

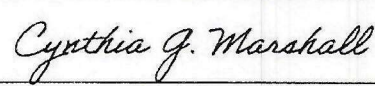
APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

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:

3

2 COMMITTEE NAME	Dallas County Homeless Solutions			OFFICE USE ONLY Filer ID # Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
3 COMMITTEE ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE PO Box 226163 Dallas, TX 75222				
4 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Cynt NICKNAME LAST SUFFIX Marshall				
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS, APT / SUITE #, CITY, STATE, ZIP CODE 6820 Stichter Avenue Dallas, TX 75230				
6 MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE ☐ same as above				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972.000) 971-5493				
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.  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

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

**FORM STA
PG 2**

13 COMMITTEE NAME

Dallas County Homelessness Solutions

**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 / #

TBD

ELECTION DATE

Month / Day / Year
11/03/2026

DESCRIPTION

Fund homelessness solutions

**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 \$1,110 in political contributions or make more than \$1,110 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

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://www.ethics.state.tx.us/filinginfo/QuickFileARepor.php>

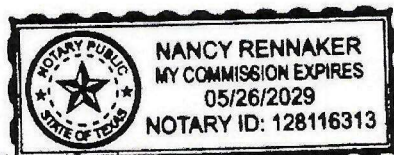
This appointment is effective on the date it is filed with the appropriate filing authority.

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****Dallas County Homelessness Solutions****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:**

Notary Stamp Seal

Cynthia G. Marshall
Signature of Committee Representative

Sworn to and subscribed before me by Cynthia Marshall, this the 17 day of 2020,
to certify which, witness my hand and seal of office.

Nancy Rennaker
Signature of officer administering oathNancy Rennaker
Printed Name of officer administering oathNotary
Title of officer administering oath

OR

2) **Unsworn Declaration Jurat:**

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Signature of Committee Representative (Declarant)

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Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070

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