

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	Bob Force Re-election Committee			OFFICE USE ONLY Acct. #	
3	COMMITTEE ADDRESS	422 Odell				Date Received RECEIVED APR 11 2005
4	CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	Receipt #	
		NICKNAME	LAST	SUFFIX		
		Doris M				
5	CAMPAIGN TREASURER ADDRESS (Residence or business)	422 Odell Cleburne, TX 76033			HD/PM	Amount
6	MAILING ADDRESS <input checked="" type="checkbox"/> same as above	422 Odell Cleburne, TX 76033			Date Processed	
7	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed	
		(817)	641-1671	N/A		
8	PERSON APPOINTING TREASURER	FIRST	MI	LAST	SUFFIX	
		Donna	L	Stanford		
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>Doris M. Langford</i> Signature of campaign treasurer				
10	ASSISTANT CAMPAIGN TREASURER	FIRST	MI	LAST	SUFFIX	
		Millie	L	Ishman		
11	ASSISTANT CAMPAIGN TREASURER ADDRESS	1507 Madison St Cleburne Texas 76033				
12	ASSISTANT CAMPAIGN TREASURER PHONE (optional)	AREA CODE	PHONE NUMBER	EXTENSION		
		(817)	556-3994	N/A		
GO TO PAGE 2						

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA

PG 2

13 COMMITTEE NAME

Bob Force Re-election Committee

14

COMMITTEE
PURPOSE

- SUPPORT
 OPPOSE
 ASSIST
[officeholders only]

- CANDIDATE
 OFFICEHOLDER

- MEASURE
 Identified
 Unidentified

CANDIDATE / OFFICEHOLDER NAME

Robert T. Force

OFFICE USE ONLY

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SMD #3

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

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

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
Bob Force
Re-election Committee

OFFICE USE ONLY

Date Received
RECEIVED
MAY - 5 2005
 Date Hand-delivered or Date Postmarked
CITY SECRETARY'S OFFICE
 Receipt # Amount
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1111 BALES

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 517 6261

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME LAST SUFFIX
Doris
LANFEAR

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
422 Odell *Cleburne TX* *76033*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 641-1671

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
4 / 11 / 05 *4 / 27 / 05*

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year
5 / 7 / 05 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Bob Force Re-election Committee 16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

2005 8-141

additional pages

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>Bob Force Re-election Committee</u>
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>DORIS LANFEAR</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>422 Odell Cleburne TX, 76033</u>

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>450.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>450.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>140.99</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>454.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Doris Lanfear
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DORIS LANFEAR, this the 5th day of May, 2005, to certify which, witness my hand and seal of office.

Ivy J. Peterson
Signature of officer administering oath

Ivy J. Peterson
Printed name of officer administering oath

Notary Public of Texas
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Times Review</i>	7 Amount (\$) <i>210.00</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Eagle</i>	Amount (\$) <i>104.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••

1 COMMITTEE NAME

Committee To Re elect Bob Force

2 ACCOUNT #

(Ethics Commission filers)

3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Doris M. Lanfear
Signature of campaign treasurer

**DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Doris M. Lanfear*, this the *11th* day of *May*, 20 *05*, to certify which, witness my hand and seal of office.

Ivy J. Peterson
Signature of officer administering oath

Ivy J. Peterson
Printed name of officer administering oath

Notary Public of TX
Title of officer administering oath

