

# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

**FORM STA  
PG 1**

|   |  |   |
|---|--|---|
| See STA Instruction Guide for detailed instructions.        |  | 1 Total pages filed:                              |
| 2 COMMITTEE NAME  | DeRail Austin  |   |
| 3 COMMITTEE ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   | OFFICE USE ONLY                                   |
| 4 CAMPAIGN TREASURER NAME                                   | MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX  | Acct. #   |
| 5 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  | Date Received                                     |
| 6 MAILING ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   | 2014 OCT 8 AM 10 00<br>AUSTIN CITY CLERK RECEIVED |
| 7 CAMPAIGN TREASURER PHONE                                  | AREA CODE PHONE NUMBER EXTENSION   | HD/PM   |
| 8 PERSON APPOINTING TREASURER                               | FIRST MI LAST SUFFIX   | Date Processed                                    |
| 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. |   |
| 10 ASSISTANT CAMPAIGN TREASURER (see instructions)          | FIRST MI LAST SUFFIX   | Date Imaged                                       |
| 11 ASSISTANT CAMPAIGN TREASURER ADDRESS                     | ADDRESS / PO BOX; 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

DeRail Austin

### 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 / #

Proposition 1

ELECTION DATE

Month 11 / Day 04 / Year 2014

DESCRIPTION

rail bond

### 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 \$500 in political contributions or make more than \$500 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**