

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

2010 JUL 15 AM 9 55  
ACCOUNT # 55  
(Ethics Commission Filers)

The SPAC Instruction Guide explains how to complete this form.

Total pages filed:

11

**3 COMMITTEE NAME**

*EI Paso for Educational Excellence*

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

**4 COMMITTEE ADDRESS**

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

Change of Address

*P.O. Box 920268  
EI Paso, TX 79902*

Receipt #

Amount

Date Processed

Date Imaged

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR FIRST MI

*MR. Russell*

NICKNAME LAST SUFFIX

*Vandenberg*

**6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)**

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

*221 N. Kansas St., 16th Fl., EI Paso, TX 79901*

**7 CAMPAIGN TREASURER'S MAILING ADDRESS**

STREET OR PO BOX: APT / SUITE #: CITY STATE ZIP CODE

Change of Address

*221 N. Kansas St., 16th Fl., EI Paso, TX 79901*

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION

*(915) 798-7500*

**9 REPORT TYPE**

January 15  
 July 15

30th day before election  
 8th day before election  
 Runoff

Exceeded \$500 limit  
 Dissolution (attach PAC-DR)  
 10th day after campaign treasurer termination

**10 PERIOD COVERED**

Month Day Year THROUGH Month Day Year

*6 / 7 / 2010 THROUGH 6 / 30 / 2010*

**11 ELECTION**

ELECTION DATE  
Month Day Year

*6 / 15 / 2010*

ELECTION TYPE

Primary  Runoff  General  Special

GO TO PAGE 2

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

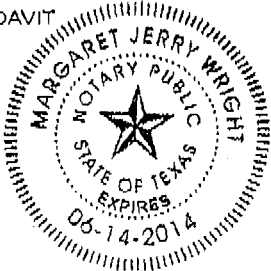
**FORM SPAC  
COVER SHEET PG 2**

12 COMMITTEE NAME El Paso for Educational Excellence ACCOUNT # (Ethics Commission Filers)

<p>13 COMMITTEE PURPOSE</p> <p>(Attach lists on plain paper to complete this report if necessary.)</p> <p><input 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><input type="checkbox"/> OFFICEHOLDER</p>	<p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</p>
	<p><input checked="" type="checkbox"/> MEASURE</p>	<p>BALLOT IDENTIFICATION / #</p> <p>ELECTION DATE Month Day Year <u>6/15/2010</u></p>
		<p>DESCRIPTION</p> <p><u>EPISD - TRE</u></p>

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 <u>(6/7-30/2010)</u> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11,000.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES <u>(6/7-30/2010)</u>	\$ <u>18,315.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>261.55</u>
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.

Russell Vandenburg  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Russell Vandenburg this the 13 day of July, 20 10, to certify which, witness my hand and seal of office.

Margaret "Jerry" Wright  
Signature of officer administering oath

Margaret "Jerry" Wright  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

*El Paso for Educational Excellence*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*6/29/10*

5 Full name of contributor

out-of-state PAC (ID#)

*Jose R. Rodriguez*

6 Contributor address; City; State; Zip Code

*1551 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

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS 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**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: <b>2</b>	
2 FILER NAME <b>El Paso for Educational Excellence</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>6/8/10</b>	5 Corporation / Labor Organization name <b>Benes General Contractors, Inc.</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>6001 Doniphan Dr., P.O. Box 220550 El Paso, TX 79932</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <b>6/10/10</b>	Corporation / Labor Organization name <b>Jobe Materials, L.P.</b> Corporation / Labor Organization address; City; State; Zip Code <b>1150 Southview Dr. El Paso, TX 79928</b>	Amount of contribution (\$) <b>\$ 500.00</b>	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <b>6/15/10</b>	Corporation / Labor Organization name <b>Cabrera Capital Markets LLC</b> Corporation / Labor Organization address; City; State; Zip Code <b>10 S. LaSalle St., Ste. 1050 Chicago, IL 60603</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <b>6/17/10</b>	Corporation / Labor Organization name <b>Sanders Partners Inc.</b> Corporation / Labor Organization address; City; State; Zip Code <b>501 E. Main, 4th Fl. El Paso, TX 79901</b>	Amount of contribution (\$) <b>\$ 5,000.00</b>	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <b>6/17/10</b>	Corporation / Labor Organization name <b>Jobe Materials, L.P.</b> Corporation / Labor Organization address; City; State; Zip Code <b>1150 Southview Dr. El Paso, TX 79928</b>	Amount of contribution (\$) <b>\$ 2,000.00</b>	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Date <b>6/25/10</b>	Corporation / Labor Organization name <b>Bank of America</b> Corporation / Labor Organization address; City; State; Zip Code <b>125 DuPont Drive Providence, RI 02904</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C:

2

2 FILER NAME

*El Paso for Educational Excellence*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*6/29/10*

5 Corporation / Labor Organization name

*Clear Channel Outdoors, Inc.*

6 Corporation / Labor Organization address; City; State; Zip Code

*P.O. Box 659512  
San Antonio, TX 78265*

7 Amount of contribution (\$)

*\$500.00*

8 In-kind contribution 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 contribution (\$)

In-kind contribution 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 contribution (\$)

