

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

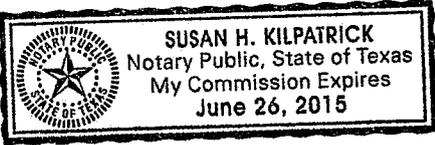
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>Citizens Against Recall Petition</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 checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year
	DESCRIPTION <i>Recall election</i>	

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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Alexander V. Neill, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Susan H. Kilpatrick

Printed name of officer administering oath

Notary Public, Texas

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2012 JAN 17 PM 5:55

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Citizens Against Recall Petition

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/17/2011

5 Full name of contributor

 out-of-state PAC (ID#: _____)

Jose R. Rodriguez Campaign Account

6 Contributor address; City; State; Zip Code

1521 Camino Alto El Paso, TX 79902

7 Amount of contribution (\$)

#500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8/22/2011

Full name of contributor

 out-of-state PAC (ID#: _____)

Lawrence D. Sears

Contributor address; City; State; Zip Code

1528 Reynolds El Paso, TX 79903

Amount of contribution (\$)

#15.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/2011

Full name of contributor

 out-of-state PAC (ID#: _____)

Jose a Carmen Rodriguez

Contributor address; City; State; Zip Code

1521 Camino Alto, El Paso, TX 79902

Amount of contribution (\$)

#250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21/2011

Full name of contributor

 out-of-state PAC (ID#: _____)

Morris M Taylor or Emilia R. Taylor

Contributor address; City; State; Zip Code

9013 El Dorado Drive El Paso, TX 79925

Amount of contribution (\$)

#25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/5/2011

Full name of contributor

 out-of-state PAC (ID#: _____)

Donald L. Kirkpatrick

Contributor address; City; State; Zip Code

6945 Alt Ray El Paso, TX 79912

Amount of contribution (\$)

#100.00

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 SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	--

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
---	----

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
.....			

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
.....			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
.....			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
.....			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
.....			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2012 JAN 17 PM 5:55

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Citizens Against Recall Petition</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>7/30/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madeleine C. Haddox</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2711 Radford El Paso TX 79903</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7/30/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Asher Feinberg Jo Ann Casey</i>	Amount of contribution (\$) <i>\$200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1133 St E. Baltimore El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7/30/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carmen Haddox</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2711 Radford St. El Paso, TX 79903</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Asher Feinberg Jo Ann Casey</i>	Amount of contribution (\$) <i>\$60.00</i>	In-kind contribution description (if applicable) <i>Purchase of permit from City of El Paso for Memorial Park use</i>
Contributor address; City; State; Zip Code <i>1133 E. Baltimore El Paso, TX 79902</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>8/2/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johne Burt</i>	Amount of contribution (\$) <i>\$70.00</i>	In-kind contribution description (if applicable) <i>\$70 for UPS store box</i>
Contributor address; City; State; Zip Code <i>1089 Los Jardines EP TX 79912</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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 CITY CLERK DEPT. SCHEDULE C
 2012 JAN 17 PM 5:55

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
Corporation / Labor Organization address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 JAN 17 PM 5:55

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
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:	2 FILER NAME <i>Citizens Against Recall Petition</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---	--

4 Date <i>8/25/2011</i>	5 Payee name <i>La Estrella</i>
----------------------------	------------------------------------

6 Amount (\$) <i>\$561.55</i>	7 Payee address; City; State; Zip Code <i>413 S. Mesa El Paso TX 79901</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising / Printing expense (+ shirts)</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

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

Date <i>1/4/2012</i>	Payee name <i>Display Services Inc</i>
-------------------------	---

Amount (\$) <i>\$39.00</i>	Payee address; City; State; Zip Code <i>821 Raynor El Paso TX 79903</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising expense / signs</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>8/24/2011</i>	Payee name <i>The Chop Shop</i>
--------------------------	------------------------------------

Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>500 N. Oregon El Paso, TX 79905</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event expense / Radin La Chaussee</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>8/21/2011</i>	Payee name <i>Santiago Gomez</i>
--------------------------	-------------------------------------

Amount (\$) <i>\$125.00</i>	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event expense / sand</i>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

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

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
--------------	--

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
--	----

5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
----------------	---	--------------------

6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
--	--------------------------------

14 Description of Collateral <input type="checkbox"/> none	
---	--

15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
---	--	---------------------------

19 Principal Occupation (See Instructions)	20 Employer (See Instructions)
--	--------------------------------

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Description of Collateral <input type="checkbox"/> none	
--	--

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
--	--	------------------------

Principal Occupation (See Instructions)	Employer (See Instructions)
---	-----------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a) 2012 JAN 17 PM 5:55

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| 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:	2 FILER NAME <i>Citizens Against Recall Petition</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---	--

4 Date	5 Payee name <i>UPS Store</i>
--------	----------------------------------

6 Amount (\$) <i>\$70.00</i>	7 Payee address; City; State; Zip Code
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Other - purchase of P.O. Box</i>	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

9 Complete ONLY 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)
------------------------	--	---

Complete ONLY 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)
------------------------	--	---

Complete ONLY 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)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

CITY CLERK DEPT. SCHEDULE H

2012 JAN 17 PM 5:55

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 |
| 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 H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business 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	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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
Date	Business name	
Amount (\$)	Business 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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
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 I:	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 (See instructions regarding type of information required.)
---------------------------------	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The Instruction Guide explains how to complete this form.

1 Total pages Schedule J:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date Returned	5 Original payee name	7 Amount Returned (\$)
	6 Original payee address; City; State; Zip Code	
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)
Date Returned	Original payee name Original payee address; City; State; Zip Code	Amount Returned (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS **SCHEDULE K**
 CITY CLERK DEPT.

2012 JAN 17 PM 5:55
 1 Total pages Schedule K:

The Instruction Guide explains how to complete this form.

2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
---------------------	---

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED