# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

P.O. Box 12070

# FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gu	ide explains how to complete this for	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 COMMITTEE NAME			OFFICE USE ONLY
El Paso Tomorrow	PAC		Date Received 2017 Y C
4 COMMITTEE ADDRESS  change of address	ADDRESS / PO BOX; APT / SUITE #; 1011 Montana	CITY; STATE; ZIP CODE EI Paso, TX 7990	_ <b></b>
Citalige of address			Date Hand-delivered or Postmarked N M Receipt # Amount N
5 CAMPAIGN TREASURER	Ms/MRs/MR FIRST  Mr. Richard	Mi	Date Processed
NAME	NICKNAME LAST		Date Imaged
	De Sa		Date Illiaged
6 CAMPAIGN		/ SUITE #; CITY; STATE;	ZIP CODE
TREASURER'S STREET ADDRESS (residence or business)	1011 Montana	El Paso, TX	79902
7 CAMPAIGN	STREET OR PO BOX; APT	/SUITE#; CITY; STATE;	ZIP CODE
TREASURER'S MAILING ADDRESS	1011 Montana	El Paso, TX	79902
change of address		`	
8 CAMPAIGN TREASURER PHONE	( 915 ) 532-8000	EXTENSION	
9 REPORTTYPE		day before election	Exceeded \$500 limit  Dissolution (attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year		Month Day Year
	07 /16 / 12	THROUGH	10 / 06 / 12
11 ELECTION	ELECTION DATE ELE	ECTION TYPE	
	11/06/12	Primary Runoff	General Special
	GOTO	DPAGE 2	

# SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

P.O. Box 12070

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	El Paso Tom	orrow PAC	ACCOUNT	# (Ethics Commission Filers)
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (c	officeholder)	
OPPOSE (Candidate or Measure)	MEASURE	BALLOT IDENTIFICATION / #  Mor  11	/ .	DATE Year 12
ASSIST (Officeholder)	WEASURE	DESCRIPTION 2012 Quality of Life Bond		
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER TO OR GUARANTEES OF LOANS), UNLESS ITEM		\$ 0.00
		AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS	ı	\$ 192,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS I	TEMIZED	\$ 0.00
· · · · · · · · · · · · · · · · · · ·	4. TOTAL POLITICA	ALEXPENDITURES		<sup>\$</sup> 130,842.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LA IG PERIOD	ST DAY	\$86,557.48
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS ( REPORTING PERIOD	OF THE	\$ 0.00
AFFIX NOTARY STAMP / SE	ALABOVE ed before me, by the	I swear, or affirm, under penalty of report is true and correct and includ reported by me under Title 15, Electrical Signature of Campus Said Richard To Sou	es all inforition Code.	mation required to be CLER CLER CLER CLER CLER CLER CLER CLER
Sylvia Acu Signature of officer administe	ring oath Printed	Na Acuna hame of officer administering oath	Title of c	officer administering oath

OTTILIX	THAN I LEBOLO ON LOAI			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
El Paso To	morrow PAC		•	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution
08/03/12	Kemp Smith LLP		5,000.00	description (if applicable)
	6 Contributor address; City; State; Zip Code		.,	
	221 N. Kansas, Ste. 1700 El Paso,	TX 79901		
			(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		
Date	Full name of contributor		Amount of	In-kind contribution
08/03/12	Myrna Deckert		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500.00	
	4276 Canterbury El Paso, TX 79902	2		
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Total Complete Consults 17
				T
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/03/12	Pablo Sanders		2,500.00	1
	Contributor address; City; State; Zip Code	4	_,	!
	201 E. Main El Paso, TX 7990			
Dringingless	nation / lab title (Con lanturations)	Familiar (Con In		of Texas, complete Schedule T)
Pilitcipal occup	pation / Job title (See Instructions)	Employer (See In	sauctions)	
Date	Full name of contributor		Amount of	In-kind contribution
08/03/12	Paso Properties LP		contribution (\$) 10,000.00	description (if applicable)
	Contributor address; City; State; Zip Code		10,000.00	
	6500 Montana Ave. El Paso, TX 799	925		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	2012 (
Date	Full name of contributor		Amount of	In-kind contribution
08/03/12	William Sanders		contribution (\$) 2,500.00	description (if applicable)
	Contributor address; City; State; Zip Code		2,000.00	
	201 E. Main El Paso, TX 7990	01		
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	ထ
	-			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SCHEDULE A

