

**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 <b>Vote Yes For Proposition 8</b>						<b>OFFICE USE ONLY</b>			
3 COMMITTEE ADDRESS <b>2030 Main Street, Ste 410, Dallas, TX 75201</b>		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Acct. #			
4 CAMPAIGN TREASURER NAME <b>Ron G. Steinhart</b>		MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX				RECEIVED 2014 OCT -2 PM 12: 01 CITY SECRETARY DALLAS, TEXAS			
5 CAMPAIGN TREASURER STREET ADDRESS <b>25 Robledo Drive, Dallas, TX 75230</b>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						Date Received	
6 MAILING ADDRESS <input checked="" type="checkbox"/> same as above		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						Date Processed	
7 CAMPAIGN TREASURER PHONE <b>( 214 ) 360-4353</b>		AREA CODE PHONE NUMBER EXTENSION				Date Imaged			
8 PERSON APPOINTING TREASURER <b>Sophia R Johnson</b>		FIRST MI LAST SUFFIX							
9 SIGNATURE <i>Ronald G. Steinhart</i> Signature of Campaign Treasurer		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.							
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 <b>( )</b>		AREA CODE PHONE NUMBER EXTENSION							
<b>CONTINUE ON PAGE 2</b>									

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

**13 COMMITTEE NAME**  
 Vote Yes on Prop 8

<b>14 COMMITTEE PURPOSE</b>	CANDIDATE / OFFICEHOLDER NAME
<input type="checkbox"/> SUPPORT CANDIDATE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
<input type="checkbox"/> OPPOSE CANDIDATE	
<input type="checkbox"/> ASSIST OFFICEHOLDER	

<input checked="" type="checkbox"/> SUPPORT MEASURE	BALLOT IDENTIFICATION OF MEASURE / # Proposition 8	ELECTION DATE Month / Day / Year 11 / 4 / 2014
<input type="checkbox"/> OPPOSE MEASURE	DESCRIPTION Compensation for city council members will be raised to \$60,000/annually and compensation for the mayor will be raised to \$80,000/annually effective 6/2015	


**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.

<u>2014</u> Year of election(s) or election cycle to which declaration applies	 Signature of Campaign Treasurer
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**