

**APPOINTMENT OF A CAMPAIGN TREASURER
BY A CANDIDATE**

**FORM CTA
PG 1**

<p>See CTA Instruction Guide for detailed instructions.</p>				<p>1 Total pages filed:</p>	
<p>2 CANDIDATE NAME</p>	MS / MRS / MR	FIRST	MI	<p>OFFICE USE ONLY</p>	
		Terri	L	Filer ID #	
<p>3 CANDIDATE MAILING ADDRESS</p>	NICKNAME	LAST	SUFFIX	<p>Date Received</p>	
		Kitchens		<p>RECEIVED SEP 30 2025</p>	
<p>4 CANDIDATE PHONE</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
			Pampa	TX	79D65
<p>5 OFFICE HELD (if any)</p>	<p>Area Code Phone Number Extension</p>				
	<p>(806) 662-1948</p>				
<p>6 OFFICE SOUGHT (if known)</p>	<p>Area Code Phone Number Extension</p>				
	<p>Gray County Treasurer</p>				
<p>7 CAMPAIGN TREASURER NAME</p>	MS / MRS / MR	FIRST	MI	NICKNAME	LAST
		Terri	L	Kitchens	
<p>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</p>	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	~		Pampa	TX	79D65
<p>9 CAMPAIGN TREASURER PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION		
	<p>(806) 662-1948</p>				
<p>10 CANDIDATE SIGNATURE</p>	<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>Terri Kitchens</u> Signature of Candidate</p>				
<p><u>10-01-2025</u> Date Signed</p>					

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CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</p> <p>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</p> <p>• 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.)</p> <p>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</p> <p>I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 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.</p> <p><u>2005</u> Year of election(s) or election cycle to which declaration applies</p> <p><i>Terri Kitchens</i> Signature of Candidate</p>

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

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Terri	MI	OFFICE USE ONLY Date Received RECEIVED 01/07/2026			
	NICKNAME	LAST Kitchens	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE Pampa TX 79065			
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
(806) 669-8009							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Terri	MI	Receipt #			
	NICKNAME	LAST Kitchens	SUFFIX	Amount \$			
<input type="checkbox"/> Date Processed <input type="checkbox"/> Date Imaged							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: Pampa STATE: TX ZIP CODE: 79065			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(806) 669-8009							
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month 10	Day 01	Year 2025	Month 12	Day 31	Year 2025	
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Treasurer			13 OFFICE SOUGHT (if known) Treasurer			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS		

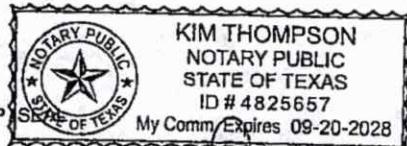
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Terri Kitchens

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Terri Kitchens

20 21, to certify which, witness my hand and seal of office.

Kim Thompson Signature of officer administering oath

Kim Thompson Printed name of officer administering oath

Notary Public Texas Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Candidate/Officeholder (Declarant)