

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	<i>Citizens for CFISD Proven Leaders</i>				OFFICE USE ONLY	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Filer ID #
4 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			Date Received RECEIVED AUG 05 2021 BY: <i>[Signature]</i>
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked
6 MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Receipt #	Amount \$
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Processed	
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.					<i>[Signature]</i> 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	EXTENSION			

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

**FORM STA
PG 2**

13 COMMITTEE NAME

Citizens for CFISD Proven Leaders

**14 COMMITTEE
PURPOSE**

- SUPPORT CANDIDATE
- OPPOSE CANDIDATE
- ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

Don Ryan, John Ogletree & Bob R. Covey

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

CFISD Board of Trustees, Positions 6, 5 + 7, respectively

- 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

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/QuickFileARreport.php>

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