

# 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                                            |          |                                                                                                                                                                                                                        |  |
|                                                             | MA                                                                                                                                                                                                                                                                                                                                                                                                                  | PETER         | R          | Filer ID #                                                 |          |                                                                                                                                                                                                                        |  |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                            | LAST          | SUFFIX     | Date Received                                              |          |                                                                                                                                                                                                                        |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                     | ELIZABETH     | JR         | <b>RECEIVED</b><br><b>NOV 13 2025</b><br>By: <u>Edison</u> |          |                                                                                                                                                                                                                        |  |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX                                                                                                                                                                                                                                                                                                                                                                                                    | APT / SUITE # | CITY       | STATE                                                      | ZIP CODE | Date Hand-delivered or Postmarked                                                                                                                                                                                      |  |
|                                                             | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                          |               |            |                                                            |          | <b>FILED</b><br>Receipt # <u>11-04</u> Amount <u>0</u> clock <u>A</u> M<br>Date <u>11/13/25</u><br><b>NORMA G. EDISON</b><br>Elections Administrator Galveston County Texas<br>By: <u>Edison</u> Deputy<br>Date Imaged |  |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER  | EXTENSION  |                                                            |          |                                                                                                                                                                                                                        |  |
|                                                             | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                          | [REDACTED]    | [REDACTED] |                                                            |          |                                                                                                                                                                                                                        |  |
| 5 OFFICE HELD (if any)                                      | COUNTY TREASURER                                                                                                                                                                                                                                                                                                                                                                                                    |               |            |                                                            |          |                                                                                                                                                                                                                        |  |
| 6 OFFICE SOUGHT (if known)                                  | COUNTY TREASURER                                                                                                                                                                                                                                                                                                                                                                                                    |               |            |                                                            |          |                                                                                                                                                                                                                        |  |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST         | MI         | NICKNAME                                                   | LAST     | SUFFIX                                                                                                                                                                                                                 |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                     | MICHELLE      |            |                                                            | DUVAL    |                                                                                                                                                                                                                        |  |
| 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]    | [REDACTED] |                                                            |          |                                                                                                                                                                                                                        |  |
| 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>PAZ</u><br/>Signature of Candidate</p> <p><u>11/13/25</u><br/>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 \$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.

\_\_\_\_\_  
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/QuickFileARepor.php>