

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

3 COMMITTEE NAME *El Pasoans For Traditional Family Values*

OFFICE USE ONLY
Date Received
CITY CLERK'S OFFICE
10 OCT 25 PM 1:37
Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS
 Change of Address
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
1814 Texas Ave., El Paso, TX 79901

5 CAMPAIGN TREASURER NAME
MS / MRS (MR) FIRST MI
ROBERT G.
NICKNAME LAST SUFFIX
BOB STRONG

Receipt # Amount
Date Processed
Date Imaged

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

10 PERIOD COVERED
Month Day Year
9 / 24 / 10 THROUGH *10 / 22 / 10*

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**

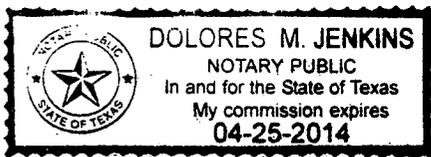
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>EL Pajon for traditional Family Values,</i>		ACCOUNT # (Ethics Commission Filers)								
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <div style="text-align: right;"> 10 OCT 25 PM 1:38 CITY CLERK'S OFFICE </div> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)								
	BALLOT IDENTIFICATION / # <table style="float: right; margin-left: 20px;"> <tr> <td style="font-size: small;">ELECTION DATE</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td></td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">20</td> </tr> </table>		ELECTION DATE	Month	Day	Year		11	12	20
	ELECTION DATE	Month	Day	Year						
		11	12	20						
DESCRIPTION <i>Traditional Family Values</i>										

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 40-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 640-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 600-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 735.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25.11

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.



AFFIX NOTARY STAMP / SEAL ABOVE

R M Graham II

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Randolph Graham II, this the 25th day of October, 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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A
CITY CLERK'S OFFICE**

10 OCT 25 PM 1:38

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

2 FILER NAME *El Paso County Traditional Family Values* 3 ACCOUNT # (Ethics Commission filers) *0*

4 Date <i>8/17/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>JOEL L. GARCIA</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>10470 Deepwood Ct. EL PASO, TX 79925 373-7927</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>8/17/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>CAROL Ann Cassidy</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1172 Calle Lomas Dr. EL PASO, TX 79912</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Housewife* Employer (See Instructions)

Date <i>9/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>VICTOR ACUARO</i>	Amount of contribution (\$) <i>20</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2720 HAWACK Dr. EL PASO, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *FLOORING BUSINESS* Employer (See Instructions) *SELF-EMPLOYED*

Date <i>9/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Gilbert Gallegos</i>	Amount of contribution (\$) <i>20</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>10649 Kinross Ave EL PASO, TX 79925</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Retired* Employer (See Instructions)

Date <i>9/20/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>TOM BROWN - PASTOR</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable) <i>shoes</i>
Contributor address; City; State; Zip Code <i>11625 Pratt Ave. EL PASO, TX 79936</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *Pastor Tom Brown* Employer (See Instructions) *WORD OF LIFE CHURCH*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

**SCHEDULE F
CITY CLERK'S OFFICE**

EXPENDITURE CATEGORIES FOR BOX 8(a)

'10 OCT 25 PM 1:38

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1</i>	2 FILER NAME <i>EL PAJOS for traditional family values</i>	3 ACCOUNT # (Ethics Commission Filers) <i>---</i>
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4 Date <i>10-20-10</i>	5 Payee name <i>G. M. S. Industries 11800 Rojas # C-16 EL PAJO, TX</i>
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6 Amount (\$) <i>10-20-10 1600-</i>	7 Payee address; City; State; Zip Code <i>11800 Rojas #C-16 E.L PAJO TX 79936</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense (flyers)</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Flyers</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK'S OFFICE

DEADLINES-TREASURER

Now: appointment of treasurer

'10 OCT 25 PM 1:38

PERIOD ENDING	FILING DATE
6/30	7/15
9/23	10/4(30days prior election)
10/22	10/25 (8 days prior election)
12/31	1/15/2011

POLITICAL EXPENDITURES

SCHEDULE F CITY CLERK'S OFFICE

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By
Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

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1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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