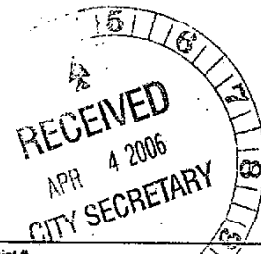
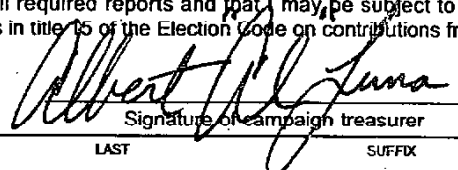


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

See STA INSTRUCTION GUIDE for detailed instructions.		1 Total pages filed: 2
2 COMMITTEE NAME	The Carol Alvarado Legal Fund	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 816 Ralfallen Houston, TX 77008	OFFICE USE ONLY Accl. # Date Received  Receipt #
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Albert NICKNAME LAST SUFFIX Al Luna	
5 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3000 Wesleyan, #330 Houston, TX 77027	HD/IPM Amount Date Processed Date Processed
6 MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 624-1060	
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Marc A Campos	
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	
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()	
GO TO PAGE 2		

**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**
**FORM STA
PG 2**

13 COMMITTEE NAME	
The Carol Alvarado Legal Fund	
14 COMMITTEE PURPOSE	OFFICE USE ONLY
<input type="checkbox"/> SUPPORT CANDIDATE	CANDIDATE/OFFICEHOLDER NAME
<input type="checkbox"/> OPPOSE CANDIDATE	Carol Alvarado
<input checked="" type="checkbox"/> ASSIST OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	Houston City Council, District I
<input type="checkbox"/> SUPPORT MEASURE	BALLOT IDENTIFICATION OF MEASURE / #
<input type="checkbox"/> OPPOSE MEASURE	DESCRIPTION
15 MODIFIED REPORTING DECLARATION	<p align="center">COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.</p> <p align="center">--This declaration must be filed no later than the 30th day before the first election to which the declaration applies. --</p> <p align="center">--The modified reporting declaration is valid for one election cycle only. --</p> <p align="center"><small>(An election cycle includes a primary election, a general election, and any related runoffs.)</small></p> <p>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.</p>
	<p align="center">_____ Year of election(s) or election cycle to which declaration applies</p> <p align="center">_____ Signature of campaign treasurer</p>
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED	
This appointment is effective on the date it is filed with the appropriate filing authority.	