



# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

*PARTNERS IN PROGRESS 2004*

ACCOUNT #  
(Ethics Commission filers)

CITY CLERK'S OFFICE  
JUL 15 PM 1 37

13 COMMITTEE  
PURPOSE

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

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT  
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE  
(Candidate or Measure)

MEASURE

BALLOT IDENTIFICATION / #

*AMENDMENTS 1-6  
PROPOSITIONS 1-11*

ELECTION DATE  
Month Day Year

*02/07/04*

ASSIST  
(Officeholder)

DESCRIPTION  
*EL PASO CHARTER AMENDMENTS AND  
GENERAL OBLIGATION BOND ELECTION*

14 CONTRIBUTION  
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)

\$ 28,529.09

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 15,984.77

CONTRIBUTION  
BALANCE

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

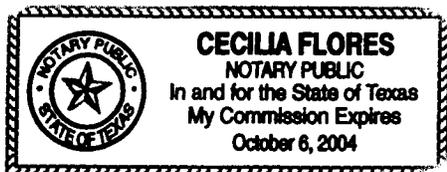
\$ 14,140.98

OUTSTANDING  
LOAN TOTALS

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

\$

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.

*Rubén Guerra*

Signature of campaign treasurer

Sworn to and subscribed before me, by the said Ruben Guerra, this the 15<sup>th</sup> day of July, 20 04, to certify which, witness my hand and seal of office.

*Cecilia Flores*  
Signature of officer administering oath

Cecilia Flores  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# 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 PARTNERS IN PROGRESS 2004

3 ACCOUNT # (Ethics Commission filers)

4 Date  
2/6/04

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

7 Amount of contribution (\$)  
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4100 CHURCHILL DOWNS  
AUSTIN TX 78746

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
6/30/04

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

Amount of contribution (\$)  
65.95

In-kind contribution description (if applicable)  
PIP2004 WEBSITE  
URL + SERVER  
SPACE

Contributor address; City; State; Zip Code  
6408 AMPOSTA DR  
EL PASO TX 79912

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.**

**CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE C**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C: <b>3</b>	
2 FILER NAME <b>PARTNERS IN PROGRESS 2004</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>1/29/04</b>	5 Corporation / Labor Organization name <b>EL PASO ASSOCIATION OF FIREFIGHTERS</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>P.O. BOX 370487 EL PASO TX 79937</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
Date <b>1/29/04</b>	Corporation / Labor Organization name <b>STEWART HOLDINGS, INC</b> Corporation / Labor Organization address; City; State; Zip Code <b>124 W. CASTELLANO, STE 100 EL PASO TX 79912</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Date <b>1/30/04</b>	Corporation / Labor Organization name <b>FIRST SOUTHWEST COMPANY</b> Corporation / Labor Organization address; City; State; Zip Code <b>325 N. ST PAUL STE 800 DALLAS TX 75201</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Date <b>2/5/04</b>	Corporation / Labor Organization name <b>LAS PALMAS DEL SOL HEALTHCARE</b> Corporation / Labor Organization address; City; State; Zip Code <b>1700 N. OREGON EL PASO TX 79902</b>	Amount of contribution (\$) <b>5,000.00</b>	In-kind contribution description (if applicable)
Date <b>2/5/04</b>	Corporation / Labor Organization name <b>TENET HEALTH SYSTEM - SPHN</b> Corporation / Labor Organization address; City; State; Zip Code <b>P.O. BOX 809074 DALLAS TX 75380</b>	Amount of contribution (\$) <b>2,000.00</b>	In-kind contribution description (if applicable)
Date <b>2/9/04</b>	Corporation / Labor Organization name <b>DELGADO, ACOSTA, BRADEN JONES P.C.</b> Corporation / Labor Organization address; City; State; Zip Code <b>221 N. KANSAS, STE 2000 EL PASO TX 79901</b>	Amount of contribution (\$) <b>1,000.00</b>	In-kind contribution description (if applicable)

