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 NAME						OFFICE (JSE ONLY	
	NAIVIL						Filer ID #		
3	COMMITTEE ADDRESS	ADDRESS / PO BOX;	APT/SUITE#;	CITY;	STATE;	ZIP CODE	Date Received		
4	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRSTLAST			MI 			
							Date Hand-delivered or	Postmarked	
5	CAMPAIGN TREASURER STREET	STREET ADDRESS;	APT / SUIT	E#; 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 t	hat I am respons	sible for filir are of the res	ted as the campaign treasurer for this specific-purpose or filing all required reports and that I may be subject to the restrictions in title 15 of the Election Code on contributions s.				
						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		EXTENSIC	NO			
CONTINUE ON PAGE 2									

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA PG 2

13 COMMITTEE NAME							
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 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 \$1,140 in political contributions or make more than \$1,140 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	e of Campaign Treasurer					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at $\underline{treasappoint@ethics.state.tx.us}$

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://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 PG 3

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

6 COMMITTEE NAME								
7 AFFIRMATION (If applicable)	I swear, or affirm, under penal and correct:	e following st	following statement is in all things true					
officeholograniza (Check if an office applicable) appointr	itical committee named above lder, and will not use any ation to make a political ceholder, or (2) a political comment a Statement Authorizing Direction Political Contributions decla	political contributi contribution to: (1 imittee that has r rect Campaign E	on from a) a candida not included	corporation ate for elective in its campai	or a labor ve office or gn treasurer			
	PLEASE COMPLETE	EITHER OPTION ((1) OR (2) BE	LOW:				
(1) Affidavit J	urat:							
	Signature of Committee Representative							
Notary S	Stamp/Seal							
	ribed before me byvhich, witness my hand and seal o		, this the	day of	,			
Signature of officer adm	inistering oath Printed Name	of officer administering	g oath	Title of officer ac	dministering oath			
		OR						
2) Unsworn De	claration 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 Cor	mmittee Repre	esentative (Dec	clarant)			

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

Non-TEC Filers must file this form with their local filing authority