

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

**FORM STA  
PG 1**

<b>See STA Instruction Guide for detailed instructions.</b>		<b>1</b> Total pages filed:
<b>2</b> COMMITTEE NAME		<b>OFFICE USE ONLY</b>
<b>3</b> COMMITTEE ADDRESS	ADDRESS / POBOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>4</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  NICKNAME                      LAST                      SUFFIX	
<b>5</b> CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>6</b> MAILING ADDRESS  <input type="checkbox"/> same as above	ADDRESS / POBOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  (                      )	
<b>8</b> PERSON APPOINTING TREASURER	FIRST                      MI                      LAST                      SUFFIX	
<b>9</b> SIGNATURE	<p>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.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature of Campaign Treasurer</p>	
<b>10</b> ASSISTANT CAMPAIGN TREASURER <small>(see instructions)</small>	FIRST                      MI                      LAST                      SUFFIX	
<b>11</b> ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / POBOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE	
<b>12</b> ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  (                      )	

**CONTINUE ON PAGE 2**

**This appointment is effective on the date it is filed with the commission.**

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

**FORM STA  
PG 2**

**13 COMMITTEE NAME**

**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 / #

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**