payee address; City; State; Zip Code

SOUTHLOBBSTOWN BELL TELEPHONE COMPANY

7 Amount (\$)

\$42.30

8 Purpose of payment (See instructions regarding type of information required.)

PHONE SERVICE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANABHO CITY COUNCIL

Date

10/26/03

Payee name

ADVANCE DIGITAL PRODUCTION

Payee address; City; State; Zip Code

4617 HUNDRASSE BLVD, SUITE C-150
HOUSTON, TX 77006

Amount (\$)

\$1,284.00

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

FLYERS FOR MAILOUT

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANABHO CITY COUNCIL

Date

10/26/03

Payee name

NATIONAL MAIL ADVERTISING, INC.

Payee address; City; State; Zip Code

2299 WHITE STREET
HOUSTON, TX 77007

Amount (\$)

\$1,483.25

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

MAILING OF FLYERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANABHO CITY COUNCIL

Date

10/3/03

Payee name

J'S TEE'S

Payee address; City; State; Zip Code

4300 N. MAIN ST.
HOUSTON, TX 77009

Amount (\$)

\$113.66

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

T-SHIRT FOR POL WORKERS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

GONZALO CANABHO CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: *4/2*

2 FILER NAME

GONZALO CARRASCO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/12/03

5 Payee name

BILL HADD

7 Amount (\$)

200.00

6 Payee address; City; State; Zip Code

*2803 FLORENCE
HOUSTON, TX 77009*

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN POST OFFICES

9 **** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name Office sought Office held

GONZALO CARRASCO CITY COUNCIL

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME

GOZALO CAMARHO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

N/A

6 Amount (\$)

6 Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: _____

2 FILER NAME

GONZALO CAMACHO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

N/A

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

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

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

GONZALO GARCIA

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	<p><i>N/A</i></p> <p>6 Payee address; City; State; Zip Code</p>	
	7 Purpose of expenditure (See instructions regarding type of information required.)	
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

GONZALO CAMARAO

2 ACCOUNT #(Ethics Commission files)

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

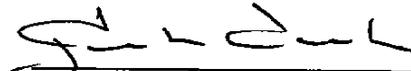
Check only one:



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, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder