

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: 5
3 COMMITTEE NAME CITIZENS FOR FLOOD PREVENTION		OFFICE USE ONLY CITY CLERK DEPT. 09 JUN 22 PM 1:19	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7096 WESTWIND EL PASO TX 79912		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI DR. RICHARD C NICKNAME LAST SUFFIX BONART		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7096 WESTWIND, EL PASO, TX, 79912		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7096 WESTWIND EL PASO TX 79912		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 833-5777		
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 type="checkbox"/> 8th day before election <input checked="" 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 5 / 1 / 9 6 / 20 / 9		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 9 / 9		

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CITY CLERK DEPT

09 JUN 22 PM 1:19

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

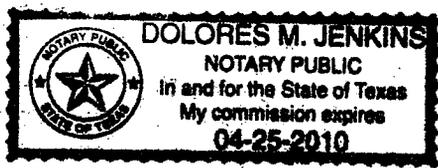
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>CITIZENS For FLOOD PREVENTION</i>	ACCOUNT # (Ethics Commission filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION / #
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month: Day: Year <i>ONLY MEASURE ON 5 / 9 / 2009</i> <i>59 LOT</i>
	DESCRIPTION <i>ADVOCATE PEOPLE VOTE AGAINST THE MEASURE</i>	

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7989 ⁵⁰
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



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]

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard C. Bonart this the 22nd day of June, 20 09, to certify which, witness my hand and seal of office.

Dolores M. Jenkins Dolores M. Jenkins Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

2 ACCOUNT #
(Ethics Commission filers)

3

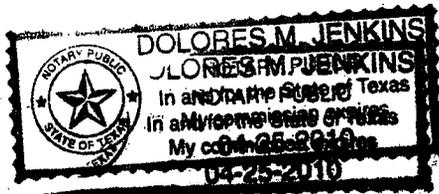
Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

[Handwritten Signature]

Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard C. Bonart, this the 22nd day of June, 2009, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Dolores M. Jenkins

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 JUN 22 PM 1:19

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date 5-4-9	5 Payee name Advertising Inc	7 Amount (\$) 1395⁰⁰
6 Payee address; City; State; Zip Code 114 S. Oregon St El Paso, Tx. 79901		

8 Purpose of payment (See instructions regarding type of information required.) party direct mail piece	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date 5-8-9	Payee name Advertising Inc	Amount (\$) 2332.03
Payee address; City; State; Zip Code 114 S. Oregon St. El Paso, Tx. 79901		

Purpose of payment (See instructions regarding type of information required.) Postage & service direct mail	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date 5-11-9	Payee name CR Willey	Amount (\$) 433⁰⁰
Payee address; City; State; Zip Code 700 Blacken El Paso Tx 79902		

Purpose of payment (See instructions regarding type of information required.) Reimburse for OSI invoice 4406 - paper chm INVITATIONS	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held 515.45 -
(If travel outside of Texas, complete Schedule T)	

Date 5-11-9	Payee name Revel Group I 1393	Amount (\$) 1500⁰⁰
Payee address; City; State; Zip Code 6006 N. Mesa Suite 502 El Paso, Tx. 79913		

Purpose of payment (See instructions regarding type of information required.) Access to voter touch data thru may 2009 EGCL	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

09 JUN 22 PM 1:19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
5-11-9	Advertising Inc. I CFP 09-4 114 S. Oregon St El Paso, TX. 79901	1000 ⁰⁰
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) VOTES INFO pieces RESEARCH COPY WRITING DESIGN LETTER, PORTLAND, BROOKLINE (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5-12-9	ER LILY - see Reel Group I 1378 700 Bladen El Paso TX 79902	625 ⁰⁰
900 Bladen El Paso TX 79902		
Purpose of payment (See instructions regarding type of information required.) Reimbursement for an EXP KIND (If travel outside of Texas, complete Schedule T) DONATION POLL		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
5-14-9	Advertising Inc. 114 S. Oregon St. El Paso, TX. 79901	500 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) VOTES INFO, COPY WRITING CONSULTANT WORK (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
6-19-9	Tammy Vasquez CPA 118 Mesa Park Drive Suite 300 El Paso, TX 79912	203 ⁴⁶
Purpose of payment (See instructions regarding type of information required.) CPA - services (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED