

**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: 19
3 COMMITTEE NAME El Paso Tomorrow PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Richard NICKNAME LAST SUFFIX De Santos		CITY CLERK DEPT. 2013 JAN 15 PM 1:07
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1011 Montana El Paso, TX 79902		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
9 REPORT TYPE	<input checked="" 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 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 Month Day Year 10 / 26 / 12 THROUGH 01 / 11 / 13		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

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

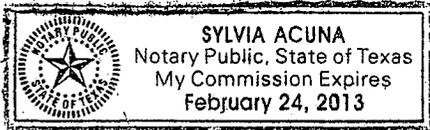
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME **El Paso Tomorrow PAC** ACCOUNT # (Ethics Commission Filers)

<p>13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)</p> <p><input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)</p> <p><input type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p>	<p><input type="checkbox"/> CANDIDATE</p>	<p>CANDIDATE / OFFICEHOLDER NAME</p>	<p>2013 JAN 15 PM 1:07 CITY CLERK DEPT.</p>
	<p><input type="checkbox"/> OFFICEHOLDER</p>	<p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p>	
	<p><input type="checkbox"/> MEASURE</p>	<p>BALLOT IDENTIFICATION / #</p>	<p>ELECTION DATE Month Day Year 11 / 06 / 12</p>
	<p>DESCRIPTION 2012 Quality of Life Bond</p>		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 235.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 211,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 213,694.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 79.69
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]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard De Santos, this the 15 day of January, 20 13, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sylvia Acuna
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

2013 JAN 15 PM 1:07

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME EI Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Steve DeGroat	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4130 Rio Bravo El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/29/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Maxon	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6927 N. Mesa, Ste C. El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack Massey	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 950 Crockett El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagecoach LP	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7167 Chino El Paso, TX 79915		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo M. Scott	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(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.

2013 JAN 15 PM 1:07

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/01/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Amstaeder	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain Star Sports LLC	Amount of contribution (\$) 100,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4401 N. Mesa El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripper Goodman	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 221 N. Kansas El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Butterworth	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ainsa-Hutton LLP	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5809 Acacia El Paso, TX 79912		(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**
2013 JAN 15 PM 1:07

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/02/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Crawford	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1123 Calle Parque El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain Star Sports LLC	Amount of contribution (\$) 15,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4401 N. Mesa El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tecma Group LP	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2000 Wyoming El Paso, TX 79903		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Ahmann	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Lowenfield	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(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
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 1:07

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/02/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael White	7 Amount of contribution (\$) 2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred Benitez	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Gallagher	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Law	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Weber	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(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.
2013 JAN 15 PM 1:08

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/02/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Gomez	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/02/012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Arrellano	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code El Paso, TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bowling	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4655 Cohen El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

PLEGGED CONTRIBUTIONS

CITY CLERK DEPT.

SCHEDULE B

2013 JAN 15 PM 1:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1	
2 FILER NAME El Paso Tomorrow PAC		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#: _____) 7 Pledgor address; City; State; Zip Code NONE	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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

SCHEDULE C

CITY CLERK DEPT.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/29/12	5 Corporation / Labor Organization name Mounce, Green, Myers 6 Corporation / Labor Organization address; City; State; Zip Code P.O. Drawer 1977 El Paso, TX 79950	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
10/29/12	Sierra Machinery Corporation / Labor Organization address; City; State; Zip Code 939 Hawkins El Paso, TX 79915	2,500.00	
11/01/12	Viva Auto Corporation / Labor Organization address; City; State; Zip Code P.O. Box 981011 El Paso, TX 79998	5,000.00	
11/01/12	American Finance Corporation / Labor Organization address; City; State; Zip Code 1201 E. Yandell El Paso, TX 79912	500.00	
11/01/12	Helen of Troy Corporation / Labor Organization address; City; State; Zip Code 1 Helen of Troy El Paso, TX 79912	25,000.00	
11/02/12	Casa Ford Corporation / Labor Organization address; City; State; Zip Code 5815 Montana El Paso, TX 79925	2,500.00	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CITY CLERK DEPT.

