

## REQUEST TO REMOVE ELECTRONIC FILING/ACCESS PASSWORD

This form authorizes the Office of the City Secretary to remove the password/access to the electronic filing system for individual noted in Box 3. The individual will no longer have access to the electronic campaign finance filing program for the candidate/PAC noted in Box 2. Complete the form and return it by mail or hand delivery to the City of Dallas, Office of the City Secretary, 1500 Marilla Street, 5DS, Dallas, TX 75201, or by fax to 214-670-5029.

If you have any questions, contact the Office of the City Secretary at 214-670-5657.

### INSTRUCTIONS FOR COMPLETING "FORM PASS-R."

*The following numbers correspond to the numbered boxes on "FORM PASS-R."*

1. **Filer Account #.** This is your log-on ID that was assigned by the Office of the City Secretary when Form "PASS-R" was filed. Please note that the filer account number is **NOT** the same as the official password to file electronically.
2. **Name of Candidate/Treasurer of Committee.** Enter name of candidate/treasurer of committee that made the original password request.
3. **Name of Individual Whose Password is to be Removed.** Enter the name of the individual whose password should be removed from the system.
4. **Address.** Enter the complete address of the individual requesting the password be removed.
5. **Telephone Number.** Enter a work/other telephone number of the individual requesting the password be removed, including the area code and, if applicable, the extension number.
6. **E-mail Address.** Enter the e-mail address of the individual requesting the password be removed.
7. **Office Held.** If you are an officeholder, enter the office currently held. If not applicable, **Skip** this section.
8. **Individual Requesting Removal.** The individual requesting to be removed must sign the statement. Sign after reading the statement.

DRAFT 02/05/08

**DISCLAIMER:** All passwords will remain in effect until Form C/OH-FR or Form PASS-R are received.

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## FORM PASS-R

Please print or type everything other than your signature.  
See back for additional explanation about completing this document.

1 FILER ACCOUNT #

2	NAME OF CANDIDATE / POLITICAL ACTION COMMITTEE (PAC)	<b>OFFICE USE ONLY</b>		
3	NAME OF INDIVIDUAL WHOSE PASSWORD IS TO BE REMOVED			
4	ADDRESS OF INDIVIDUAL WHOSE PASSWORD IS TO BE REMOVED	ADDRESS (No PO Box, please)    APT / SUITE #    CITY    STATE    ZIP CODE	Date Hand-delivered or Postmarked	
5	TELEPHONE NUMBER Work Other	AREA CODE (    ) (    )	PHONE NUMBER - -	EXTENSION  PASSWORD
6	EMAIL ADDRESS			
7	OFFICE HELD (If applicable)			
8	<p>INDIVIDUAL REQUESTING REMOVAL</p> <p>I swear that I am the individual noted who made the initial request to issue/obtain a password/access and further request removal of such password/access for the individual noted in Box 3. I fully understand that by removing the password/access, the individual is removed from the authorization list/access to the campaign finance report of the filer stated in Box 2.</p> <p style="text-align: center;">_____ Signature of Individual Requesting Removal</p>			