

# 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:

<b>2</b> COMMITTEE NAME							<b>OFFICE USE ONLY</b>		
							Filer ID #		
<b>3</b> COMMITTEE ADDRESS	ADDRESS / POBOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received			
							Date Hand-delivered or Postmarked		
<b>4</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI						
	NICKNAME	LAST	SUFFIX						
<b>5</b> CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Receipt #	Amount \$		
							Date Processed		
							Date Imaged		

**6** MAILING ADDRESS

ADDRESS / POBOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE

same as above

**7** CAMPAIGN TREASURER PHONE

AREA CODE    PHONE NUMBER    EXTENSION

(       )

**8** PERSON APPOINTING TREASURER

FIRST    MI    LAST    SUFFIX

**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 am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

\_\_\_\_\_  
Signature of Campaign Treasurer

**10** ASSISTANT CAMPAIGN TREASURER  
(see instructions)

FIRST    MI    LAST    SUFFIX

**11** ASSISTANT CAMPAIGN TREASURER ADDRESS

ADDRESS / POBOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE

**12** ASSISTANT CAMPAIGN TREASURER PHONE

AREA CODE    PHONE NUMBER    EXTENSION

(       )

**CONTINUE ON PAGE 2**

**SPECIFIC-PURPOSE COMMITTEE:  
PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA  
PG 2**

13 COMMITTEE NAME

14 COMMITTEE PURPOSE

SUPPORT CANDIDATE

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

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 \$930 in political contributions or make more than \$930 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**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto: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:  
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES  
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL  
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE**

**FORM STA  
PG 3**

**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)

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 an officeholder, or (2) a political committee that has not included in its campaign treasurer 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

**OR**

2) **Unsworn Declaration 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)

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