

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	OFFICE USE ONLY	
3 COMMITTEE ADDRESS	Acct. #	
4 CAMPAIGN TREASURER NAME	Date Received	
5 CAMPAIGN TREASURER STREET ADDRESS	Receipt #	
6 MAILING ADDRESS	Date Processed	
7 CAMPAIGN TREASURER PHONE	Date Processed	
8 PERSON APPOINTING TREASURER	Amount	
9 SIGNATURE	Date Processed	
10 ASSISTANT CAMPAIGN TREASURER	Date Processed	
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	Date Processed	
12 ASSISTANT CAMPAIGN TREASURER PHONE	Date Processed	

GO TO PAGE 2

El Pasoans for Traditional Family Values

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1804 Texas av, El Paso, tx 79901

MS / MRS (MR) FIRST MI
ROBERT G.

NICKNAME LAST SUFFIX
BOB STRONG

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1804 Texas av, El Paso, tx 79901

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 same as above

AREA CODE PHONE NUMBER EXTENSION
(915) 929-5461

FIRST MI LAST SUFFIX
MAURICE B. FIELD, JR.

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.

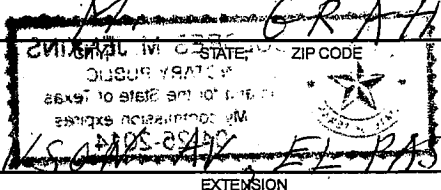
Robert Strong
Signature of campaign treasurer

FIRST MI LAST SUFFIX
RANDOLPH M. GRATHAM

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
605 BOBILSON AVE, EL PASO, TX 79902

AREA CODE PHONE NUMBER EXTENSION
(915) 373-4631

CITY CLERK DEPT.
10 APR 27 PM 2:40



**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA
PG 2**

13 COMMITTEE NAME
El Pasoans For Traditional Family Values

14 COMMITTEE PURPOSE
employee Define health benefits.

CANDIDATE / OFFICEHOLDER NAME
N/A

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
N/A

SUPPORT MEASURE
 OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE
Month *11* / Day *2* / Year *2010*

DESCRIPTION
Health benefits will only be available to city employees and their dependent children.

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

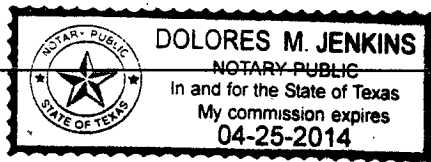
****This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

****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.

2010
Year of election(s) or election cycle to which declaration applies

Robert Strong
Signature of campaign treasurer



Dolores M. Jenkins

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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