

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 24
3 COMMITTEE NAME El Paso Tomorrow PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		Date Received 2012 OCT - 8 PM 2:18
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Richard	Receipt # Amount	
	NICKNAME LAST SUFFIX De Santos	Date Processed	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 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 Month Day Year 11 / 06 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

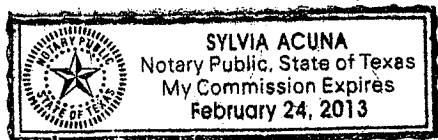
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **El Paso Tomorrow PAC** ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <div style="text-align: right;"> ELECTION DATE Month Day Year 11 / 06 / 12 </div>
	DESCRIPTION 2012 Quality of Life Bond	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 192,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 130,842.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 86,557.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 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.

Richard De Santos
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Richard De Santos, this the 8 day of October, 20 12, to certify which, witness my hand and seal of office.

Sylvia Acuna
Signature of officer administering oath

Sylvia Acuna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

CITY CLERK DEPT.
OCT - 8 PM 2:18

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/03/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kemp Smith LLP 6 Contributor address; City; State; Zip Code 221 N. Kansas, Ste. 1700 El Paso, TX 79901	7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Myrna Deckert Contributor address; City; State; Zip Code 4276 Canterbury El Paso, TX 79902	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pablo Sanders Contributor address; City; State; Zip Code 201 E. Main El Paso, TX 79901	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paso Properties LP Contributor address; City; State; Zip Code 6500 Montana Ave. El Paso, TX 79925	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/03/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Sanders Contributor address; City; State; Zip Code 201 E. Main El Paso, TX 79901	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

El Paso Tomorrow PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date
08/09/125 Full name of contributor ☐ out-of-state PAC (ID# _____)

Donald Margo

7 Amount of
contribution (\$)
5,000.008 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/22/12

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

Alan Krasne

Amount of
contribution (\$)
1,000.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1107 E. Baltimore El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/12

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

Allan Abbott

Amount of
contribution (\$)
2,000.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

300 Coral Sky Lane El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/12

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

Dipp and Co. LLC

Amount of
contribution (\$)
1,000.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 55 El Paso, TX 79940

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2012

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

Dorsar Partners LP

Amount of
contribution (\$)
5,000.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4855 N. Mesa, Ste. 120 El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/22/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brownco Capital LLC 6 Contributor address; City; State; Zip Code 123 W. Mills, Ste. 610 El Paso, TX 79901	7 Amount of contribution (\$) 5,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/22/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ike Monty Contributor address; City; State; Zip Code 7400 Viscount Blvd. Ste 109 El Paso, TX 79925	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bravo Cadillac LLP Contributor address; City; State; Zip Code 6555 Montana Ave. El Paso, TX 79925	Amount of contribution (\$) 4,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.O. Stewart Contributor address; City; State; Zip Code 124 W. Castellano, Ste. 213 El Paso, TX 79912	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sonny Brown Associates LLC Contributor address; City; State; Zip Code 200 Bartlett, Ste. 105 El Paso, TX 79912	Amount of contribution (\$) 1,800.00	In-kind contribution description (if applicable)
		(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
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/07/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: E.C. Houghton Jr. 6 Contributor address; City; State; Zip Code 414 Executive Center, Ste. 205 El Paso, TX 79902	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ondasun LLC Contributor address; City; State; Zip Code 500 W. Overland El Paso, TX 79901	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul Foster Contributor address; City; State; Zip Code 123 W. Mills El Paso, TX 79901	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert E Skov Contributor address; City; State; Zip Code P.O. Box 310 El Paso, TX 79836	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hoy Fox Acura LP Contributor address; City; State; Zip Code 7230 Viscount El Paso, TX 79925	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/07/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hoy Fox Automotive Market LP 6 Contributor address; City; State; Zip Code 1122 Airway El Paso, TX 79925	7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hoy Fox Toyota Lexus LP Contributor address; City; State; Zip Code 11165 Gateway West El Paso, TX 79935	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/07/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sotoak Realty LLC Contributor address; City; State; Zip Code 500 W. Overland, Ste. 310 El Paso, TX 79901	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank Desloge Contributor address; City; State; Zip Code 352 Calle Del Rio El Paso, TX 79912	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Kirk Robison Contributor address; City; State; Zip Code 4445 N. Meas, Ste. 100 El Paso, TX 79902	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph and Cynthia Bilbe 6 Contributor address; City; State; Zip Code 415 N. Mesas El Paso, TX 79901	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Lovelady Contributor address; City; State; Zip Code P.O. Box 51 Tornillo, TX 79853	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/12/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Woody and Gayle Hunt Contributor address; City; State; Zip Code P.O. Box 12220 El Paso, TX 79913	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amador Leal Contributor address; City; State; Zip Code 1304 Rancho Grande El Paso, TX 79936	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andrew Krafstur Contributor address; City; State; Zip Code 8 Paseo De Paz El Paso, TX 79932	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

8

2 FILER NAME

El Paso Tomorrow PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/25/125 Full name of contributor ☐ out-of-state PAC (ID# _____)

William Yung

7 Amount of
contribution (\$)
1,000.008 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1123 Rim Rd. El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/05/12

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

Edward & Margarita Escudero

Amount of
contribution (\$)
2,500.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3820 Hillcrest El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/12

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

James Rogers Jr.

Amount of
contribution (\$)
3,500.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5035 Meadowlark El Paso, TX 79922

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/12

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

L. Frederick Francis

Amount of
contribution (\$)
10,000.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

500 N. Mesa El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/05/12

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

Pablo Sanders

Amount of
contribution (\$)
2,500.00In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

201 E. Main El Paso, TX 79901

(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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/05/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Clarence 6 Contributor address; City; State; Zip Code P.O. Box 1829 El Paso, TX 79949	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/05/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Clarence Contributor address; City; State; Zip Code P.O. Box 1829 El Paso, TX 79949	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/05/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Verlander Enterprises LLC Contributor address; City; State; Zip Code 5835 Onix, Ste. 300 El Paso, TX 79912	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/05/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Sanders Contributor address; City; State; Zip Code 201 E. Main El Paso, TX 79901	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Myrna Deckert Contributor address; City; State; Zip Code 4276 Canterbury El Paso, TX 79902	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code NONE	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 3	
2 FILER NAME El Paso Tomorrow PAC		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)
		(If travel outside of Texas, complete Schedule T)	
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	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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 (\$) 2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 3	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/07/12	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)	
Date 09/07/12	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)	
Date 09/12/12	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 (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 09/12/12	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)
		(If travel outside of Texas, complete Schedule T)	
Date 09/12/12	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	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 09/25/12	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)	
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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 3	
2 FILER NAME El Paso Tomorrow 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 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
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 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

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PLEDGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code NONE	7 Amount of pledge (\$)	8 In-kind 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 pledge (\$)	In-kind 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 pledge (\$)	In-kind 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 pledge (\$)	In-kind 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 pledge (\$)	In-kind 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 pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:**1****2** FILER NAME

El Paso Tomorrow PAC

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 (\$)**6** Is lender
a financial
Institution?

Y N

8 Lender address; City; State; Zip Code

NONE

10 Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR
INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation (See Instructions)**20** Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

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**SCHEDULE F****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 complete this form.

1 Total pages Schedule F: 3	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date 08/08/12	5 Payee name Harland Clarke
---------------------------	---------------------------------------

6 Amount (\$) 204.91	7 Payee address; City; State; Zip Code 10931 Laureate Drive • San Antonio, Texas 78249
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Expense	(b) Description (If travel outside of Texas, complete Schedule T) Checks
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/09/12	Payee name The Forma Group
------------------	-------------------------------

Amount (\$) 13,500.00	Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 08/09/12	Payee name The Forma Group
------------------	-------------------------------

Amount (\$) 13,500.00	Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/31/12	Payee name The Forma Group
------------------	-------------------------------

Amount (\$) 13,500.00	Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902
--------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/11/12	5 Payee name The Forma Group		
6 Amount (\$) 32,000.00	7 Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Video Production, Social Media	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 09/12/12	Payee name Veronica Garcia		
Amount (\$) 825.00	Payee address; City; State; Zip Code 837 Dulce Tierra Drive El Paso, TX 79912		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 09/20/12	Payee name The Forma Group		
Amount (\$) 6,151.12	Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Campaign Materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 09/25/12	Payee name Veronica Garcia		
Amount (\$) 810.00	Payee address; City; State; Zip Code 837 Dulce Tierra Drive El Paso, TX 79912		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
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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	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/02/12	5 Payee name The Forma Group
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6 Amount (\$) 49,779.99	7 Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Video Production, Media
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/02/12	Payee name Veronica Garcia
------------------	-------------------------------

Amount (\$) 571.50	Payee address; City; State; Zip Code 837 Dulce Tierra Drive El Paso, TX 79912
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 complete this form.

1 Total pages Schedule H: 1	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 <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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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 (If travel outside of Texas, complete Schedule T)	
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

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 complete this form.

1 Total pages Schedule I: 1	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
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	
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.)

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**POLITICAL CONTRIBUTIONS RETURNED
TO COMMITTEE****SCHEDULE J**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule J:**2** FILER NAME

El Paso Tomorrow PAC

3 ACCOUNT # (Ethics Commission Filers)**4** Date Returned**5** Original payee name**7** Amount Returned (\$)

.....
6 Original payee address; City; State; Zip Code

NONE

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

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

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

El Paso Tomorrow PAC

3 ACCOUNT # (Ethics Commission Filers)

4 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

Purpose for which amount is received

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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 / Corporation or Labor Organization / Pledgor / Payee NONE			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
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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