

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |           |                 |               |                                   |  |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------------|---------------|-----------------------------------|--|
| See CTA Instruction Guide for detailed instructions.        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |           |                 |               | 1 Total pages filed:<br>1         |  |
| 2 CANDIDATE NAME                                            | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FIRST          | MI        | OFFICE USE ONLY |               |                                   |  |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAST           | SUFFIX    | Filer ID #      | Date Received |                                   |  |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX;                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APT / SUITE #; | CITY;     | STATE;          | ZIP CODE      | Date Hand-delivered or Postmarked |  |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PHONE NUMBER   | EXTENSION | 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>10/8/2025<br/>Date Signed</p> |                |           |                 |               |                                   |  |

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