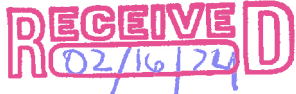


# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|
| See CTA Instruction Guide for detailed instructions.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 Total pages filed:                                                                |                |
| 2 CANDIDATE NAME                                            | MS / MRS / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OFFICE USE ONLY                                                                     |                |
|                                                             | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Filer ID #                                                                          |                |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date Received                                                                       |                |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                |
| 4 CANDIDATE PHONE                                           | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date Hand-delivered or Postmarked                                                   |                |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Receipt # Amount \$                                                                 | Date Processed |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date Imaged                                                                         |                |
| 6 OFFICE SOUGHT (if known)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><br/>Signature of Candidate</p> <p><u>2/16/24</u><br/>Date Signed</p> |                                                                                     |                |

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

**12 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 option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,080 in political contributions or  
make more than \$1,080 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
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 Candidate

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

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto: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>