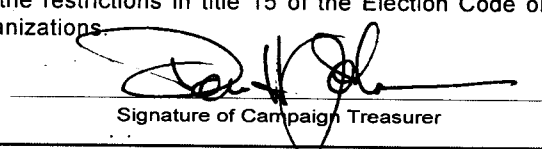


# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA  
PG 1

See STA Instruction Guide for detailed instructions.		1 Total pages filed: <b>2</b>
2 COMMITTEE NAME	"YES!"	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 503 ELKINS LAKE, HUNTSVILLE, TX 77340	
	MS / MRS / MR; FIRST; MI; LAST; SUFFIX DON; <del>JOHNSON</del> ; H.; <del>III</del> ; JOHNSON	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 503 ELKINS LAKE 824 OVERBROOK HUNTSVILLE, TX	
	MS / MRS / MR; FIRST; MI; LAST; SUFFIX DON; <del>JOHNSON</del> ; H.; <del>III</del> ; JOHNSON	
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 503 ELKINS LAKE; HUNTSVILLE, TX 77340	
7 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION (214) 207-4352	
	FIRST; MI; LAST; SUFFIX Don; H.; JOHNSON	
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		

**OFFICE USE ONLY**

Acct. #

Date Received: 10/18/16

HD/PM: 10/18/16

Date Processed: 10/18/16

Date Mailed: 10/18/16

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

**FORM STA  
PG 2**

13 COMMITTEE NAME "YES"

14 COMMITTEE PURPOSE  <input type="checkbox"/> SUPPORT CANDIDATE  <input type="checkbox"/> OPPOSE CANDIDATE  <input type="checkbox"/> ASSIST OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME  _____
	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  _____

<input checked="" type="checkbox"/> SUPPORT MEASURE  <input type="checkbox"/> OPPOSE MEASURE	BALLOT IDENTIFICATION OF MEASURE / # <b>PROPS 1, 2 + 3</b>	ELECTION DATE Month / Day / Year <b>11 / 8 / 2016</b>
	DESCRIPTION <b>CITY BOND PROPOSITION</b>	

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.)

*N/A*

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**