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE C

NOV 15 PM 1:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2	
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/02/12	5 Corporation / Labor Organization name Casa Nissan 6 Corporation / Labor Organization address; City; State; Zip Code 5855 Montana El Paso, TX 79925	7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 11/02/12	Corporation / Labor Organization name Mission Chevrolet Corporation / Labor Organization address; City; State; Zip Code P.O. Box 26488 El Paso, TX 79926	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 11/02/12	Corporation / Labor Organization name CF Jordan Construction Corporation / Labor Organization address; City; State; Zip Code 7700 CF Jordan Dr. El Paso, TX 79912	Amount of contribution (\$) 10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 11/02/12	Corporation / Labor Organization name Hunt Construction Group Corporation / Labor Organization address; City; State; Zip Code 6729 N. Scottsdale Rd. Scottsdale, AZ 85253	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 11/02/12	Corporation / Labor Organization name El Paso Orthopaedic Surgery Corporation / Labor Organization address; City; State; Zip Code 1755 Curie El Paso, TX 79902	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date 11/02/12	Corporation / Labor Organization name Americas Gateway Builders Corporation / Labor Organization address; City; State; Zip Code P.O. Box 33240 San Antonio, TX 78265	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
		(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 El Paso Tomorrw PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Corporation / Labor Organization name 6 Corporation / Labor Organization address; City; State; Zip Code NONE	7 Amount of pledge (\$)	8 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT.

LOANS

2013 JAN 15 PM 1:08

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME El Paso Tomorrow PAC		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 NONE	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

2013 JAN 15 PM 1:08

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	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/06/12	5 Payee name The Forma Group
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6 Amount (\$) \$201,332.00	7 Payee address; City; State; Zip Code 301 E. San Antonio El Paso, TX 79902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Media Purchase, Mailer, Consulting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/06/2012	Payee name West Star Bank
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Amount (\$) \$21.00	Payee address; City; State; Zip Code 500 N. Mesa El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Bank Fees
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/26/2012	Payee name Veronica Garcia
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Amount (\$) \$2,078.92	Payee address; City; State; Zip Code 837 Dulce Tierra El Paso, TX 79912
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/08/2012	Payee name Piryx
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Amount (\$) \$262.58	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Transaction Fee
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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 JAN 15 PM 1:08

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	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/19/12	5 Payee name Mountain Star Sports Group LLC	
6 Amount (\$) \$10,000.00	7 Payee address; City; State; Zip Code 4401 N. Mesa El Paso, TX 79902	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Return	(b) Description (If travel outside of Texas, complete Schedule T) Return of donation
9 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)
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)
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)
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

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

CITY CLERK DEPT. SCHEDULE H

2013 JAN 15 PM 1:00

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: 1	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name NONE	
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)
9 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

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

CITY CLERK DEPT. SCHEDULE I

2013 JAN 15 PM 1:08

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: 1	2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name NONE
---------------	-----------------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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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.)
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CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

2013 JAN 15 PM 1:08 SCHEDULE J

The Instruction Guide explains how to complete this form.		1 Total pages Schedule J:
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)
4 Date Returned	5 Original payee name	7 Amount Returned (\$)
	6 Original payee address; City; State; Zip Code NONE	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	
Date Returned	Original payee name	Amount Returned (\$)
	Original payee address; City; State; Zip Code	

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INTEREST EARNED, OTHER CREDITS/GAINS, REFUNDS, AND PURCHASE OF INVESTMENTS

JAN 15 PM 1:08

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
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2 FILER NAME El Paso Tomorrow PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code NONE	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		

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IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T

CITY CLERK DEPT
2015 JAN 15 PM 1:08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME El Paso Tomorrow PAC		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee NONE		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		