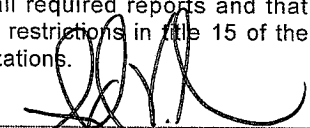


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

See STA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 COMMITTEE NAME	CITIZENS AGAINST RECALL PETITION		OFFICE USE ONLY Acct. # Date Received HD/PM Date Processed Date Imaged CITY CLERK DEPT. 2011 JUL 27 PM 4:16
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Alexander</u> MI <u>✓</u> NICKNAME <u>Alex</u> LAST <u>Neill</u> SUFFIX		
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3500 McKale Ave.</u> <u>El Paso TX 79930</u>		
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input checked="" type="checkbox"/> same as above		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 261-7818</u>		
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX <u>JOANNE GWINN BURT</u>		
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 MI LAST SUFFIX <u>JOANNE GWINN BURT</u>		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1089 LOS JARDINES EL PASO TX 79912</u>		
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915) 544-5845</u>		
CONTINUE ON PAGE 2 This appointment is effective on the date it is filed with the commission.			

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION****FORM STA
PG 2****13 COMMITTEE NAME***CITIZENS AGAINST RECALL PETITION***14 COMMITTEE
PURPOSE**☐ SUPPORT CANDIDATE☐ OPPOSE CANDIDATE☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ SUPPORT MEASURE☒ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

DESCRIPTION

*AGAINST PETITION TO RECALL COUNCIL MEMBERS & MAYOR***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**CITY CLERK DEPT.
2011 JUL 27 PM 4:16