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME El Paso To	omorrow PAC		3 ACCOUNT # (E	thics Commission Filers)
4 Date 08/09/12	5 Full name of contributor ☐ out-of-state PAC(ID#		7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)
Date 08/22/12	Full name of contributor out-of-state PAC (ID#:_Alan Krasne  Contributor address; City; State; Zip Code  1107 E. Baltimore El Paso, TX 799	02	Amount of contribution (\$) . 1,000.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In		or rexas, complete scriedule 17
Date 08/22/12	Full name of contributor out-of-state PAC (ID#:_Allan Abbott Contributor address; City; State; Zip Code 300 Coral Sky Lane El Paso, TX 799		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
Date 08/22/12	Full name of contributor out-of-state PAC(ID#_ Dipp and Co. LLC Contributor address; City; State; Zip Code P.O. Box 55 El Paso, TX 7994		Amount of contribution (\$) . 1,000.00	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
Date 08/22/2012	Full name of contributor out-of-state PAC(ID#_Dorsar Partners LP  Contributor address; City; State; Zip Code  4855 N. Mesa, Ste. 120 El Paso, TX		Amount of contribution (\$)  5,000.00	In-kind contributio description (if applicable)    description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See li	<del></del>	N
	ATTACH ADDITIONAL COPIES C			00

(512) 463-5800

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

# SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME El Paso To	omorrow PAC		3 ACCOUNT# (E	thics Commission Filers)
4 Date 08/22/12	5 Full name of contributor out-of-state PAC(ID#_Brownco Capital LLC 6 Contributor address; City; State; Zip Code 123 W. Mills, Ste. 610 El Paso, TX 7		7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
9 Principal occi	upation / Job title (See Instructions)	10 Employer (See In	·	or rexas, complete scriedule 1)
Date 08/22/12	Full name of contributor out-of-state PAC (ID#_IKe Monty  Contributor address; City; State; Zip Code  7400 Viscount Blvd. Ste 109 El Paso		Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date 08/29/12	Full name of contributor out-of-state PAC (ID#_Bravo Cadillac LLP Contributor address; City; State; Zip Code 6555 Montana Ave. El Paso, TX 799	925	Amount of contribution (\$) 4,000.00	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In	<u> </u>	of Texas, complete Schedule T)
Date 08/29/12	Full name of contributor out-of-state PAC (ID#_  J.O. Stewart  Contributor address; City; State; Zip Code  124 W. Castellano, Ste. 213 El Paso		Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In	·	of Texas, complete Schedule T)
Date 08/29/12	Full name of contributor out-of-state PAC (ID#_Sonny Brown Associates LLC Contributor address; City; State; Zip Code 200 Bartlett, Ste. 105 El Paso, TX 79	9912	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)

# SCHEDULE A

Tł	ne Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
El Paso T	omorrow PAC			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
09/07/12	E.C. Houghton Jr.		1,000.00	description (if applicable)
	6 Contributor address; City; State; Zip Code		1,000.00	
	414 Executive Center, Ste. 205 El Pa	aso. TX 79902		
		,	/If trough putaids	of Toyon, complete Schodule Ti
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See Ir	'	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
09/07/12	Ondasun LLC		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		5,000.00	
	500 W. Overland El Paso, TX 79901	I		
	,		//f topsel outside	 
Principal occ		Employer (See In	<del></del>	of Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of	In-kind contribution
09/07/12	Paul Foster		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		10,000.00	
	123 W. Mills El Paso, TX 79901			
			(If traval autoida	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	<u> </u>	or rexas, complete scriedule 1)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
09/07/12	Robert E Skov		contribution (\$) 500.00	description (if applicable)
	Contributor address; City; State; Zip Code		300.00	
	P.O. Box 310 El Paso, TX 79836			
	·		(If traval outside (	 of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	<del></del>	or rexas, complete scriedule 1)
		. , ,		
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
09/07/12	Hoy Fox Acura LP		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		2,500.00	
	7230 Viscount El Paso, TX 79925	5		
		_	(15 transcal) and all	of Toyen, complete Oak at the Th
Principal occ		Employer (See In		of Texas, complete Schedule T)
i incipatoci	sapation, our tito (our methodistra)	Employer (Gee II		

