APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA PG 1

1-800-325-8506

See STA Instruction Guide for detailed instructions.							1	1 Total pages filed:				
2	COMMITTEE								OFFICEU	SEONLY		
	NAME							Acct	:. #			
3		ADDRES	S / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date	Received			
	COMMITTEE ADDRESS											
4	CAMPAIGN TREASURER NAME	MS / MRS	/MR	FIRST			MI					
		NICKNAM	E	LAST			SUFFIX	Des	aniat #			
									ceipt #			
5	CAMPAIGN	STREET	ADDRESS (No	O PO BOX PLEASE); AF	PT / SUITE #; CITY;	STATE;	ZIP CODE	HD/	/PM	Amount		
	TREASURER STREET							Dat	e Processed			
	ADDRESS (Residence or business)							Dat	e Processed			
6		ADDRES	S / PO BOX;	APT/SUITE#;	CITY;	STATE;	ZIP CODE					
	MAILING ADDRESS											
	same as above											
7	CAMPAIGN	AREA CO	DDE	PHONE NUMBER		EXTENSIO	N					
	TREASURER PHONE	()									
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.										
							Signati	ure o	ure of campaign treasurer			
10	ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST			MI		LAST			SUFFIX		
11	ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRES:	S / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE					
12	ASSISTANT CAMPAIGN TREASURER PHONE	AREA CO)	PHONE NUMBER		EXTENSIO	N					
	GO TO PAGE 2											

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SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

P.O. Box 12070

FORM STA **PG** 2

13 COMMITTEE NAME										
COMMITTEE PURPOSE		OFFICE USE	ONLY							
SUPPORT CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	<u>-</u>								
OPPOSE CANDIDATE										
ASSIST OFFICEHOLDER	ASSIST OFFICEHOLDER OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)									
SUPPORT MEASURE	BALLOT IDENTIFICATION OF MEASURE / # ELECTION DATE Month Day									
OPPOSE MEASURE	DESCRIPTION									
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 the the committee's campaign treareports and, if necessary, a ru Year of election(s) or election cycle to which declaration applies	asurer will be in noff report.								

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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