

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

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 \$1,110 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. 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.

2024

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>