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# SCHEDULE A

TI	he Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	eaule A:
2 FILER NAME El Paso T	omorrow PAC		3 ACCOUNT# (E	thics Commission Filers)
4 Date 09/07/12	5 Full name of contributor ☐ out-of-state PAC (ID#_ Hoy Fox Automotive Market LP 6 Contributor address; City; State; Zip Code 1122 Airway El Paso, TX 799		7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable)
			(If travel outside	 of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 09/07/12	Full name of contributor out-of-state PAC (ID#_ Hoy Fox Toyota Lexus LP Contributor address; City; State; Zip Code 11165 Gateway West El Paso, TX		Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date 09/07/12	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 500 W. Overland, Ste. 310 El Paso	, TX 79901	5,000.00	
Principal occ	Contributor address; City; State; Zip Code	, TX 79901  Employer (See In	(If travel outside	      of Texas, complete Schedule T)
Date	Contributor address; City; State; Zip Code 500 W. Overland, Ste. 310 El Paso	Employer (See Ir	(If travel outside structions)  Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Date 09/12/12	Contributor address; City; State; Zip Code 500 W. Overland, Ste. 310 El Paso cupation / Job title (See Instructions)  Full name of contributor	Employer (See Ir	(If travel outside structions)  Amount of contribution (\$) 50.00	
Date 09/12/12	Contributor address; City; State; Zip Code 500 W. Overland, Ste. 310 El Paso  cupation / Job title (See Instructions)  Full name of contributor	Employer (See In	(If travel outside structions)  Amount of contribution (\$) 50.00  (If travel outside extructions)  Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)

# SCHEDULE A

			1 Total pages Sch	edule A:
Th	e Instruction Guide explains how to complete thi	s 10m.	8	
2 FILER NAME El Paso To	: omorrow PAC		3 ACCOUNT # (E	thics Commission Filers)
4 Date 09/12/12	5 Full name of contributor □ out-of-state PAC(ID#_ Joseph and Cynthia Bilbe 6 Contributor address; City; State; Zip Code 415 N. Mesas El Paso, TX 7990		7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)  of Texas, complete Schedule T)
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See Ir	<del></del>	
Date 09/12/12	Full name of contributor out-of-state PAC (ID#_William Lovelady  Contributor address; City; State; Zip Code P.O. Box 51, Tornillo, TX 7985		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See Ir	·	of Texas, complete Schedule T)
Date 09/12/12	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See Ir	1 ,	of Texas, complete Schedule T)
Date 09/25/12	Full name of contributor out-of-state PAC (ID#_Amador Leal Contributor address; City; State; Zip Code 1304 Rancho Grande El Paso, TX 7		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See in		of Texas, complete Schedule T)
Date 09/25/12	Full name of contributor	32	Amount of contribution (\$)	In-kind contribution description (if applicable)
	2, 4000 Bo 1 42 2.1 400, 17(100)			l of Texas, complete Schedule T)

# SCHEDULE A

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A;
2 FILER NAME	omorrow PAC		3 ACCOUNT# (E	thics Commission Filers)
L11 030 10	THOTOW I AO			1
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/25/12	William Yung		1,000.00	description (ii applicable)
			1,000.00	
	6 Contributor address; City; State; Zip Code			
	1123 Rim Rd. El Paso, TX 7990	)2		1
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	structions)	<del>\</del>
,				
Date	Full name of contributor  ut-of-state PAC (ID#.		Amount of	In-kind contribution
10/05/12			contribution (\$)	description (if applicable)
10/00/12	Edward & Margarita Escudero		2,500.00	
	Contributor address; City; State; Zip Code			<b>!</b> !
	3820 Hillcrest El Paso, TX 799	02		
			(If travel autoida	of Toyan, complete Schodule T\
Principal occu	pation / Job title (See Instructions)	Employer (See In	'	of Texas, complete Schedule T)
, , , , , , , , , , , , , , , , , , ,		,,	,	
Date	Full name of contributor	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
10/05/12	James Rogers Jr.		3,500.00	1
	Contributor address; City; State; Zip Code		3,300.00	
	5035 Meadowlark El Paso, TX 7993	22		
			<u> </u>	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
D-4-	Full record of contributor	1	Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#_		contribution (\$)	description (if applicable)
10/05/12	L. Frederick Francis		10,000.00	
	Contributor address; City; State; Zip Code		10,000.00	
	500 N. Mesa El Paso, TX 799	01		1
		1	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
D-1-	Full name of contribute		Amount of	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	description (if applicable)
10/05/12	Pablo Sanders		2,500.00	1
	Contributor address; City; State; Zip Code		2,000.00	
1	201 E. Main El Paso, TX 7990	01		†
1	201 2. Maii	<b>-</b> .		
		·	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
		1		· · · · · · · · · · · · · · · · · · ·

# ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

# SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
<sup>2</sup> FILER NAME El Paso To	morrow PAC		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
10/05/12			contribution (\$)	description (if applicable)
10/03/12	Richard Clarence		50.00	<u>'</u>
	6 Contributor address; City; State; Zip Code			 
	P.O. Box 1829 El Paso, TX 7994	19		
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In		or rosac, complete concedit ()
Date	Full name of contributor	)	Amount of	In-kind contribution
10/05/12	Robert Clarence		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50.00	
	j	0		
	P.O. Box 1829 El Paso, TX 7994	9		
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/05/12	Verlander Enterprises LLC		5,000.00	] ' ; '' '
	Contributor address; City; State; Zip Code		3,000.00	
	5835 Onix, Ste. 300 El Paso, TX 799	912		
	•		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:		or results complete confedence 17
Date	Full name of contributor	)	Amount of	In-kind contribution
10/05/12	William Sanders		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		2,500.00	[
	201 E. Main El Paso, TX 7990	11		
	201 E. Maiii El Faso, 17 7990	,		
			(If travel outside	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	TO 2%.
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
09/25/12	Myrna Deckert		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		1,000.00	<u> </u>
	4276 Canterbury El Paso, TX 7990	12		
	Table Dury Lindso, 17 1990	14		
				of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
		L		

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Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
TEXAS EUTICS CONTINUSSION	1.0.000 12010	Auguii, 10,203 707 11-2070	(3 (2) +00-0000	(100100-100-2000

PLEDGED CC	NTRIBUTIONS			SCHEDULE B
The Instruction	Guide explains how to complete th	nis form.	1 Total pages Sch	edule B:
FILER NAME I Paso Tomorro	w PAC		3 ACCOUNT # (E	thics Commission Filers)
TOTAL OF UNI	TEMIZED PLEDGES:	<b>\$ \$</b>	⇒ ⇒	\$
Date 6 Full na	me of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgo	r address; City; State; Zip Cod			
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job t	itle (See Instructions)	11 Employer (See In	nstructions)	
Date Full na	me of pledgor out-of-state PAC(ID#:		Amount of	In-kind description
, Pledgo	r address; City; State; Zip Cod		pledge (\$)	(if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job t	itle (See Instructions)	Employer (See Ir	nstructions)	
	me of pledgor out-of-state PAC (ID#	e	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job t	itle (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
	me of pledgor out-of-state PAC (ID#:	) 	Amount of   pledge (\$)   	In-kind description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job	itle (See Instructions)	Employer (See Ir	nstructions)	
	mo of pladear		Amount of	In-kind description (if applicable)
Date Full na	me of pledgor		pledge (S)	
	out-or-state PAC (ID#:		pledge (\$) (If travel outside	of Texas, complete Schedule T)
			(If travel outside	, ,,

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

# SCHEDULE C

т	he Instruction Guide explains how to complete this form.	1 Total pages School	edule C:	
2 FILER NAME El Paso T	omorrow PAC	3 ACCOUNT # (Et	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/22/12	5 Corporation / Labor Organization name Economy Cash and Carry, Inc.  6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 1736  El Paso, TX 79949	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)	
Date 08/29/12	Corporation / Labor Organization name  VP Clarence Company  Corporation / Labor Organization address; City; State; Zip Code  P.O. Box 1829  El Paso, TX 79949	Amount of contribution (\$) . 250.00	of Texas, complete Schedule T)  In-kind contribution description (if applicable)	
Date 08/29/12	Corporation / Labor Organization name  Scott Hulse PC  Corporation / Labor Organization address; City; State; Zip Code  1100 Chase Tower El Paso, TX 79901	(If travel outside  Amount of contribution (\$)  5,000.00	of Texas, complete Schedule T)  In-kind contribution description (if applicable)	
Date 09/07/12	Corporation / Labor Organization name  Lauterbach, Borschow & Company  Corporation / Labor Organization address; City; State; Zip Code  4130 Rio Bravo El Paso, TX 79902	(If travel outside  Amount of contribution (\$) . 2,500.00	of Texas, complete Schedule T)  In-kind contribution description (if applicable)	
Date 09/07/12	Corporation / Labor Organization name Raba-Kistner Corporation / Labor Organization address; City; State; Zip Code 12821 W. Golden Lane San Antonio, TX 78249	Amount of contribution (\$)	of Texas, complete Schedule T)  In-kind contribution description (if applicable)	
Date 09/07/12	Corporation / Labor Organization name  Moore Nordell Kroeger Architects Inc.  Corporation / Labor Organization address; City; State; Zip Code  7170 Westwind Drive, Ste 105 El Paso, TX 79912	Amount of contribution (\$)  1,000.00	of Texas, complete Schedule T)  In-kind contribution description (if applicable)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI		of Texas, complete Schedule T)	

