

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:

2 COMMITTEE NAME	GRAPEVINE FAMILY PAC			OFFICE USE ONLY	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1344 GRAPEVINE TX 76099-1344			Acct. #	
4 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI MICHAEL B NICKNAME LAST SUFFIX MORRIS SR			Date Received	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 849 N RIVERSIDE DRIVE GRAPEVINE TX 76051			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 15 2016</p> <p>City Secretary's Office</p> </div>	
6 MAILING ADDRESS <input type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1344 GRAPEVINE TX 76099-1344				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 481-3706			Date Processed	
8 PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX			Date Imaged	
9 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;"><i>Michael B. Morris SR</i> Signature of Campaign Treasurer</p>				
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 ()				

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**SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION**
**FORM STA
PG 2**
13 COMMITTEE NAME

GRAPVINE FAMILY PAC

**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