

# 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                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |           |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                            | Date Received                                                                                                        |           |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>FILED</b><br/>12/7/21 - 2:01 p.m.<br/>Patricia Roberson, Elections Administration<br/>Gaines County, Texas</p> |           |
| 4 CANDIDATE PHONE                                           | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                                                                                                                                                                                  | by _____ DEPUTY                                                                                                      |           |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Hand-delivered or Postmarked                                                                                    |           |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   | Receipt #                                                                                                            | Amount \$ |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   | 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><u>Cindy Therwhanger</u> Signature of Candidate <u>12/7/21</u> Date Signed</p> |                                                                                                                      |           |

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# 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 \$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

**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>