APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

| 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 | USE ONLY |
| 3 | COMMITTEE ADDRESS | ADDRESS / P | O BOX; | APT / SUITE #; | CITY; | ST/ | ATE; | ZIP CODE | Date Received | |
| 4 | CAMPAIGN TREASURER NAME | MS / MRS / MF | ξ | FIRST | | | | MI SUFFIX | Date Hand-delivered o | |
| 5 | CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADD | RESS; | APT / SU | JITE #; | CITY; ST | ATE; | ZIP CODE | Receipt # Date Processed Date Imaged | Amount \$ |
| 6 | MAILING ADDRESS | ADDRESS / P | O BOX; | APT/SUITE#; | | CITY; | | | STATE; | ZIP CODE |
| 7 | CAMPAIGN TREASURER PHONE | AREA CODE |) | PHONE NUMBER | | EX | TENSIO | N | | |
| 8 | PERSON APPOINTING TREASURER | FIRST | | | MI | | | LAST | | SUFFIX |
| 9 | SIGNATURE | committe fines for f | e and th failure to | hat I am respo | nsible for ware of the | filing all restrictio | requ | ired report | surer for this s s and that I ma ne Election Code | y be subject to |
| | | | | | | | | Signature | of Campaign Trea | surer |
| 10 | ASSISTANT CAMPAIGN TREASURER (see instructions) | FIRST | | | MI | | | LAST | | SUFFIX |
| 11 | ASSISTANT CAMPAIGN TREASURER ADDRESS | ADDRESS / P | O BOX; | APT/SUITE #; | | CITY; | | | STATE; | ZIP CODE |
| 12 | ASSISTANT CAMPAIGN TREASURER PHONE | AREA CODE |) | PHONE NUMBER | | EX | TENSIO | N | | |
| | CONTINUE ON PAGE 2 | | | | | | | | | |

SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

| 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 | | ivional bay ican | | | | | |
| OPPOSE MEASURE | DESCRIPTION | | | | | | |
| 15 MODIFIED REPORTING DECLARATION | COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING. | | | | | | |
| | ••This declaration must be filed no late before the first election to which the de | | | | | | |
| | ••The modified reporting declaration is valid fo (An election cycle includes a primary election, a general el | | | | | | |
| | The committee does not intend to accept more political contributions or make more than \$1,080 expenditures (excluding filing fees) in connectio election within the election cycle. The committee either one of those limits is exceeded, the comm treasurer will be required to file pre-election rep a runoff report. |) in political n with any future understands that if nittee's campaign | | | | | |
| | Year of election(s) or election cycle to Signature which declaration applies | e of Campaign Treasurer | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS FORM AS | NEEDED | | | | | |
| TEC F | Filers may send this form to the TEC electronically at treasap | point@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 fi DO NOT SEND TO TEC | ling authority | | | | | |
| | For more information about where to file g https://ethics.state.tx.us/filinginfo/QuickFileAR | io to: eport.php | | | | | |

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

| STATEMENT AU | URPOSE COMMITTEE:FORM STAJTHORIZING DIRECT CAMPAIGN EXPENDITURESPG (ATION OR LABOR ORGANIZATION POLITICALPG (IS UNDER SECTION 252.0031, ELECTION CODEPG (|
|--|--|
| 16 COMMITTEE NAME | |
| 17 AFFIRMATION (If applicable) | I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct: |
| (Check if applicable) (Check if applicable) | tical committee named above is not established or controlled by a candidate or an der, and will not use any political contribution from a corporation or a labor tion to make a political contribution to: (1) a candidate for elective office or eholder, or (2) a political committee that has not included in its campaign treasurer ment a Statement Authorizing Direct Campaign Expenditures from Corporation or Labor ation Political Contributions declaring the same. |
| | PLEASE COMPLETE EITHER OPTION (1) OR (2) BELOW: |
| (1) <u>Affidavit Ju</u> | <u>irat:</u> |
| | Signature of Committee Representative |
| Notary S | tamp/Seal |
| | ibed before me by, this the day of, hich, witness my hand and seal of office. |
| Signature of officer admi | nistering oath Printed Name of officer administering oath Title of officer administering 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 Committee Representative (Declarant) |
| treasappoint@ethics. | Form to the TEC electronically at state.tx.us or by mail to: TexasNon-TEC Filers must file this form with the local filing authorityP.O. Box 12070, Austin, TX 78711-2070with the local filing authority |