

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

NICKNAME

LAST

SUFFIX

Mr.

Timothy

E

Swaringen

OFFICE USE ONLY

FilerID #

Date Received

RECEIVED

9:54

JAN 20 2026

O'CLOCK

9 M
Clarence

ELECTIONS TERRY COUNTY TEXAS

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

REDACTED

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

REDACTED

Receipt #

Amount \$

Date Processed

Date Imaged

5 OFFICE
HELD
(If any)

SPUWCD Director Precinct 1

6 OFFICE
SOUGHT
(If known)

SPUWCD Director Precinct 1

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

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

GO TO PAGE 2

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

RECEIVED

9:54 JAN 20 2026
CLOCK
J. Cleburne
ELECTIONS TERRY COUNTY, TEXAS

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Timothy

E.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Swaringen

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

REDACTED

REDACTED

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

SPUWCD Director Precinct 1

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