

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

Mr.
NICKNAME

Timothy
LAST

E
SUFFIX

Swaringen

OFFICE USE ONLY

File ID #

RECEIVED

Date Received

9:52

JAN 20 2026

am

CLOCK

Delencos

ELECTIONS TERRY COUNTY TEXAS

Date Hand-delivered or Postmarked

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #

CITY:

STATE:

ZIP CODE

REDACTED

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

REDACTED

REDACTED

Receipt #

Amount \$

Date Processed

Date Imaged

5 OFFICE
HELD
(if any)

BISD Trustee Position 2

6 OFFICE
SOUGHT
(if known)

BISD Trustee Position 2

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

Timothy

E.

Swaringen

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS:

APT / SUITE #

CITY:

STATE:

ZIP CODE

REDACTED

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

REDACTED

REDACTED

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.

Timothy Swaringen
Signature of Candidate

1-20-2026
Date Signed

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CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY	
Date Received	9:54 JAN 20 2026 G
RECEIVED	
ELECTIONS TERRY COUNTY, TEXAS	
Date Hand-delivered or Postmarked	
Date Processed	
Date Imaged	

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> <i>If filing as a candidate, complete boxes 3 - 6. then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i>		
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) Mr.	FIRST Timothy	MI E.
	NICKNAME	LAST Swaringen	SUFFIX (SR., JR., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE ()	PHONE NUMBER REDACTED	EXTENSION
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX REDACTED	APT / SUITE # REDACTED	CITY: STATE: ZIP CODE
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	BISD Trustee Position 2		
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)			
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
	NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2