

# 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	Downtown Tomball Equal Rights Coalition	
<b>OFFICE USE ONLY</b>		
Acct. #		
Date Received		
7/10/2014 11:13 AM		
Date Processed		
7/10/2014		
Date Imaged		
7/10/2014		
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 209 Commerce St. Tomball, TX 77375	
4 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MR      FIRST <b>Denise</b> MI <b>E.</b> NICKNAME <b>Neef-Fiore</b> LAST      SUFFIX	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 115 Gallery Cove Ct. Woodlands, TX 77382	
6 MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input checked="" type="checkbox"/> same as above	
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (832) 289-8574	
8 PERSON APPOINTING TREASURER	FIRST      MI      LAST      SUFFIX Laura      A.      Wilson	
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

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**

*Downtown Tomball Equal Rights Coalition*

**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  
*11 / 04 / 2014*

DESCRIPTION *The legal sale of all alcoholic beverages including mixed beverages.*

**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**