

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

Roanoke 4 Convention Center PAC

3 COMMITTEE
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
361W. Byron Nelson Blvd., Ste. 104, Roanoke, TX
76262

4 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs. Diana L.
NICKNAME LAST SUFFIX
Delin

5 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE
361 W. Byron Nelson Blvd., Ste. 104, Roanoke, TX
76262

6 MAILING
ADDRESS
 same as above

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

7 CAMPAIGN
TREASURER
PHONE

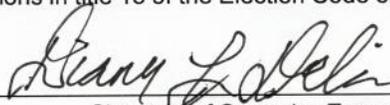
AREA CODE PHONE NUMBER EXTENSION
(817.000) 252-4281

8 PERSON
APPOINTING
TREASURER

FIRST MI LAST SUFFIX
John Delin

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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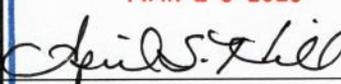
OFFICE USE ONLY

Filer ID #

Date Received

RECEIVED

MAR 20 2025



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

Roanoke 4 Convention Center PAC

14 COMMITTEE PURPOSE

CANDIDATE / OFFICEHOLDER NAME

- SUPPORT CANDIDATE
 OPPOSE CANDIDATE
 ASSIST OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

- SUPPORT MEASURE
 OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

ELECTION DATE

Month / Day / Year
/ 05 / 03 / 2025

DESCRIPTION

City of Roanoke, 2025 Bond Election for Convention Center Proposal

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

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:
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**

Roanoke 4 Convention Center PAC

**17 AFFIRMATION
(If applicable)**

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

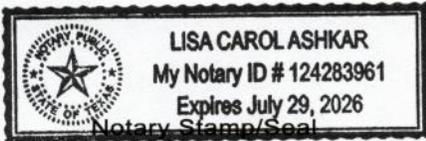


(Check if applicable)

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:



[Handwritten Signature]
Signature of Committee Representative

Sworn to and subscribed before me by John DeLin, this the 20th day of MARCH, 2025 to certify which, witness my hand and seal of office.

[Handwritten Signature] Lisa Carol Ashkar Notary
Signature of officer administering oath Printed Name of officer administering oath 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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