



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

Citizens for Responsible Government

ACCOUNT #  
(Ethics Commission filers)

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  
Month Day Year

DESCRIPTION

Recall

3/9/04

Recall Petition

14 CONTRIBUTION  
TOTALS

EXPENDITURE  
TOTALS

CONTRIBUTION  
BALANCE

OUTSTANDING  
LOAN TOTALS

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

\$

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

\$ 87.04

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

\$ 87.04

4. TOTAL POLITICAL EXPENDITURES

\$ 87.04

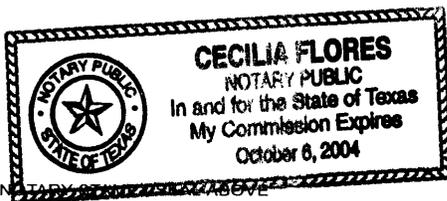
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

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

\$ 0

15 AFFIDAVIT



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.

*Robert L. Barragan*  
Signature of campaign treasurer

AFFIX NOTARY SEAL HERE

Sworn to and subscribed before me, by the said Robert L. Barragan, this the 15<sup>th</sup> day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages: Schedule F: 2

2 FILER NAME Citizens for Responsive Govt

3 ACCOUNT # (Ethics Commission filing)

4 Date  
12/10  
2003

5 Payee name  
Kinko's  
6 Payee address; City; State; Zip Code  
1410 Lee Trevino  
El Paso, TX 79936

7 Amount (\$)  
\$ 20.00

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

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

Date  
12/15  
2003

Payee name  
Kinko's  
Payee address; City; State; Zip Code  
1410 Lee Trevino  
El Paso, Texas 79936

Amount (\$)  
\$ 17.49

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

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

Date  
12/15  
2003

Payee name  
Kinko's  
Payee address; City; State; Zip Code  
1410 Lee Trevino  
El Paso, TX 79936

Amount (\$)  
6.48

Purpose of payment (See instructions regarding type of information required.)  
ST6N

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

Date  
12/15  
2003

Payee name  
Kinko's  
Payee address; City; State; Zip Code  
1410 Lee Trevino  
El Paso, TX 79936

Amount (\$)  
1.06

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME *CITIZENS for Responsive Govt.*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*12/28*  
*2003*

5 Payee name  
*Kinko's*  
6 Payee address; City; State; Zip Code  
*4190 N. Mesa*  
*El Paso, TX* *79902*

7 Amount (\$)  
*42.01*

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

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

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

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

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

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

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

1

2 FILER NAME

CITIZENS for Responsible Govt

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10  
2003

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

Robert Barragan

6 Contributor address; City; State; Zip Code

1823 Kark Wyles  
El Paso, Texas 79936

7 Amount of contribution (\$)

87.04

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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