APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA PG 1

See STA Instruction Guide for detailed instructions. If you are involved in a School District Bond Election, you must file Form STA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.						1 Total pages filed:			
2	COMMITTEE						OFFICE (JSE ONLY	
	NAME						Filer ID #		
3	COMMITTEE ADDRESS	ADDRESS / PO BOX;	APT/SUITE#;	СІТУ;	STATE;	ZIP CODE	Date Received		
4	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST			MI 			
		NICKIANIE	LAGI			301117	Date Hand-delivered or I	Postmarked	
5	CAMPAIGN TREASURER STREET	STREET ADDRESS;	APT / SUITE	#; CITY;	STATE;	ZIP CODE	Receipt # Date Processed	Amount \$	
	ADDRESS (residence or business)						Date Imaged		
6	MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE#;	CITY;	STATE;	ZIP CODE			
	same as above								
7	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSIO	N			
8	PERSON APPOINTING TREASURER	FIRST		MI		LAST		SUFFIX	
9	SIGNATURE	committee and t fines for failure to	understand that I have been appointed as the campaign treasurer for this specific-purpose ommittee and that I am responsible for filing all required reports and that I may be subject to nes for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions om corporations and labor organizations.						
						Signature	e 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		EXTENSIC	DN			
CONTINUE ON PAGE 2									

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA PG 2

13 COMMITTEE NAM	E							
14 COMMITTEE PURPOSE	CANDIDATE / OFFICEHOLDER NAME							
SUPPORT CANDIDATE								
OPPOSE CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)							
ASSIST OFFICEHOLDER								
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE						
SUPPORT MEASURE		Month Day Year						
OPPOSE MEASURE	DESCRIPTION							
15 MODIFIED REPORTING DECLARATION	••This declaration must be filed no late before the first election to which the december of the first election is valid for the modified reporting declaration is valid for the election cycle includes a primary election, a general electron cycle includes a primary election, a general electron electron electron in the committee does not intend to accept more that contributions or make more than \$1,140 in political fees) in connection with any future election within the committee understands that if either one of those ling committee's campaign treasurer will be required to if necessary, a runoff report.	(s) or election cycle to Signature of Campaign Treasurer						

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

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

SPECIFIC-PURPOSE COMMITTEE:

FORM STA

STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES FROM CORPORATION OR LABOR ORGANIZATION POLITICAL CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE

16 COMMITTEE NAME **17** AFFIRMATION I swear, or affirm, under penalty of perjury that the following statement is in all things true (If applicable) and correct: 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 (Check if an officeholder, or (2) a political committee that has not included in its campaign treasurer applicable) 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 of Committee Representative Notary Stamp/Seal Sworn to and subscribed before me by _____ _____, this the ____ day of _____ 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed Name of officer administering oath Title of officer administering oath 2) **Unsworn Declaration Jurat:** My name is ______, and my date of birth is _____ My Address is ____ (street) (city) (state) (zip code) (country)

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Signature of Committee Representative (Declarant)

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