

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: **3**

2 COMMITTEE NAME	Mobility for All				OFFICE USE ONLY	
					Filer ID #	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX;	APT / SUITE#;	CITY;	STATE;	ZIP CODE	
	3110 Manor Road Suite H Austin, Texas 78723					
4 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		OCC RECEIVED AT JUL 24 '20 AM 10:32	
	Dr.	Colette				
		NICKNAME	LAST	SUFFIX		Date Received
		Pierce Burnette				Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	801 W 5th Street		Apt 1903 Austin, TX		78703	
		Receipt #	Amount \$			
		Date Processed				Date Imaged

6 MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE#; CITY; STATE; ZIP CODE

same as above

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 481-2505

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.

Colette Pierce Burnette
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
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13 COMMITTEE NAME

Mobility for All

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 / #

To Be Determined

ELECTION DATE

Month / Day / Year
11 / 03 / 2020

DESCRIPTION

Transit ballot measure

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 \$900 in political contributions or make more than \$900 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://www.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 Laura Hernandez, and my date of birth is 12/17/1985.

My Address is 6000 Lonesome Valley Trail Austin Texas 78731 United States
(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 23rd day of July, 20 20.

Signature of Committee Representative (Declarant)

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