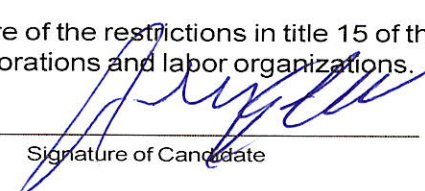


**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

FORM ACTA
PG 1

1 CANDIDATE NAME <i>Randy Ellison</i>	2 FILER ID #	3 Total pages filed:																		
See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed.																				
4 CANDIDATE NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 35%;">FIRST</td> <td style="width: 10%;">MI</td> <td style="width: 30%;">LAST</td> <td style="width: 10%;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td><i>Randy</i></td> <td></td> <td><i>Ellison</i></td> <td></td> </tr> <tr> <td></td> <td></td> <td>NICKNAME</td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	LAST	SUFFIX			<i>Randy</i>		<i>Ellison</i>				NICKNAME			
<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	LAST	SUFFIX															
		<i>Randy</i>		<i>Ellison</i>																
		NICKNAME																		
5 CANDIDATE MAILING ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td style="width: 25%;">ADDRESS / PO BOX</td> <td style="width: 15%;">APT / SUITE #</td> <td style="width: 15%;">CITY</td> <td style="width: 15%;">STATE</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td></td> <td><i>PO Box 471</i></td> <td></td> <td><i>Collegedale</i></td> <td><i>TN</i></td> <td></td> </tr> </table>		<input type="checkbox"/> NEW	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		<i>PO Box 471</i>		<i>Collegedale</i>	<i>TN</i>							
<input type="checkbox"/> NEW	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE															
	<i>PO Box 471</i>		<i>Collegedale</i>	<i>TN</i>																
6 CANDIDATE PHONE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td style="width: 20%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 35%;">EXTENSION</td> </tr> <tr> <td></td> <td><i>(281)</i></td> <td><i>592-1748</i></td> <td></td> </tr> </table>		<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION		<i>(281)</i>	<i>592-1748</i>											
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	<i>(281)</i>	<i>592-1748</i>																		
7 OFFICE HELD (if any)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td></td> </tr> <tr> <td></td> <td><i>JP+3</i></td> </tr> </table>		<input type="checkbox"/> NEW			<i>JP+3</i>														
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8 OFFICE SOUGHT (if known)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td></td> </tr> <tr> <td></td> <td><i>JP+3</i></td> </tr> </table>		<input type="checkbox"/> NEW			<i>JP+3</i>														
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9 CAMPAIGN TREASURER NAME	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td style="width: 20%;">MS / MRS / MR</td> <td style="width: 35%;">FIRST</td> <td style="width: 10%;">MI</td> <td style="width: 30%;">LAST</td> <td style="width: 10%;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td><i>Co-treasurer Julia R</i></td> <td></td> <td><i>Ellison</i></td> <td></td> </tr> </table>		<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	LAST	SUFFIX			<i>Co-treasurer Julia R</i>		<i>Ellison</i>							
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		<i>Co-treasurer Julia R</i>		<i>Ellison</i>																
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/> NEW</td> <td style="width: 45%;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width: 15%;">APT / SUITE #</td> <td style="width: 15%;">CITY</td> <td style="width: 15%;">STATE</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td></td> <td><i>Rt. 1 Box 1648</i></td> <td></td> <td><i>(700 FM 2693)</i></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="5"><i>New Waverly, TX</i></td> </tr> </table>		<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE		<i>Rt. 1 Box 1648</i>		<i>(700 FM 2693)</i>				<i>New Waverly, TX</i>				
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	<i>(936)</i>	<i>936-767-4424</i>	<i>co chair</i>																	
12 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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">  Signature of Candidate </div> <div style="width: 35%; text-align: right;"> <i>12-12-25</i> Date Signed </div> </div>																			

GO TO PAGE 2

AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA
PG 2

13 CANDIDATE
NAME

14 MODIFIED
REPORTING
DECLARATION

NEW

**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
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>