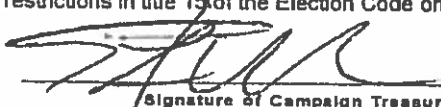


APPOINTMENT OF A CAMPAIGN TREASURER
BY A GENERAL-PURPOSE COMMITTEEFORM GTA
PG 1

See GTA Instruction Guide for detailed instructions.		1 Total pages filed: 3
2 COMMITTEE NAME	El Paso Grassroots Coalition	OFFICE USE ONLY
3 ACRONYM		Filer ID #
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11009 RayMena Lane El Paso TX 79934	Date Received
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Date Processed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Samuel Williams	Receipt # Amount \$
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11009 Ray Mena Lane El Paso TX 79934	Date Processed
8 CAMPAIGN TREASURER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input checked="" type="checkbox"/> same as above	Date Imaged
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 261-7115	
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Samuel Lec Williams JR	
11 SIGNATURE	I understand that I have been appointed as the campaign treasurer for this general-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	
12 ASSISTANT CAMPAIGN TREASURER	FIRST MI LAST SUFFIX	
13 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
14 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	
CONTINUE ON PAGE 2 This appointment is effective on the date it is filed with the commission.		

**GENERAL-PURPOSE COMMITTEE:
CONTROLLING ENTITY INFORMATION****FORM GTA
PG 2**

COMMITTEE NAME El Paso Grassroots Coalition				
CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY El Paso Grassroots Coalition			
	ACRONYM			
	FULL NAME OF CONTROLLING ENTITY			
	ACRONYM			
CONTRIBUTION DECISION MAKERS	First	MI	Last	Suffix
	Samuel I. Williams			
	First	MI	Last	Suffix
	John B Hogan			
EXPENDITURE DECISION MAKERS	First	MI	Last	Suffix
	Samuel L Williams			
	First	MI	Last	Suffix
	John B Hogan			
	First	MI	Last	Suffix
	First	MI	Last	Suffix
	First	MI	Last	Suffix
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

**GENERAL-PURPOSE COMMITTEE:
RECIPIENT COMMITTEES**

**FORM GTA
PG 3**

**19 COMMITTEE
NAME**

El Paso Grassroots Coalition

**20 RECIPIENT
GENERAL
PURPOSE
COMMITTEES**

Committee name

Samuel Lee Williams JR For Congress

Committee address;

City;

State;

Zip Code

11009 Ray Mena Lane

Committee name

Committee address;

City;

State;

Zip Code

Committee name

Committee address;

City;

State;

Zip Code

Committee name

Committee address;

City;

State;

Zip Code

Committee name

Committee address;

City;

State;

Zip Code

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or fax this form to (512) 463-8808 or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

For more information about where to file go to:
<https://www.ethics.state.tx.us/whatsnew/NewFilersGettingStarted.html>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED