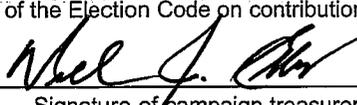


# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM **STA**  
PG 1

See STA INSTRUCTION GUIDE for detailed instructions.		1 Total pages filed:	
2 COMMITTEE NAME	COMMITTEE TO PROTECT HEALTH CARE BENEFITS		<b>OFFICE USE ONLY</b> Acct. # Date Received 10 SEP - 2 AM 8:41 CITY CLERK DEPT.
3 COMMITTEE ADDRESS	2500 SCENIC CREST CIR, N69 EL PASO TX 79930		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. FIRST: WILLIAM MI: J NICKNAME: BILL LAST: ELLIS SUFFIX:		
5 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	2500 SCENIC CREST CIR, N69 EL PASO TX 79930		
6 MAILING ADDRESS	<input checked="" type="checkbox"/> same as above ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Receipt # HD/PM Amount Date Processed Date Processed
7 CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 564.4250 EXTENSION:		
8 PERSON APPOINTING TREASURER	FIRST: MI: LAST: SUFFIX:		
9 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of campaign treasurer		
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST: DANIEL MI: L. LAST: Rollings SUFFIX:		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1140 Rio Grande - Apt. 9 El PASO, TEXAS 79902		
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE: (915) PHONE NUMBER: 929-9282 EXTENSION:		

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM **STA**  
PG **2**

**13** COMMITTEE NAME

**14** COMMITTEE PURPOSE

OFFICE USE ONLY

SUPPORT CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

OPPOSE MEASURE

DESCRIPTION

**15**  
MODIFIED REPORTING DECLARATION

### COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

**••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**

**••The modified reporting declaration is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to which declaration applies

\_\_\_\_\_  
Signature of campaign treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.

CITY CLERK DEPT.  
10 SEP -2 AM 8:41