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

FORM STA

If you are involved in a S	STA Instruction Guide for deta chool District Bond Election, you must E sending a file-stamped copy to the To	file Form STA with the k		1 Total pages file	3
2 COMMITTEE NAME	Safe R	toads for Kyle			USE ONLY
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	спу;	STATE; ZIP CODE	Date Received	22.04
4 CAMPAIGN TREASURER NAME	NICKNAME LAST	ohn	D SUFFIX	Date Hand-delivered of	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	Sanford  STREET ADDRESS; APT	/ SUITE #; CITY;	STATE; ZIP CODE	Receipt#  Date Processed  Date Imaged	Amount\$
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBI	ER	EXTENSION		
8 PERSON APPOINTING TREASURER	Self	MI	LAST		SUFFIX
9 SIGNATURE	I understand that I have be committee and that I am re- fines for failure to do so. I an from corporations and labor	sponsible for filing a m aware of the restric	all required reportions in title 15 of t	ts and that I ma	y be subject to on contributions
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST N/A	МІ	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	ER	EXTENSION		
	co	ONTINUE ON PAGE 2			

## SPECIFIC-PURPOSE COMMITTEE:

PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA

13 COMMITTEE NAM	Safe Roads for	Kyle				
14 COMMITTEE PURPOSE SUPPORT CANDIDATE	CANDIDATE / OFFICEHOLDER NAME					
OPPOSE CANDIDATE  ASSIST OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)					
	BALLOT IDENTIFICATION OF MEASURE / #	ELECTION DATE				
OPPOSE MEASURE	City of Kyle Prop A	1/08/2022				
	Road Bonds					
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 \$940 in political contributions or make more than \$940 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:

FORM ST

STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES FROM CORPORATION OR LABOR ORGANIZATION POLITICAL CONTRIBUTIONS UNDER SECTION 252,0031, ELECTION CODE

16 COMMITTEE NAME

# Safe Roads for Kyle

17 AFFIRMATION (If applicable)

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:



(1)

Affidavit Jurat:

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:

y Address is	(street)  County, State of	(city)	(state)	(zip code)	(country)
y name is					
y name is			te of birth is _		
		, and my da	te of birth is _		
Unsworn Dec	laration Jurat:				
		OR			
nature of officer admin	istering oath Printed Name	of officer administeri	ng oath	Title of officer ac	dministering o
unifer to	lm Jenny	Er Holm		NotaryA	
22, to certify wh	nich, witness my hand and seal	of office.			
orn to and subscrib	bed before me by John So	nford	, this the _	th day of	ctober
Hotory Sta	Comm. Expires 02-17-2025 Notary ID 126805359	J	,	ttee Represent	

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