

## RESOLUTION

**WHEREAS**, the Housing Finance Corporation Act, Chapter 394 Local Government Code authorizes the creation of a Housing Finance Corporation, and

**WHEREAS**, the City of El Paso has approved the incorporation of the El Paso Housing Finance Corporation pursuant to the Housing Finance Corporations Act, which incorporation took place in 1979, and

**WHEREAS**, the Articles of Incorporation and the Articles of Amendment of the El Paso Housing Finance Corporation provide for appointment of members of the Board of Directors to be appointed by written resolution of the governing body of the City of El Paso, Texas, and

**WHEREAS**, the appointment of Michael Bray will end on November 18, 2013.

**NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:**

That Michael Bray is reappointed to the Board of Directors of the El Paso Housing Finance Corporation to fill the term that ends November 19, 2019.

Approved this \_\_\_\_ day of November 2013.

**CITY OF EL PASO**

\_\_\_\_\_  
Oscar Leeser, Mayor

**ATTEST:**

\_\_\_\_\_  
Richarda Duffy Momsen  
City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Matthew K. Behrens  
Assistant City Attorney

DATE: 11/13/13

TO: City Clerk

FROM: Mayor Oscar Leeser

ADDRESS: 300 N. Campbell, 2<sup>nd</sup> Floor TELEPHONE 541-4145

Please place the following item on the (Check one): CONSENT XXX REGULAR \_\_\_\_\_

Agenda for the Council Meeting of November 19, 2013

Re-Appointment of Michael Bray to the El Paso Housing Finance Corporation by Mayor Oscar

Item should read as follows: Leeser

**BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM**

NAME OF BOARD/COMMITTEE/COMMISSION: El Paso Housing Finance Corporation

NOMINATED BY: Oscar Leeser DISTRICT: Mayor

NAME OF APPOINTEE Michael Bray  
(Please verify correct spelling of name)

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: 400 Shadow Mountain

CITY: El Paso ST: \_\_\_\_\_ ZIP: 79912 PHONE: 915-549-1770

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES THE PROPOSED APPOINTEE HAVE A RELATIVE WORKING FOR THE CITY? YES: \_\_\_\_\_ NO X

**IF SO, PLEASE PROVIDE HIS OR HER NAME, CITY POSITION AND RELATIONSHIP TO THE PROPOSED APPOINTEE:**

WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT?

NAME OF INCUMBENT:

EXPIRATION DATE OF INCUMBENT: Re-Appointment  
11/18/2013

REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE): TERM EXPIRED: x  
RESIGNED \_\_\_\_\_  
REMOVED \_\_\_\_\_

DATE OF APPOINTMENT: 11/19/2013

TERM BEGINS ON : 11/19/2013

EXPIRATION DATE OF NEW APPOINTEE: 11/18/2019

PLEASE CHECK ONE OF THE FOLLOWING: 1<sup>st</sup> TERM: \_\_\_\_\_  
3<sup>rd</sup> TERM: x  
UNEXPIRED TERM: \_\_\_\_\_