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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 this Schedule C: <b>3</b>	
2 FILER NAME <b>PARTNERS IN PROGRESS 2004</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>2/19/04</b>	<b>DESERT EAGLE DISTRIBUTING CO, INC.</b>	<b>1,000.00</b>	
	6 Corporation / Labor Organization address; City; State; Zip Code <b>8949 MARKET ST EL PASO TX 79915</b>		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>2/12/04</b>	<b>LAND AMERICA LAWYERS TITLE</b>	<b>1,000.00</b>	
	Corporation / Labor Organization address; City; State; Zip Code <b>301 E. YANDELL EL PASO TX 79901</b>		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>2/19/04</b>	<b>GREATER EL PASO ASSOCIATION OF REALTORS</b>	<b>500.00</b>	
	Corporation / Labor Organization address; City; State; Zip Code <b>6400 GATEWAY EAST EL PASO TX 79905</b>		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>2/19/04</b>	<b>STATE NATIONAL BANK</b>	<b>1,000.00</b>	
	Corporation / Labor Organization address; City; State; Zip Code <b>P.O. BOX 5240 WOODOCK TX 79408</b>		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>3/5/04</b>	<b>NATIONAL CENTER FOR ENPL. DISABLED</b>	<b>1,000.00</b>	
	Corporation / Labor Organization address; City; State; Zip Code <b>12100 ESTHER LAMA EL PASO TX 79936</b>		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>1/29/04</b>	<b>TIME WARNER CABLE EL PASO</b>	<b>10,900.00</b>	<b>PUBLIC SERVICE ANNOUNCEMENT SHOOTING, EDITING AND AIRTIME</b>
	Corporation / Labor Organization address; City; State; Zip Code <b>7100 AIRPORT RD EL PASO TX 79906</b>		

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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 this Schedule C: <b>3</b>	
2 FILER NAME <b>PARTNERS IN PROGRESS 2004</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/6/04</b>	5 Corporation / Labor Organization name <b>MITTOFF-BURTON PARTNERS</b>	7 Amount of contribution (\$) <b>2,063.14</b>	8 In-kind contribution description (if applicable) <b>ADVERTISING SERVICES LABOR, SCRIPTS, DESIGN, CONSULTING</b>
	6 Corporation / Labor Organization address; City; State; Zip Code <b>4105 RIO BRAVO EL PASO TX 79902</b>		
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME <b>PARTNERS IN PROGRESS 2004</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>2/3/04</b>	5 Payee name <b>MITHOFF BURTON PARTNERS</b>	7 Amount (\$) <b>4008.00</b>
6 Payee address; City; State; Zip Code <b>4105 RIO BRAVO EL PASO TX 79902</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CABLE TELEVISION ADVERTISING</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/12/04</b>	Payee name <b>MITHOFF BURTON PARTNERS</b>	Amount (\$) <b>2658.25</b>
Payee address; City; State; Zip Code <b>4105 RIO BRAVO EL PASO TX 79902</b>		
Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE FOR REMINDER MAILER</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/12/04</b>	Payee name <b>MITHOFF BURTON PARTNERS</b>	Amount (\$) <b>550.39</b>
Payee address; City; State; Zip Code <b>4105 RIO BRAVO EL PASO TX 79902</b>		
Purpose of payment (See instructions regarding type of information required.) <b>BANNER AND SIGNAGE PRODUCTION</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>2/12/04</b>	Payee name <b>MARK MATTIYS</b>	Amount (\$) <b>5,000.00</b>
Payee address; City; State; Zip Code <b>6408 ANPOSTA DR EL PASO TX 79912</b>		
Purpose of payment (See instructions regarding type of information required.) <b>MARKETING &amp; MEDIA CONSULTING ARTWORK, COPYWRITING, COORD.</b>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2**

2 FILER NAME **PARTNERS IN PROGRESS 2004**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/24/04**

5 Payee name  
**MITHOFF BURTON PARTNERS**

7 Amount (\$)  
**2,951.68**

6 Payee address; City; State; Zip Code  
**4105 RIO BRAVO  
EL PASO TX 79902**

8 Purpose of payment (See instructions regarding type of information required.)  
**PRINTING FOR ZOLLINGER MAILER**

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

Date  
**2/24/04**

Payee name  
**MITHOFF BURTON PARTNERS**

Amount (\$)  
**581.63**

Payee address; City; State; Zip Code  
**4105 RIO BRAVO  
EL PASO TX 79902**

Purpose of payment (See instructions regarding type of information required.)  
**ADVERTISING PRODUCTION EXPENSE**

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

Date  
**4/8/04**

Payee name  
**RUBEN GUERRA**

Amount (\$)  
**234.82**

Payee address; City; State; Zip Code  
**5845 CROMO EL PASO TX 79912**

Purpose of payment (See instructions regarding type of information required.)  
**REIMBURSEMENT OF EXPENSES  
VOLUNTEER RECOGNITION**

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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