

# 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:

5

2 COMMITTEE NAME	Had Enough Austin?				<b>OFFICE USE ONLY</b>	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6836 Austin Center Blvd., #280 Austin, Texas 78731				Filer ID #	
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ellen Wood NICKNAME LAST SUFFIX				Date Received	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6836 Austin Center Blvd., #280 Austin, Texas 78731				Date Hand-delivered or Postmarked	
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> same as above				Receipt # Amount \$	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512.000) 450-6550				Date Processed	
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Ellen Wood				Date Imaged	
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 / 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**

**Had Enough Austin?**

**14 COMMITTEE  
PURPOSE**

☒ **SUPPORT CANDIDATE**

☐ **OPPOSE CANDIDATE**

☐ **ASSIST OFFICEHOLDER**

CANDIDATE / OFFICEHOLDER NAME

Dr. Jennifer Mushtaler

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

District 6 Council Seat

☐ **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 \$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](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://www.ethics.state.tx.us/filinginfo/QuickFileARepor.php>

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

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

**FORM STA  
PG 2**

**13 COMMITTEE NAME**

**Had Enough Austin?**

**14 COMMITTEE  
PURPOSE**

- ☒ **SUPPORT CANDIDATE**  
☐ **OPPOSE CANDIDATE**  
☐ **ASSIST OFFICEHOLDER**

CANDIDATE / OFFICEHOLDER NAME

Casey Ramos

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Austin City Council, Place 2

- ☐ **SUPPORT MEASURE**  
☐ **OPPOSE MEASURE**

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

DESCRIPTION

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Year of election(s) or election cycle to  
which declaration applies

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Signature of Campaign Treasurer

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PURPOSE AND MODIFIED REPORTING DECLARATION**

**FORM STA  
PG 2**

**13 COMMITTEE NAME**

**Had Enough Austin?**

**14 COMMITTEE  
PURPOSE**

☐ SUPPORT CANDIDATE

☒ OPPOSE CANDIDATE

☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

Allison Alter

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

District 10 Council Seat

☐ SUPPORT MEASURE

☐ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year

DESCRIPTION

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**SPECIFIC-PURPOSE COMMITTEE:**FORM **STA****STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES  
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL  
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE**PG **3****16 COMMITTEE  
NAME****Had Enough Austin?****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 Ellen Wood, and my date of birth is \_\_\_\_\_My Address is 6836 Austin Center Dr. #280 Austin TX 78731 USA  
(street) (city) (state) (zip code) (country)Executed in Travis County, State of Texas, on the 2 day of October, 2020Ellen Wood  
Signature of Committee Representative (Declarant)

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