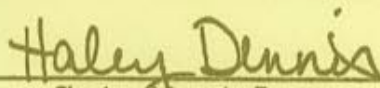


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

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:

| | | | | | | | | |
|---|--|----------------|-----------|--------|-----------|-----------------------------------|------------------------|--|
| 2 COMMITTEE NAME | Disincorporate Poetry TX | | | | | | OFFICE USE ONLY | |
| | | | | | | | Filer ID # | |
| 3 COMMITTEE ADDRESS | ADDRESS / POBOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE: | Date Received | | |
| | [REDACTED] | | | | | | | |
| 4 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | | Date Hand-delivered or Postmarked | | |
| | NICKNAME | LAST | SUFFIX | | | | | |
| 5 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS: | APT / SUITE #: | CITY: | STATE: | ZIP CODE: | Receipt # | Amount \$ | |
| | [REDACTED] | | | | | | Date Processed | |
| 6 MAILING ADDRESS | ADDRESS / POBOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE: | Date Imaged | | |
| | <input checked="" type="checkbox"/> same as above | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | |
| | [REDACTED] | 3857 | | | | | | |
| 8 PERSON APPOINTING TREASURER | FIRST | MI | LAST | SUFFIX | | | | |
| | Mandi | | West | | | | | |
| 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 / POBOX: | 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

Disincorporate Aetny TX

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 / #

Disincorporation of The Town of Aetny

ELECTION DATE

Month / Day / Year

DESCRIPTION

Group Petitioning To get Disincorporation on the voters ballots.

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.

2022-2023

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

Haley Dennis
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://ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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

**FORM SECURITY FOR:
CAMPAIGN FINANCE**
(Texas Ethics Commission Filers Only)

FORM SECURITY - CF

Please print or type everything other than your signature. See the next page for additional information.

OFFICE USE ONLY

1 FILER ID #
(Ethics Commission Filers)

Date Received

2 NAME OF FILER
SUBMITTING PRIMARY
EMAIL ADDRESS

MS / MRS / MR FIRST MI
Mrs. Mandi

NICKNAME LAST SUFFIX
 West

3 COMMITTEE NAME
(if committee)

Disincorporate Poetry TX

4 REASON FOR
FILING THIS FORM
(check at least one)

- I want to provide my primary email address for the Texas Ethics Commission to send email password links and other notices.
- I want the Texas Ethics Commission to set/reset my password.
- I want the Texas Ethics Commission to clear my Security Questions and Answers.

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

4A PRIMARY EMAIL
ADDRESS

Disincorporate Poetry Tx @ gmail . com

5 FILER CONTACT
TELEPHONE
(to be used if email
address is invalid)

AREA CODE PHONE NUMBER EXTENSION
 [REDACTED] 2077

6 CAMPAIGN FINANCE
FILER TYPE

- | | | | |
|--|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> CCH | CANDIDATE/OFFICEHOLDER | <input type="checkbox"/> CEC | COUNTY EXECUTIVE COMMITTEE |
| <input type="checkbox"/> JCCH | JUDICIAL CANDIDATE/OFFICEHOLDER | <input type="checkbox"/> MCEC | MONTHLY COUNTY EXECUTIVE COMMITTEE |
| <input type="checkbox"/> SC/COH | STATE/COUNTY CHAIR | <input type="checkbox"/> DOE | DIRECT CAMPAIGN EXPENDITURES |
| <input type="checkbox"/> MPAC | MONTHLY GENERAL-PURPOSE COMMITTEE | <input type="checkbox"/> ASIF SPAC | AS IF-SPECIFIC-PURPOSE COMMITTEE |
| <input type="checkbox"/> GPAC | GENERAL-PURPOSE COMMITTEE | <input type="checkbox"/> LEG | LEGISLATIVE CAUCUS |
| <input type="checkbox"/> JSPAC | JUDICIAL SPECIFIC-PURPOSE COMMITTEE | <input type="checkbox"/> PTYCORP | POLITICAL PARTY |
| <input type="checkbox"/> SC SPAC | STATE/COUNTY SPECIFIC-PURPOSE COMMITTEE | <input type="checkbox"/> SPK | SPEAKER |
| <input checked="" type="checkbox"/> SPAC | SPECIFIC-PURPOSE COMMITTEE | | |
| <input type="checkbox"/> SPAC | FILING FOR SCHOOL BOND ELECTIONS ONLY. Attach a copy of your treasurer appointment stamped by your school district. | | |

7 FILER SIGNATURE

I swear, or affirm, under penalty of perjury, that I am the person required by law under the Texas Ethics Commission jurisdiction to file Campaign Finance reports with the Texas Ethics Commission. This document is my official submission of a primary email address for the purpose of receiving a password link to be used to file electronic reports with the Texas Ethics Commission.

Mandi West

Signature

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

Disincorporate Poetry TX

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 Mandi West and my date of birth is _____

My Address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in Kaufman County, State of Texas, on the 25 day of July, 2022.

Mandi West
Signature of Committee Representative (Declarant)

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