(512) 463-5800

# CITY CLERK DEFT

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

# SCHEDULE C

omorrow PAC	3 ACCOUNT # (Et	thing Commission Filoso)
		thes Commission Filers)
5 Corporation / Labor Organization name Southwest Land Development Services, Inc. 6 Corporation / Labor Organization address; City; State; Zip Code 6080 Surety, Ste. 300 El Paso, TX 79905	7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
	(If travel outside	of Texas, complete Schedule T)
Corporation / Labor Organization name  Rocky Mountain Mortgage Co.  Corporation / Labor Organization address; City; State; Zip Code  2244 Trawood, Ste. 100 El Paso, TX 79935	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
	(If travel outside	of Texas, complete Schedule T)
Corporation / Labor Organization name The Bath Group, Inc.  Corporation / Labor Organization address; City; State; Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902	Amount of contribution (\$)	In-kind contribution description (if applicable)
	(If travel outside	of Texas, complete Schedule T)
Corporation / Labor Organization name  Laun-Dry Supply Company, Inc.  Corporation / Labor Organization address; City; State; Zip Code  4110 Rio Bravo, Ste. 102 El Paso, TX 79902	Amount of contribution (\$)  1,000.00	In-kind contribution description (if applicable)
Corporation / Labor Organization name	Amount of	In-kind contribution
Walter P. Moore & Associates, Inc.  Corporation / Labor Organization address; City; State; Zip Code  221 N. Kansas, Ste. 801 El Paso, TX 79901	1,000.00	description (if applicable)
	(If travel outside	of Texas, complete Schedule T)
Corporation / Labor Organization name  Red Mountain Holding Company  Corporation / Labor Organization address; City; State; Zip Code  201 E. Main, Ste. 800 El Paso, TX 79901	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
	(If travel outside	of Texas, complete Schedule T)
	Corporation / Labor Organization name Rocky Mountain Mortgage Co. Corporation / Labor Organization address; City; State; Zip Code 2244 Trawood, Ste. 100 El Paso, TX 79935  Corporation / Labor Organization name The Bath Group, Inc. Corporation / Labor Organization address; City; State; Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902  Corporation / Labor Organization name Laun-Dry Supply Company, Inc. Corporation / Labor Organization address; City; State; Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902  Corporation / Labor Organization address; City; State; Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79901  Corporation / Labor Organization name Walter P. Moore & Associates, Inc. Corporation / Labor Organization address; City; State; Zip Code 221 N. Kansas, Ste. 801 El Paso, TX 79901  Corporation / Labor Organization name Red Mountain Holding Company Corporation / Labor Organization address; City; State; Zip Code 201 E. Main, Ste. 800 El Paso, TX 79901	Corporation / Labor Organization name Rocky Mountain Mortgage Co. Corporation / Labor Organization address; City: State: Zip Code 2244 Trawood, Ste. 100 El Paso, TX 79935  Corporation / Labor Organization name The Bath Group, Inc. Corporation / Labor Organization address; City: State: Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902  Corporation / Labor Organization name Laun-Dry Supply Company, Inc. Corporation / Labor Organization address; City: State: Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902  Corporation / Labor Organization address; City: State: Zip Code 4110 Rio Bravo, Ste. 102 El Paso, TX 79902  Corporation / Labor Organization name Walter P. Moore & Associates, Inc. Corporation / Labor Organization address; City: State: Zip Code 221 N. Kansas, Ste. 801 El Paso, TX 79901  Corporation / Labor Organization address; City: State: Zip Code 221 N. Kansas, Ste. 801 El Paso, TX 79901  Corporation / Labor Organization name Red Mountain Holding Company Corporation / Labor Organization address; City: State: Zip Code 201 E. Main, Ste. 800 El Paso, TX 79901

