

11/12 Original to Elaine

CITY OF EL PASO ETHICS REVIEW COMMISSION COMPLAINT FORM

Please refer to the instructions accompanying this form for assistance in filling out this form.

PLEASE TELL US HOW WE MAY CONTACT YOU:

- 1. Name: (First, middle and last) Victor Eugene Gonzalez
2. Address: 2990 TRAWOOD DR # 3-A EL PASO, TX 79936
3. Telephone Number: Day: 252-4775 Evening: 307-5213 - 252-4775

THE FOLLOWING INFORMATION PERTAINS TO A MATTER REGARDING AN ETHICAL ISSUE PERTAINING TO THE OPERATION OF THE CITY OF EL PASO OR THE ETHICAL OBLIGATIONS IMPOSED ON OFFICERS BY THE CITY'S ETHICS ORDINANCE.

- 4. Names of other persons with relevant information and their address or position, if known: Rachel Quintana, City Representative - District 5
5. Please state the ethical issue or policy you seek to have reviewed or which allegedly has been violated (attach additional pages or relevant documents, if necessary). Allegations of fraud - Deception - very questionable character. Ineffective on City Council. I realize, at this point, these are only allegations, but she casts a very negative cloud & I feel she cannot be trusted with OUR concerns. She has 0 credibility. How can she be effective?
6. Please identify any other sources of evidence that you wish the commission to consider: The charges of forgery against her. Her sarcastic demeanor. She does not seem to take this seriously. OUR representatives need to be above reproach.
7. The undersigned represents to the Ethics Review Commission that the information contained in or attached to this Form is true and correct in all respects and that he/she has not been paid or otherwise improperly induced to submit this Form by any individual or entity.

Date: 12/05/07 Signature: Victor E. Gonzalez

For City use only: Received on _____, by _____
Complaint no. _____
Forwarded to Ethics Review Commission - yes (date _____) no _____ by _____

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subscribed and sworn to before me on this the 12th day of November 2007