

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

BUILDING A BETTER Future IN Huntsville

3 COMMITTEE
ADDRESS

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

470 EIKINS LAKE
Huntsville, TX 77340

4 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

William

NICKNAME

LAST

SUFFIX

Green

5 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE

1923 EAST Lake Drive
Huntsville, TX 77340

6 MAILING
ADDRESS

same as above

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

470 EIKINS LAKE
Huntsville, TX 77340

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 661 - 5797

8 PERSON
APPOINTING
TREASURER

FIRST

MI

LAST

SUFFIX

Vicki McKenzie

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.

W. Green
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

()

OFFICE USE ONLY

FILED FOR RECORD

At 1:30 o'clock PM

SEP 12 2025

Kari French, Walker County, Texas
by *M. French* Deputy

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

CONTINUE ON PAGE 2

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

**FORM STA
PG 2**

13 COMMITTEE NAME

BUILDING A BETTER FUTURE IN HEALTHCARE

**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 / #

HOSPITAL BOND

ELECTION DATE

Month / Day / Year
11 / 4 / 2025

DESCRIPTION

#198M HOSPITAL BOND CALLED BY THE WALKER COUNTY HOSPITAL DISTRICT

**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.

2025

Year of election(s) or election cycle to
which declaration applies

UB Green

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://ethics.state.tx.us/filinginfo/QuickFileAReport.php>

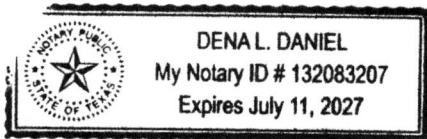
This appointment is effective on the date it is filed with the appropriate filing authority.

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**BUILDING A BETTER FUTURE IN HEALTHCARE**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

W B Green

Signature of Committee Representative

Sworn to and subscribed before me by William B. Green, this the 3 day of September, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Denal L. Daniel

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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