# CITY CLERK DE

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

# SCHEDULE C

Т	he Instruction Guide explains how to complete this form.	1 Total pages Sch	edule C:
2 FILER NAMI El Paso T	omorrow PAC	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/05/12	5 Corporation / Labor Organization name Hunt ELP Ltd. 6 Corporation / Labor Organization address; City; State; Zip Code P.O. Box 117 El Paso, TX 79941	7 Amount of contribution (\$) 10,000.00	8 In-kind contribution description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
Date 10/05/12	Corporation / Labor Organization name  Moreno Cardenas, Inc.  Corporation / Labor Organization address; City; State; Zip Code  2505 E. Missouri, Ste. 100 El Paso, TX 79903	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
Date 10/05/12	Corporation / Labor Organization name  Wells Fargo Bank  Corporation / Labor Organization address; City; State; Zip Code  221 N. Kansas El Paso, TX 79901	Amount of contribution (\$) 15,000.00	In-kind contribution description (if applicable)
	·	(If travel outside	of Texas, complete Schedule T)
Date 10/05/12	Corporation / Labor Organization name  West Star Bank  Corporation / Labor Organization address; City; State; Zip Code  P.O. Box 99100  El Paso, TX 79999	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	Corporation / Labor Organization address; City; State; Zip Code	contribution (\$)	description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(If travel outside	of Texas, complete Schedule T)

# PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

P.O. Box 12070

# SCHEDULE D

		1	Total pages Sch	nedule	D:
	The Instruction Guide explains how to complete this form.				_
2 FILER NA		3	ACCOUNT # (E	Ethics	Commission Filers)
El Paso	Tomorrw PAC				
4 Date	5 Corporation / Labor Organization name	7	Amount of pledge (\$)	8 	In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code			   	
			(If travel outside	I of Tex	as, complete Schedule T)
Date	Corporation / Labor Organization name		Amount of pledge (\$)		In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code				
			(If travel outside	of Texa	as, complete Schedule T)
Date	Corporation / Labor Organization name		Amount of pledge (\$)		In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code				
			(If travel outside	of Tex	as, complete Schedule T)
Date	Corporation / Labor Organization name		Amount of pledge (\$)	i I	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code			 	
			(If travel outside	of Tex	as, complete Schedule T)
Date	Corporation / Labor Organization name		Amount of pledge (\$)	 	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code			 	
			(If travel outside o	 of Texa	s, complete Schedule T)
Date	Corporation / Labor Organization name		Amount of pledge (\$)		In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code			<u> </u>	8 PM
			(If travel outside o	 of Texa	s, complete Schedule_I)
<u> </u>					Q

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)

LOANS				SCHEDULE <b>E</b>
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ages Schedule E:
<sup>2</sup> FILER NAME El Paso Ton	norrow PAC		3 ACCOL	JNT # (Ethics Commission Filers)
4 TOTA	L 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?	8 Lender address; City; State; 7			10 Interest rate
Y N	NONE			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	7.00	
14 Description of Coll	lateral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; S	State; Zip Code		
19 Principal Occupat	ion (See Instructions)	20 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; 2			Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		2012 OCT -8 PH 2: 19
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		e PH
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional rep		quirements.

