

FORM COR-PAC

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

6 pages

1 ACCOUNT #		2 Total pages filed: 6 pages	OFFICE USE ONLY						
3 COMMITTEE NAME	EL PASOANS FOR TRADITIONAL FAMILY VALUES		Date Received	CITY CLERK DEPT. 2012 FEB 27 PM 3:34					
4 TREASURER NAME	Ronald Webster		Date Hand-delivered or Postmarked						
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)		Receipt # Amount						
6 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Processed	Date Imaged	
		JULY	1	2011	THROUGH	DEC	31	2011	

7 EXPLANATION OF CORRECTION

SEE NEXT PAGE FOR CORRECTION AMENDMENT

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ronald J. Webster
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ronald J. Webster, this the 27th day of February, 2012, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION- AMENDMENT 26 FEBRUARY 2012

OFFICERS of EI PASOANS for traditional family
VALUES HAVE REVISED OUR JANUARY 15, 2012
REPORT on our EXPENDITURES, DONATIONS,
and BALANCE - these corrections HAVE
BEEN made in light of SAVINGS ACCOUNT
TOTALS and CHECKING ACCOUNT TOTALS;

\$ 6135.00 DONATIONS
\$ 3275.00 EXPENDITURES
2859.70 BALANCE 31 DECEMBER 2011

RONALD WEBSTER
TREASURER
EI PASOANS for traditional family VALUES
BOX 131
EI PASO, TEXAS 79941

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 <i>El PASOANS for traditional family VALUES</i>		OFFICE USE ONLY CITY CLERK DEPT. FEB 27 PM 3:34	
4 COMMITTEE ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; <i>BOX 131 El PASO, TEXAS 79944</i>	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>(MR)</i> FIRST <i>RONALD</i> LAST <i>WEBSTER</i>	MI	SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>501 East PAISANO El PASO, TEXAS 79901</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>306 EAST PAISANO 382 El PASO TEXAS 79901</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(915)</i>	PHONE NUMBER <i>533-0248</i>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year <i>July / 1 / 2011</i> THROUGH <i>DEC / 31 / 2011</i>		
11 ELECTION <i>N/A</i>	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GOTO PAGE 2

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

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME EI PASOANS FOR TRADITIONAL FAMILY VALUES	ACCOUNT # (Ethics Commission Filers)
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13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME CITY CLERK DEPT. 2012 FEB 27 PM 3:34	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	
	DESCRIPTION TRADITIONAL FAMILY VALUES		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6135.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 200.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3275.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2859.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 FEB 27 PM 3:34

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>El PASOANS for traditional family values</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8-23-2011</i>		5 Payee name <i>GMS INC</i>			
6 Amount (\$) <i>\$ 611.00</i>		7 Payee address; City; State; Zip Code <i>11800 ROJAS STE C-16 El PASO, TEXAS 79936</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>fees - printing of petition forms</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>8-04-2011</i>		Payee name <i>El PASO downtown post office - downtown station</i>			
Amount (\$) <i>34.00</i>		Payee address; City; State; Zip Code <i>for BOX 131 El PASO, TEXAS 79941</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>mailings</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>1-23-2012</i>		Payee name <i>downtown post office - 79901-9998</i>			
Amount (\$) <i>\$ 35.00</i>		Payee address; City; State; Zip Code <i>for BOX 131 El PASO, TEXAS 79941</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>mailing -</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>1-9-2011</i>		Payee name <i>GMS INC</i>			
Amount (\$) <i>995.30</i>		Payee address; City; State; Zip Code <i>11800 ROJAS STE C-16 El PASO, TEXAS 79936</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>costs for petition printing</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

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2012 FEB 27 PM 3:31

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 EIDASOANS FOR TRADITIONAL family	3 ACCOUNT # (Ethics Commission Filers) VALUES
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4 Date 9-8-2011	5 Payee name EI PASO TIMES
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6 Amount (\$) 1,200-00	7 Payee address; City; State; Zip Code 300 NORTH CAMPBELL EI PASO, TEXAS 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T)
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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 10-14-2011	Payee name THERESA CABALLERO
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Amount (\$) 200.00	Payee address; City; State; Zip Code 300 EAST MAIN - SUITE 1136 EI PASO, TEXAS 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) LEGAL SERVICES	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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED