

# 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:  2
3 COMMITTEE NAME  NO BONDS FOR BILLIONAIRES-POLITICAL ACTION COMMITTEE			<b>OFFICE USE ONLY</b> Date Received 2012 OCT 29 PM 12 CITY CLERK DEPT. Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  2705 DOUG FORD DR., EL PASO, TX 79935		
5 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI OTHON NICKNAME LAST SUFFIX MEDINA		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  2705 DOUG FORD DR. EL PASO, TX 79935		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  SAME AS ABOVE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (915) 449-1687		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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      THROUGH      Month Day Year OCT. / 23 / 2012      THROUGH      OCT. / 27 / 2012		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special NOV / 6 / 2012		

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

## **FORM SPAC COVER SHEET PG 2**

**12 COMMITTEE NAME**

ACCOUNT # (Ethics Commission Filers)

NO BONDS FOR BILLIONAIRES-POLITICAL ACTION COMMITTEE

**13 COMMITTEE PURPOSE**

(Attach lists on plain paper to complete this report if necessary.)

☐ SUPPORT  
(Candidate or Measure)

☒ OPPOSE  
(Candidate or Measure)

☐ ASSIST  
(Officeholder)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE

CITY ELECTION BOND

Month Day Year

PROP # 1, 2, 3

NOV / 6 / 2012

 DESCRIPTION PROP 1 PARKS, REC & IMPROVEMENTS  
 PROP 2 MUSEUM, LIBRARY, CULTURAL, ETC. FACILITIES  
 PROP 3 VENUE PROJECT + HOTEL OCCUPANCY TAX

 CITY CLERK DEPT.  
 2012 OCT 29 PM 1:12
**14 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

**CONTRIBUTION BALANCE**

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

\$ 0

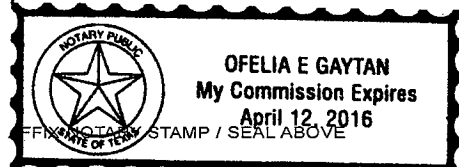
**OUTSTANDING LOAN TOTALS**

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

\$ 0

**15 AFFIDAVIT**
 NO REPORTABLE ACTIVITY  
 OCCURRED DURING THIS  
 REPORTING PERIOD.

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.



Signature of Campaign Treasurer

 Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 29 day of October, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

 Ofelia E. Gaytan  
 Printed name of officer administering oath

 Administrative Assistant  
 Title of officer administering oath