# **POLITICAL EXPENDITURES**

Texas Ethics Commission

# SCHEDULE F

204.91 10931 Laureate Drive • San Antonio, Texas 78249  8 PURPOSE OF Checks  9 Complete QNLY if direct expenditure to benefit C/OH  Payee name 08/09/12 The Forma Group  Amount (\$) Payee address; City; State; Zip Code 13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE Expenditure to benefit C/OH  Candidate / Officeholder name 08/09/12 The Forma Group  Payee address; City; State; Zip Code 13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE Category (See categories listed at the top of this schedule)  Consulting  Complete QNLY if direct expenditure to benefit C/OH  Date Payee name 08/09/12 The Forma Group  Amount (\$) Payee address; City; State; Zip Code 30.1 E. San Antonio El Paso, TX 79902  Description (if travel outside of Texas, complete Schedule T Office holder name Office sought Office held of Texas, complete Schedule T Office held of Texas, Complete Schedule T Office holder name Office sought Office held of Texas, Complete Schedule T Office held of Texas, Complete Sched	
Harland Clarke   Harland Clarke   Harland Clarke   Taylor	)
204.91  10931 Laureate Drive • San Antonio, Texas 78249  8 PURPOSE OF EXPENDITURE  Office Expense  Candidate / Officeholder name  Office sought  Office sought  Office held	)
Office Expense 9 Complete ONLY if direct expense 13,500.00  Purpose OF EXPENDITURE  Candidate / Office holder name Office sought  Office sought Office hold Office hold Office sought Office hold Office hold Office sought Office hold	()
Date ONLY if direct expenditure to benefit C/OH  Date OF CONSULTING  Payee name  Consulting  Payee name  Office sought  Consulting  Payee name  Office sought  Consulting  Payee name  Office sought  Office held  Payee name  Office sought  Consulting  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Payee name  ONUM If a payee name  ONUM If a payee name  ONUM If a payee name  Consulting  Consulting  Consulting  Consulting  Consulting  Consulting  Description (if travel outside of Texas, complete Schedule Texas)  Office held  Date ONLY if direct expenditure to benefit C/OH  Payee name  ONUM If a payee name  Consulting  Category (See categories listed at the top of this schedule)  Payee address; City; State; Zip Code  13,500.00  Category (See categories listed at the top of this schedule)  Consulting  Consulting  Consulting  Consulting  Consulting  Confice held  Office sought  Office held	
The Forma Group  Amount (\$) Payee address; City; State; Zip Code  13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE OF EXPENDITURE  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Payee name  The Forma Group  Amount (\$) Payee address; City; State; Zip Code  Office sought Office held  Office held  Payee name  The Forma Group  Amount (\$) Payee address; City; State; Zip Code  13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Payee name  Office sought Office held  Description (if travel outside of Texas, complete Schedule T Office held)  Office held  Office sought Office held  Office held  Consulting  Consulting  Consulting  Consulting  Candidate / Officeholder name Office sought Office held	
13,500.00  301 E. San Antonio El Paso, TX 79902  PURPOSE OF EXPENDITURE  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Consulting  Consulting  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Date Payee name  The Forma Group  Amount (\$) Payee address; City; State; Zip Code  13,500.00  PURPOSE OF Category (See categories listed at the top of this schedule)  Consulting  Consulting  Consulting  Consulting  Candidate / Officeholder name  Office sought  Office sought  Office held  Office held  Office held  Office held  Office held	
Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held  Office sought  Office held	
Date  O8/09/12  Amount (\$)  Payee address; City; State; Zip Code  13,500.00  Purpose  OF  EXPENDITURE  Candidate / Office holder name  Candidate / Office holder name  Candidate / Office holder name  Office sought  Office sought  Office held	)
O8/09/12 The Forma Group  Amount (\$) Payee address; City; State; Zip Code  13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE OF EXPENDITURE  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office sought  Office held	
Amount (\$) Payee address; City; State; Zip Code  13,500.00 301 E. San Antonio El Paso, TX 79902  PURPOSE OF EXPENDITURE  Consulting  Complete ONLY if direct expenditure to benefit C/OH  Category (See categories listed at the top of this schedule)  Consulting  Candidate / Officeholder name  Office sought  Office held	AL .
PURPOSE OF EXPENDITURE  Consulting  Candidate / Officeholder name  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Candidate / Officeholder name  Office sought  Office held	
OF EXPENDITURE CONSULTING  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OH	2012 (
Pote Power name	CT,
Date Payee name  08/31/12 The Forma Group	<b>₽</b>
Amount (\$) Payee address; City; State; Zip Code  13,500.00 San Antonio El Paso, TX 79902	2:19
PURPOSE Category (See categories listed at the top of this schedule)  OF EXPENDITURE  Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T	)
Complete ONLY if direct	,

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R  The Instruction Guide explains how to	ontract Labor Lising Expense ( rict ental Expense (	Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com. OTHER (enter a category not listed above).	mittee
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commissio	n Filers)
3	El Paso Tomorrow PAC	<del></del>	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
4 Date 09/11/12	The Forma Group			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
32,000.00	301 E. San Antonio El Paso, TX 7990	)2		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1 * *	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Consulting	Video Pr	oduction, Social M	ledia
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held	
Date	Payee name			
09/12/12	Veronica Garcia			
Amount (\$)	Payee address; City; State; Zip Code			
825.00	837 Dulce Tierra Drive El Paso, TX	79912		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contract Labor			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Office held	
Date	Payee name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
09/20/12	The Forma Group			
Amount (\$)	Payee address; City; State; Zip Code			
6,151.12	301 E. San Antonio El Paso, TX 7990	)2		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Campaig	gn Materials	<b>~</b> .
Complete ONLY if direct	Candidate / Officeholder name	Office sough		2012
expenditure to benefit C/	ОН			30
Date	Payee name			
09/25/12	Veronica Garcia			63
Amount (\$)	Payee address; City; State; Zip Code			PM
810.00	837 Dulce Tierra Drive El Paso, TX	79912		:2
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	: 0
OF EXPENDITURE	Contract Labor			
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sough	t Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED	

# **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

	EXPENDITURE (	CATEGORIES F	OR 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/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	sing Expense ( ct	oan Repayment/Reiml Fransportation Equipme Contributions/Donations Candidate/Officehold DTHER (enter a catego	nt & Related Expense : Made By der/Political Committee
	The Instruction Guide	explains how to c	omplete this form	n.	
1 Total pages Schedule F:	2 FILER NAME El Paso Tomorrow PAC			3 ACCOUNT # (	Ethics Commission Filers)
4 Date	5 Payee name				
10/02/12	The Forma Group				
6 Amount (\$)		e; Zip Code			
49,779.99	301 E. San Antonio El Pa	nso, TX 7990:	2		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE	Consulting		Video Pr	oduction, N	/ledia
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	:	Office held
Date 10/02/12	Payee name Veronica Garcia				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
571.50	837 Dulce Tierra Drive E	El Paso, TX 7	9912		
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE	Contract Labor				
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sought	:	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (	If travel outside of Texas, co	mplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

# **PAYMENT FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

P.O. Box 12070

# SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Trave! In District Polling Expense Trave! Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Lo ising Expense Tra Co rict tental Expense OT	an Repayment/Reimbursement ansportation Equipment & Related Expense entributions/Donations Made By Candidate/Officeholder/Political Committee "HER (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name NONE		
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 ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	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 t	ravel outside 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	Business name		180
Amount (\$)	Business address; City; State; Zip Code		ravel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held N
Date	Business name		19
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Ift	ravel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

# **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

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 o	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	El Paso Tomorrow PAC	·
4 Date	5 Payee name	
	NONE	
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	2012 201 -8
Amount (\$)	Payee address; City; State; Zip Code	PH 2: 1:
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

# SCHEDULE J

The In:	struction Guide explains how to complete this form.	1 Total pages Sch	edule J:
<sup>2</sup> FILER NAME El Paso To	morrow PAC	3 ACCOUNT # (E	thics Commission Filers)
4 Date Returned	5 Original payee name		7 Amount Returned (\$)
	6 Original payee address; City; State; Zip Code		
Date Returned	Original payee name		Amount Returned (\$)
	Original payee address; City; State; Zip Code		
Date Returned	Original payee name	-	Amount Returned (\$)
	Original payee address; City; State; Zip Code		
Date Returned	Original payee name		Amount Returned (\$)
	Original payee address; City; State; Zip Code		
Date Returned	Original payee name		Amount Returned (\$)
	Original payee address; City; State; Zip Code		, o /
			E
Date Returned	Original payee name		Amount Returned (\$)
	Original payee address; City; State; Zip Code		PM 2: 15
Date Returned	Original payee name		Amount Returned (\$)
	Original payee address; City; State; Zip Code		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	AS NEEDED	

# INTEREST EARNED, OTHER CREDITS/GAINS/

# SCHEDULE K

The Instruction Guide explains how to complete this form.		Total pages Schedule K:
z filer nam El Paso To	ACCOUNT # (Ethics Commission Filers)	
1 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code NONE	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	NEEDED
	Purpose for which amount is received	- B PH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

# 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:	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corpo NONE	oration or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure re Schedule Schedule	A Schedule B Schedule C Schedule	D Schedule F Schedule G PAC-C PAC-E	
6 Dates of travel 7	Name of person(s) traveling		
8 0	eparture city or name of departure location		
9 0	estination city or name of destination location		
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)	
Name of Contributor / Corpor	ration or Labor Organization / Pledgor / Payee		
	A Schedule B Schedule C Schedule	PAC-C PAC-E	
Des	tination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corpor	ration or Labor Organization / Pledgor / Payee		
Contribution / Expenditure re Schedule	A Schedule B Schedule C Schedule	PAC-C PAC-E	
Dates of travel Nar	me of person(s) traveling	7912 <sub>(</sub>	
Dep	arture city or name of departure location	2012 UCT-8 PH	
Des	tination city or name of destination location	ERK 8 PI	
Means of transportation	Purpose of travel (including name of conference, sen		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	