

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

Yay for Prop A

OFFICE USE ONLY

3 COMMITTEE
ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE
4107 Medical Parkway, #212
Austin, TX 78756

Filer ID #

Date Received

4 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Catina Voellinger
NICKNAME LAST SUFFIX

OCC RECEIVED AT
MAR 21 '22 AM 9:03

Date Hand-delivered or Postmarked

5 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS: APT / SUITE #, CITY, STATE, ZIP CODE
4107 Medical Parkway, #212
Austin, TX 78756

Receipt #

Amount \$

Date Processed

Date Imaged

6 MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE

same as above

7 CAMPAIGN
TREASURER
PHONE

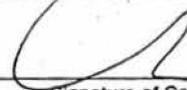
AREA CODE PHONE NUMBER EXTENSION
(512) 567-8377

8 PERSON
APPOINTING
TREASURER

FIRST MI LAST SUFFIX
Julie Oliver

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

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CONTINUE ON PAGE 2

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

**FORM STA
PG 2**

13 COMMITTEE NAME

Yay for Prop A

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 / #

Proposition A

ELECTION DATE

Month / Day / Year
05 / 07 / 2022

DESCRIPTION

An Ordinance Creating the Austin Freedom Act of 2021

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.

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:
STATEMENT AUTHORIZING DIRECT CAMPAIGN EXPENDITURES
FROM CORPORATION OR LABOR ORGANIZATION POLITICAL
CONTRIBUTIONS UNDER SECTION 252.0031, ELECTION CODE

FORM STA
PG 3

16 COMMITTEE
NAME

Yay for Prop A

17 AFFIRMATION
(If applicable)

I swear, or affirm, under penalty of perjury that the following statement is in all things true and correct:



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 CATINA Voellinger, and my date of birth is _____

My Address is 11124 Desert Willow Loop Austin Tx 78748 USA
(street) (city) (state) (zip code) (country)

Executed in TRAVIS County, State of Texas, on the 18 day of March, 2022

Signature of Committee Representative (Declarant)

Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or by mail to: Texas Ethics Commission, P.O. Box 12070, Austin, TX 78711-2070

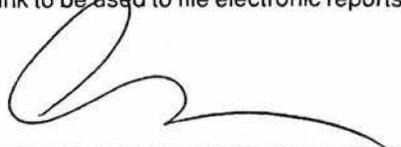
Non-TEC Filers must file this form with the local filing authority

**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	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	Date Hand-delivered or Date Postmarked
3 COMMITTEE NAME (if committee)	Yay for Prop A			Date Processed
4 REASON FOR FILING THIS FORM (check at least one)	<input checked="" type="checkbox"/> I want to provide my primary email address for the Texas Ethics Commission to send email password links and other notices. <input type="checkbox"/> I want the Texas Ethics Commission to set/reset my password. <input type="checkbox"/> I want the Texas Ethics Commission to clear my Security Questions and Answers.			Date Imaged
4A PRIMARY EMAIL ADDRESS	catinavoellinger@gmail.com			
5 FILER CONTACT TELEPHONE (to be used if email address is invalid)	AREA CODE (512)	PHONE NUMBER 567-8377	EXTENSION	
6 CAMPAIGN FINANCE FILER TYPE	<input type="checkbox"/> COH CANDIDATE/OFFICEHOLDER <input type="checkbox"/> JOCH JUDICIAL CANDIDATE/OFFICEHOLDER <input type="checkbox"/> SCCOH STATE/COUNTY CHAIR <input type="checkbox"/> MPAC MONTHLY GENERAL-PURPOSE COMMITTEE <input type="checkbox"/> GPAC GENERAL-PURPOSE COMMITTEE <input type="checkbox"/> JSPAC JUDICIAL SPECIFIC-PURPOSE COMMITTEE <input type="checkbox"/> SC SPAC STATE/COUNTY SPECIFIC-PURPOSE COMMITTEE <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.	<input type="checkbox"/> CEC COUNTY EXECUTIVE COMMITTEE <input type="checkbox"/> MCEC MONTHLY COUNTY EXECUTIVE COMMITTEE <input type="checkbox"/> DCE DIRECT CAMPAIGN EXPENDITURES <input type="checkbox"/> ASIF SPAC AS IF-SPECIFIC-PURPOSE COMMITTEE <input type="checkbox"/> LEG LEGISLATIVE CAUCUS <input type="checkbox"/> PTYCORP POLITICAL PARTY <input type="checkbox"/> SPK SPEAKER		
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.  _____ Signature			