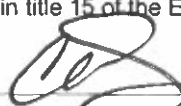


APPOINTMENT OF A CAMPAIGN TREASURER BY A GENERAL-PURPOSE COMMITTEE

FORM GTA
PG 1

See GTA Instruction Guide for detailed instructions.

1 Total pages filed: **4**

2 COMMITTEE NAME	El Pasoans for Prosperity			OFFICE USE ONLY	
3 ACRONYM				Filer ID # Date Received CITY CLERK DEPT 2023 MAR 21 PM4:10	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE	303 N Oregon St, Ste 610, El Paso, TX 79901		
5 REPORTING TYPE	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> MONTHLY	Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Claudia Rosales			
7 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #:	CITY: STATE: ZIP CODE	303 N Oregon St, Ste 610, El Paso, TX 79901		
8 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX: APT / SUITE #:	CITY: STATE: ZIP CODE			
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(915) 534-0500			
10 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX	Claudia Rosales			
11 SIGNATURE	<p>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.</p> <p style="text-align: right;"> _____ Signature of Campaign Treasurer</p>				
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
CITY CLERK DEPT PG 2
2023 MAR 21 PM4:10**

15 COMMITTEE NAME **El Pasoans for Prosperity**

16 CONTROLLING ENTITY INFORMATION	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
	FULL NAME OF CONTROLLING ENTITY
	ACRONYM
FULL NAME OF CONTROLLING ENTITY	
ACRONYM	
FULL NAME OF CONTROLLING ENTITY	
ACRONYM	

17 CONTRIBUTION DECISION MAKERS	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix

18 EXPENDITURE DECISION MAKERS	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix
	First MI Last Suffix

**CONTINUE ON PAGE 3
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**GENERAL-PURPOSE COMMITTEE:
 RECIPIENT COMMITTEES**

19 COMMITTEE
 NAME

20 RECIPIENT
 GENERAL
 PURPOSE
 COMMITTEES

Committee name

Committee address; City; State; Zip Code

Committee name

Committee address; City; State; Zip Code

Committee name

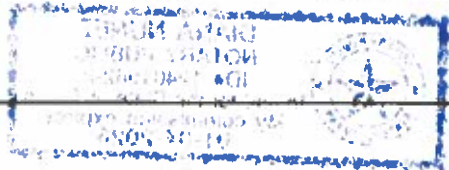
Committee address; City; State; Zip Code

Committee name

Committee address; City; State; Zip Code

Committee name

Committee address; City; State; Zip Code



For more information about where to file go to:
<https://ethics.state.tx.us/filinginfo/QuickFileARreport.php>

CONTINUE ON PAGE 4
 ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**GENERAL-PURPOSE COMMITTEE:
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.003, ELECTION CODE**

21 COMMITTEE NAME Ei Pasoans for Prosperity

22 AFFIRMATION (if applicable) I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:

(Check if applicable) The political committee named above is not established or controlled by a candidate or an officeholder, and will not use any political contribution from a corporation or a labor organization to make a political contribution to: (1) a candidate for elective office or an officeholder, or (2) a political committee that has not included in its campaign treasurer appointment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor Organization Political Contributions declaring the same.

PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW:

(1) Affidavit Jurat:



[Signature]
Signature of Committee Representative

Sworn to and subscribed before me by Claudia Rosales, this the 21st day of March, 2023, to certify which, witness my hand and seal of office.

Diana Nunez Signature of officer administering oath
Diana Nunez Printed Name of officer administering oath
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration Jurat:

My name is _____, and my date of birth is _____.

My Address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to:

Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070