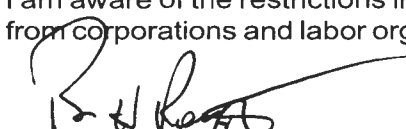


# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

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 <b>FILED</b><br>12/9/21 - 1:55 p.m.<br>Patricia Roberson, Elections Administration<br>Gaines County, Texas |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BY _____ DEPUTY                                                                                                          |  |
| 4 CANDIDATE PHONE                                           | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date Hand-delivered or Postmarked                                                                                        |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Receipt # Amount \$                                                                                                      |  |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date Processed                                                                                                           |  |
| 6 OFFICE SOUGHT (if known)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date Imaged                                                                                                              |  |
| 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>12/9/2021<br/>Date Signed</p> |                                                                                                                          |  |

GO TO PAGE 2