

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

CAPE CFISD Advocates for Public Ed

OFFICE USE ONLY

Filer ID #

Date Received

10:05 am

RECEIVED
MAR 24 2025
BY: SLB

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5315-B Cypress Creek Pkwy #283 Houston Texas 77069-4403

4 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Darcy A
NICKNAME LAST SUFFIX
Mingoia

5 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE
6610 Barrington Garden Houston TX 77069

6 MAILING
ADDRESS

☐ same as above

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() 713-859-0030

8 PERSON
APPOINTING
TREASURER

FIRST MI LAST SUFFIX
Brain Sandel

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.

Darcy Mingoia
Signature of Campaign Treasurer

10 ASSISTANT
CAMPAIGN
TREASURER
(see instructions)

FIRST MI LAST SUFFIX
Mrs. Leah Stephanow

11 ASSISTANT
CAMPAIGN
TREASURER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
12607 Texas Arm Trail Cypress TX 77429

12 ASSISTANT
CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
() 713-817-2607

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

**FORM STA
PG 2**

13 COMMITTEE NAME

CAPE CFISD Advocates for Public Ed

14 COMMITTEE
PURPOSE

☒ SUPPORT CANDIDATE

☐ OPPOSE CANDIDATE

☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

Lesley Guilmart

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

TBD

☐ 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 \$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/QuickFileAReport.php>

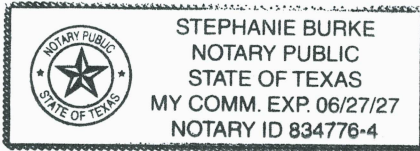
This appointment is effective on the date it is filed with the appropriate filing authority.

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****CAPE CFISD Advocates for Public Ed****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

Signature of Committee Representative

Sworn to and subscribed before me by Brian Sandel, this the 24 day of MARCH, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

STEPHANIE BURKE

Printed Name of officer administering oath

Notary

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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