Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.
10 SEP 29 PM 2:59

3 COMMITTEE NAME

El Pasoans For Traditional Family Values

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE

1804 Texas Av., El Paso, Tx 79901

5 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI

ROBERT G.

NICKNAME LAST SUFFIX

BOB STRONG

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY. STATE. ZIP CODE

same as above

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ 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) 929-5461

9 REPORT TYPE

- ☐ January 15
- ☑ July 15
- ☑ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded $500 limit
- ☐ Dissolution (attach PAC-DR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year — THROUGH — Month Day Year

7/1/2010 — 9/23/2010

11 ELECTION

ELECTION DATE: Month Day Year

11 2 2010

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☑ General
- ☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME: El Pasoans for Traditional Family Values

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
- [x] MEASURE

CANDIDATE / OFFICEHOLDER NAME:

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder):

BALLOT IDENTIFICATION / #:

ELECTION DATE (Month Day Year): 11/2/2010

DESCRIPTION: Traditional Family Values

10 SEP 29 PM 3:00

CITY CLERK DEPT.

14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 780.
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 63.[illegible]
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1100.
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 25.

15 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
DOLORES M. JENKINS
NOTARY PUBLIC
In and for the State of Texas
My commission expires
04-25-2014

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.

Robert Strong
Signature of campaign treasurer

Sworn to and subscribed before me, by the said Robert Strong, this the 29th day of September, 20 10, to certify which, witness my hand and seal of office.

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

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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:

10 SEP 29 PM 3:00

CITY CLERK DEPT.

2 FILER NAME: El Pasoans for traditional Family Values

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/25/10	Roger E. O'Dell 11536 James Grant Dr El Paso, Tx 79936	100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Executive Director

10 Employer (See Instructions): Model Cities of America

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/8/10	Malcolm McGregor III	680.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): apartment manager

Employer (See Instructions): self employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/1/10	Victor Nevarez 2720 Harwood El Paso, Tx 79925		14.00 PRINTING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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 FORM AS NEEDED

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

Revised 09/01/2007