In-kind contribution 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 contribution (\$)

In-kind contribution 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 contribution (\$)

In-kind contribution 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 contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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>6</i>	2 FILER NAME <i>El Paso for Educational Excellence</i>	3 ACCOUNT # (Ethics Commission Filer)
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4 Date <i>6/8/10</i>	5 Payee name <i>Gerónimo Design</i>
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6 Amount (\$) <i>\$ 808.00</i>	7 Payee address; City; State; Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADV. EXP. - Media Placement</i>	(b) Description (If travel outside of Texas, complete Sched. 1a 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 <i>6/8/10</i>	Payee name <i>Gerónimo Design</i>
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Amount (\$) <i>\$1,208.97</i>	Payee address; City; State; Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADV. EXP. - Early voting wk</i>	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 <i>6/8/10</i>	Payee name <i>Gerónimo Design</i>
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Amount (\$) <i>\$ 900.00</i>	Payee address; City; State; Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADV. EXP. - Early voting &amp; mobile voting sites</i>	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 <i>6/15/10</i>	Payee name <i>Hilton Garden Inn</i>
------------------------	--

Amount (\$) <i>\$ 571.39</i>	Payee address; City; State; Zip Code <i>111 W. University Ave., El Paso TX 79902</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event exp. - Catering - Volunteer party</i>	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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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>6</i>	2 FILER NAME <i>El Paso for Educational Excellence</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/18/10</i>	5 Payee name <i>Geronimo Design</i>
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6 Amount (\$) <i>\$ 797.22</i>	7 Payee address: City: State: Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADV. EXP - EPEEE Junior Pastor</i>	(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 <i>6/18/10</i>	Payee name <i>Wells Fargo Bank</i>
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Amount (\$) <i>\$ 2,500</i>	Payee address: City: State: Zip Code <i>221 N. KANSAS ST., EL PASO, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Acct./Banking - Monthly Svc. Fee</i>	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 <i>6/18/10</i>	Payee name <i>Wells Fargo Bank</i>
------------------------	---------------------------------------

Amount (\$) <i>\$ 302</i>	Payee address: City: State: Zip Code <i>221 N. KANSAS ST., EL PASO, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Acct./Banking - Item fee</i>	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 <i>6/18/10</i>	Payee name <i>Geronimo Design</i>
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Amount (\$) <i>\$ 2,872.21</i>	Payee address: City: State: Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adv. Exp. - Campaign Mailer #3</i>	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

# POLITICAL EXPENDITURES

# SCHEDULE F

### 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	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees		Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 2 FILER NAME El Paso for Educational Excellence 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/18/10 5 Payee name Geronimo Design

6 Amount (\$) \$1,600.00 7 Payee address: City: State: Zip Code 2101 Texas Ave., El Paso, TX 79901

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Event exp. - Campaign workshops (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 6/18/10 Payee name Geronimo Design

Amount (\$) \$4,000.00 Payee address: City: State: Zip Code 2101 Texas Ave., El Paso, TX 79901

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) consulting exp. 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 6/18/10 Payee name Geronimo Design

Amount (\$) \$120.00 Payee address: City: State: Zip Code 2101 Texas Ave., El Paso, TX 79901

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Adv. Exp. - Tree Invitation 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 6/18/10 Payee name Geronimo Design

Amount (\$) \$63.13 Payee address: City: State: Zip Code 2101 Texas Ave., El Paso, TX 79901

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Event exp. - Contact blast 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**

**SCHEDULE F**

**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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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>4</i>	2 FILER NAME <i>El Paso for Educational Excellence</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>6/18/10</i>	5 Payee name <i>Geranium Design</i>
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6 Amount (\$) <i>\$320.12</i>	7 Payee address: City, State, Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Exp. - Contact blast</i>	(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 <i>6/18/10</i>	Payee name <i>Geranium Design</i>
------------------------	--------------------------------------

Amount (\$) <i>\$200.00</i>	Payee address: City, State, Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Exp. - post workers</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
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Date <i>6/18/10</i>	Payee name <i>Geranium Design</i>
------------------------	--------------------------------------

Amount (\$) <i>\$360.50</i>	Payee address: City, State, Zip Code <i>2101 Texas Ave., El Paso, TX 79901</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event exp. - meet &amp; greet</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
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Date <i>6/18/10</i>	Payee name <i>The Revel Group</i>
------------------------	--------------------------------------

Amount (\$) <i>\$89.25</i>	Payee address: City, State, Zip Code <i>6006 N. Masco, Suite 502, El Paso, TX 79912</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADV Exp - Phone List</i>	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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**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: 6 2 FILER NAME El Paso for Educational Excellence 3 ACCOUNT # (Ethics Commission Filers)

4 Date 6/18/10 5 Payee name The Rural Group

6 Amount (\$) \$1,000.00 7 Payee address; City; State; Zip Code  
6006 N. Mesa, Suite 502, El Paso, TX 79912

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Adv. Exp. - Automated calling (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 6/18/10 Payee name The Rural Group

