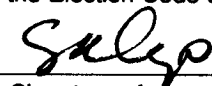


# APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

**FORM STA  
PG 1**

<b>See STA INSTRUCTION GUIDE for detailed instructions.</b>		<b>1</b> Total pages filed: <div style="text-align: center; margin-top: 5px;">2</div>				
<b>2</b> COMMITTEE NAME	Two-Penny PAC	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>OFFICE USE ONLY</b></div> Acct. #  Date Received  <div style="border: 1px solid black; padding: 5px; text-align: center; margin-bottom: 5px;"> <b>RECEIVED</b>                      AUG 31 2009                      BY: <i>[Signature]</i> </div> Receipt #  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">HD/PM</td> <td style="width: 50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Processed</td> </tr> </table>	HD/PM	Amount	Date Processed	Date Processed
HD/PM	Amount					
Date Processed	Date Processed					
<b>3</b> COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3506 Normandy Ridge, Austin, TX 78738					
<b>4</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Robert NICKNAME LAST SUFFIX Salgo					
<b>5</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3506 Normandy Ridge, Austin, TX 78738					
<b>6</b> MAILING ADDRESS <input checked="" type="checkbox"/> same as above	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 748-4916					
<b>8</b> PERSON APPOINTING TREASURER	FIRST MI LAST SUFFIX Matt Womack					
<b>9</b> 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.  <div style="text-align: right; margin-top: 20px;">                       _____                      Signature of campaign treasurer                 </div>					
<b>10</b> ASSISTANT CAMPAIGN TREASURER (see instructions)	FIRST MI LAST SUFFIX Matt Womack					
<b>11</b> ASSISTANT CAMPAIGN TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 126 Carefree Circle, Lakeway, TX 78734					
<b>12</b> ASSISTANT CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 512 ) 293-7339					

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE: PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA  
PG 2

**13** COMMITTEE NAME

Two-Penny PAC

**14** COMMITTEE PURPOSE

OFFICE USE ONLY

SUPPORT CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

OPPOSE CANDIDATE

ASSIST OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

SUPPORT MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

Tax Ratification Election

ELECTION DATE

Month / Day / Year  
11 / 03 / 2009

OPPOSE MEASURE

DESCRIPTION

Support for Lake Travis Independent School District's request for \$0.02/\$100 valuation tax increase

**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**

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