APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA Instruction Guide for detailed instructions.						1 Total pages file	d:	
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7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	INCHAIL.	Mr.	Colin		<u> </u>	Archor		
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS:	AP ·	T / SUITE #;	сіту;	STATE:	ZIP CODE	
	(residence or business)							
9		AREA CODE	PHONE NUMBER		EXTENSION			
	TREASURER PHONE	(806) 3.	41 0760) 				
10	CANDIDATE SIGNATURE				apter 573 of the T	Texas Governi	ment Code.	
		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.						
		RI	<u> </u>			///29/23 Date Signe		
			Signature of Cand	lidate 		′ Øate Signe	<u> </u>	
	GO TO PAGE 2							

11	CANDIDATE NAME	
12	MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
i		•• 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 \$1,010 in political contributions or make more than \$1,010 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
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

APPOINTM BY A CAN	TENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1				
Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:				
2 CANDIDATE NAME	MS/MRS/MR FIRST MI MR, GARY	OFFICE USE ONLY				
	NICKNAME LAST SUFFIX ALEXANDER	FILED KELLY RATLIEF Date Roceive OUNTY CLERK				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE, ZIP CODE	NOV 02 2023 ((; 2) Pith HUTCHINSON COUNTY, TEXA BY K- PA-TU-HDEPUT Date Hand-delivered or Postmarked				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 898-9501	Receipt# Amount\$ Date Processed				
5 OFFICE HELD (if any)	PRECINCT 1 COMMISSIONER	Date Imaged				
6 OFFICE SOUGHT (if known)	PRECINCY 1 COUNTY COMMISSION	IER				
7 CAMPAIGN TREASURER NAME	MR. GARY E. AL	EXANDER 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 (806) 898 - 950 /					
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.				
	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.					
	Signature of Candidate	Date Signed				

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11	CANDIDATE NAME		
12	MODIFIED REPORTING DECLARATION		CTION ONLY IF YOU ARE DIFIED REPORTING
			ed no later than the 30th day before the declaration applies. ••
			is valid for one election cycle only. •• lection, a general election, and any related runoffs.)
			of state chair of a political party modified reporting. ••
		I do not intend to accept more that or make more than \$930 in politic fees) in connection with any futucycle. I understand that if either will be required to file pre-election runoff report.	al expenditures (excluding filing ure election within the election one of those limits is exceeded, I
		Year of election(s) or election cycle to which declaration applies	Signature of Candidate

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APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS/MRS AVR 2 CANDIDATE OFFICE USE ONLY Benjamin O. NAME FILED COUNTY CLERK NICKNAME BenTley Ben Mr. OCT 12 2023 ADDRESS /PO BOX; APT / SUITE #: STATE: ZIP CODE CANDIDATE 3:04 pm MAILING **ADDRESS AmountS** AREA CODE Receipt # CANDIDATE PHONE NUMBER **EXTENSION** PHONE (806) 898-8700 Date Processed 5 OFFICE COUNTY COMMISSIONER - Precinct 3 Date Imaged HELD (if any) 6 OFFICE County Commissioner - Precinct 3 SOUGHT (if known) LAST MSWRSMR NICKNAME SUFFIX **CAMPAIGN** TREASURER BenTley Mrs. Pam Pamela NAME ZIP CODE STATE: STREET ADDRESS: APT / SUITE #: CITY: CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (806) 898-9977 PHONE 10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. 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. 10-12-2023 Date Signed

GO TO PAGE 2

	APPOINTM BY A CANI		A CAN	IPAIGN '	TREAS	JRER		FORM CTA PG 1
	See CTA Instruction Guide for detailed instructions.							filed: 4
2	CANDIDATE	MS/MS/MR	FIRS	Ţ		МІ	OFFIC	E USE ONLY
	NAME	Wiftinge	ica			_	Filer (D#	
		NICKNAME Ha	strank	<u> </u>		SUFFIX		FILED ELLY RATLIFF OUNTY CLERK
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6	OFFICE SÖUGHT (if known)	Hutch	nson Cou	unty Canal	ibli PC	72		
7	CAMPAIGN TREASURER NAME	McAngel HcAngel	ica Ha	rtrankt	NICKNAME		LAST	SUFFIX
8	-, mm. i m	STREET ADDRESS;		APT / SUITE #;	CITY;		STATE;	ZIP CODE
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(residence or business)							
9	CAMPAIGN	AREA CODE	PHONE NUME	BER	EXTENSION		· · · · · ·	.
	TREASURER PHONE	(2019)	930	8320				
10	CANDIDATE SIGNATURE	l am awar	e of the Nep	ootism Law, C	hapter 573	of the Te	xas Govern	ment Code.
		I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.						
				rictions in title labor organiz		lection C	code on con	tributions
			Signature of	Candidate	·		10-/7 Date Sign	
		<u> </u>		GO TO PAG	F 2			·

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME Angelica Hartranst

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 \$930 in political contributions or make more than \$930 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

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TEC Filers may send this form to the TEC electronically at treas.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

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FORM CTA APPOINTMENT OF A CAMPAIGN TREASURER **BY A CANDIDATE** PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. Two (2) MS/MRS/MR CANDIDATE OFFICE USE ONLY CRAIG NAME MR. Filer ID # FILED NICKNAME SUFFIX Date Received KELLY RATLIFF **COUNTY CLERK** ZIP CODE ADDRESS / PO BOX: APT / SUITE #; STATE: NOV 08 2023 CANDIDATE **MAILING ADDRESS** AREA CODE EXTENSION Receipt# CANDIDATE PHONE 886-0253 (806) Date Processed COUNTY ATTORNEY, HUTCHINSON COUNTY 5 OFFICE Date Imaged HELD (if any) ÓFFICE COUNTY ATTORNEY, HUTCHINSON COUNTY SOUGHT (if known) NICKNAME LAST SUFFIX MS/MRS/MR FIRST CAMPAIGN TREASURER Scott MR. MILLS NAME APT / SUITE #; CITY STATE: ZIP CODE STREET ADDRESS; CAMPAIGN **TREASURER** STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE (806) 290-2426 10 CANDIDATE **SIGNATURE** I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. 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. of Candidate

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAMÉ	CRAIG JONES
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.)
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	Year of election(s) or election cycle to Signature of Candidate which declaration applies

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	APPOINTM BY A CANE	ENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA				
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	NAME	Carrie D	Filer ID# FILED KELLY RATLIFF				
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		Kimmell	NOV 0 6 2023				
3	CANDIDATE	ADDRESS / PO BOX: APT / SUITE #; CITY, STATE: ZIP CODE	8:271Am				
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4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt 4 Amount \$				
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	· ····	(806) 231–9321					
5	OFFICE HELD (if any)	Hutchinson County Tax Assessor-Collector	Date Imaged				
6	OFFICE SOUGHT (if known)	Hutchinson County Tax Assessor-Collector					
7	CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NYCKNAME	LAST SUFFIX				
	NAME	Carrie D	Kimmel1				
8	CAMPAIGN	STREET ADDRESS: APT / SUITE #: CITY:	STATE: ZIP CODE				
	TREASURER STREET ADDRESS						
(residence or business)						
ġ	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
	TREASURER PHONE	(806) 231-9321					
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.				
		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 (from corporations and labor organizations.	Code on contributions				
		1 / 1 / 1 / 1 / 1 / 1 / 1	11-1-23				
		Signature of Candidate	Date Signed .				
		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

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

Signature of Candidate

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APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

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	,		 -		 -		BY K-KA-H	COUNTY TEXAS
							Date Hand-desires	ir Postmarketi
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION		Receipt #	Amounts
		(806)	395-1730	<u>_</u>			Date Processed	
5	OFFICE HELD (if any)						Date Imaged	
6	OFFICE SOUGHT (if known)	Hutchinson C	County Sheriff					
7	CAMPAIGN TREASURER NAME	MSMRSMR Mrs.	FIRST Teri	J	NICKNAME	ı	LAST Langwell	SUFFIX
_		STREET ADDRESS:	AP	PT / SUITE #	CITY:		STATE;	Z/P CODE
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((residence or business)							·
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER		EXTENSION			
_	PHONE	(806)	274-1890) ———				
10	CANDIDATE SIGNATURE	l am aware	of the Nepotism	n Law, Ch	napter 573 of	the Te	xas Governn	nent Code.
	,	l am aware of the Election (of my responsit Code.	bility to fil	le timely repo	orts as	required by	title 15 of
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_	'	1 / 8	Signature of Candid	Jate		_	Date Signed	t
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APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS/MRS/MR OFFICE USE ONLY CANDIDATE NAME Filer ID# SUFFIX NIÇKNAME Date Received projection of **FILED KELLY RATLIFF** STATE: ZIP CODE COUNTY CLERK ADDRESS / PO BOX; CANDIDATE MAILING **ADDRESS** PHONE NUMBER **EXTENSION** AREA CODE CANDIDATE PHONE (806) 231-7476. Date Processed 5 OFFICE Date Imaged HELD (If any) COUNTY CONSTABLE PCT 1 **OFFICE** SOUGHT (if known) LAST · SUFFIX Adrius NICKNAME . MS/MRS/MR **CAMPAIGN** ROJUS TREASURER Mrs NAME APT / SUITE #: CITY: STATE; ZIP CODE CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) EXTENSION AREA CODE PHONE NUMBER CAMPAIGN TREASURER (806) 663 - 30.29 PHONE 10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. 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. **Date Signed** Signature of Candidate

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME			
12 MODIFIED REPORTING DECLARATION		CTION ONLY IF YOU ARE DIFIED REPORTING	
		ed no later than the 30th day before ch the declaration applies. ••	
MA		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 may NOT choose	 Candidates for the office of state chair of a political party may NOT choose modified reporting. 	
		se limits is exceeded, I will be	
·		; -	
	Year of election(s) or election cycle to which declaration applies	Signature of Candidate	

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APPOINTM BY A CAN	IENT OF A CAMPAIGN TREASURER DIDATE	FORM CTA PG 1
Sec	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST MI MYS- AMANDA LECANNE NICKNAME LAST SUFFIX	OFFICE USE ONLY Filer ID # FILED Date Received KELLY RATLIFF COUNTY CLERK
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE	OCT 19 2023 212, 4 PM HUTCHINSON COUNTY TEX
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (804) 880 DUIL	Receipt # Amount \$ Date Processed
5 OFFICE HELD (if any)	Huterimson County Justice of the Peace Pot Z	Date Imaged
6 OFFICE SOUGHT (if known)	Hutchinson County Justice of the	
7 CAMPAIGN TREASURER NAME	Mrs. Amanda LeeAnne Wy.	SOMO
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #: CITY;	STATE: ZP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (804) 886 DUI	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	ode on contributions
·	Signature of Candidate GO TO PAGE 2	D · 19 · 23 Date Signed

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

- 11 CANDIDATE Amanda Lecanne Wysong
- 12 MODIFIED REPORTING DECLARATION

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2029

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

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