

# 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	Austin4All PAC		<b>OFFICE USE ONLY</b> Acct. # Date Received HD/PM Date Processed Date Imaged
3 COMMITTEE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2407 S. Congress Ave., E-384 Austin, TX 78704		
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Rachel NICKNAME LAST SUFFIX Kania		
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1700 S Lamar Blvd #338 Austin, TX 78704		
6 MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2407 S. Congress Ave., E-384 Austin, TX 78704		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 693-8798		
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Rachel Kania		
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. <div style="text-align: right;">           /s/ Rachel Kania            _____            Signature of Campaign Treasurer         </div>		
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST SUFFIX N/A		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE N/A		
12 ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( ) N/A		
CONTINUE ON PAGE 2			

**SPECIFIC-PURPOSE COMMITTEE:  
PURPOSE AND MODIFIED REPORTING DECLARATION****FORM STA  
PG 2****13 COMMITTEE NAME**

Austin4All PAC

**14 COMMITTEE  
PURPOSE**☐ SUPPORT CANDIDATE☒ OPPOSE CANDIDATE☐ ASSIST OFFICEHOLDER**CANDIDATE / OFFICEHOLDER NAME**

Austin (TX) City Council

**OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)**

City Council/Recall Efforts

☐ 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 \$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**