Amount (\$) \$2,000.00 Payee address; City; State; Zip Code  
6006 N. Mesa, Suite 502, El Paso, TX 79912

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Adv. Exp. - Database dev/mgmt 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 6/30/10 Payee name Geranium Design

Amount (\$) \$1,250.00 Payee address; City; State; Zip Code  
2101 Texas Ave., El Paso, TX 79901

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Exp. 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 6/30/10 Payee name Geranium Design

Amount (\$) \$118.70 Payee address; City; State; Zip Code  
2101 Texas Ave., El Paso, TX 79901

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Adv. Exp. - Misc. 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

# SCHEDULE F

### 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
- Office Overhead/Rental Expense
- OTHER (enter a category not listed above)
- Fees
- Printing Expense

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>6</i>	2 FILER NAME <i>El Paso for Educational Excellence</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>6/30/10</i>	5 Payee name <i>The Rebel Group</i>	
6 Amount (\$) <i>\$110.00</i>	7 Payee address; City; State; Zip Code <i>6006 W. Mesa, Suite 502, El Paso, TX 79912</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADV. Exp. - Walk/Phone Lists</i>	(b) Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held
9 Complete ONLY if direct expenditure to benefit C/OH		

Date <i>6/30/10</i>	Payee name <i>Wells Fargo Bank</i>	
Amount (\$) <i>\$2.50</i>	Payee address; City; State; Zip Code <i>221 N. Kansas St., El Paso, TX 79901</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Acct Banking - bank fee</i>	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name	Office sought      Office held
Complete ONLY if direct expenditure to benefit C/OH		

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <div style="text-align: center; font-size: 2em;">4</div>
3 COMMITTEE NAME <div style="font-size: 1.5em; font-family: cursive;">El Paso for Educational Excellence</div>		<b>OFFICE USE ONLY</b>	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 920268 El Paso, TX 79902</div>		Date Received  Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <div style="font-size: 1.2em; font-family: cursive;">MR.</div>	FIRST <div style="font-size: 1.2em; font-family: cursive;">Russell</div>	MI  NICKNAME  LAST <div style="font-size: 1.2em; font-family: cursive;">Vandenburg</div>
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">221 N. Kansas St., 16th fl., El Paso, TX 79901</div>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">221 N. Kansas St., 16th fl., El Paso, TX 79901</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <div style="font-size: 1.2em; font-family: cursive;">(915)</div>	PHONE NUMBER <div style="font-size: 1.2em; font-family: cursive;">778-7500</div>	EXTENSION
9 REPORT TYPE	<input 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 checked="" 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      THROUGH      Month      Day      Year <div style="font-size: 1.5em; font-family: cursive;">7 / 1 / 2010      THROUGH      7 / 15 / 2010</div>		
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.2em; font-family: cursive;">6 / 15 / 2010</div>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# POLITICAL EXPENDITURES

# SCHEDULE F

### 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: <b>1</b>	2 FILER NAME <b>El Paso for Educational Excellence</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>7/13/10</b>	5 Payee name <b>Geronimo Designs</b>
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6 Amount (\$) <b>\$ 261.55</b>	7 Payee address; City; State; Zip Code <b>2101 Texas Ave., El Paso, TX 79901</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADV. Exp - Misc</b>	(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	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

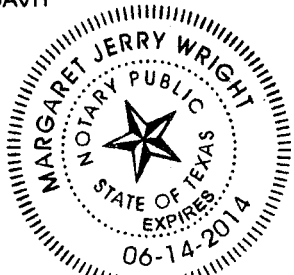
## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME El Paso for Educational Excellence ACCOUNT # (Ethics Commission Filers)

<b>13 COMMITTEE PURPOSE</b> (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	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>6 / 15 / 2010</u>  DESCRIPTION <u>EPISD - TRB</u>

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)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>261.55</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**15 AFFIDAVIT**



AFFIX NOTARY STAMP HERE ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Russell Vandenberg  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Russell Vandenberg, this the 15 day of July, 20 10, to certify which, witness my hand and seal of office.

Margaret "Jerry" Wright      Margaret "Jerry" Wright      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

## FORM PAC - DR

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

2 ACCOUNT # (Ethics Commission Filers)

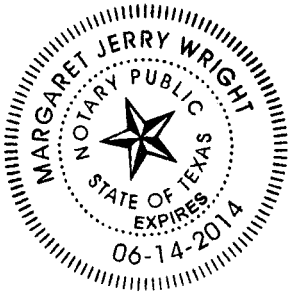
*EI Paso for Educational Excellence*

### 3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

*Russell Vandenberg*  
\_\_\_\_\_  
Signature of Campaign Treasurer

DO NOT SIGN UNLESS  
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Russell Vandenberg*, this the *15* day of *July*, 20 *10*, to certify which, witness my hand and seal of office.

*Margaret "Jerry" Wright*      *margaret "Jerry" Wright*      *Notary*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath