FILED 01/15/2025

Maridel Montgomery

CANDIDATE / OFFICEHOLDER REPORT: Swisher County, Texas DESIGNATION OF FINAL REPORT FORM C

Elections Administrator
Swisher County, Texas
FORM C/OH - FR

| | | The Instruction Guide explains how to complete this fon •• Complete only if "Report Type" on page 1 is marked "Fina | |
|---|---------|---|---|
| | ~! | | |
| 1 | C/OH N | | 2 Filer ID (Ethics Commission Filers) |
| | | Mrs. Amy M. McAtce | |
| 3 | SIGNA | TURE | |
| | designa | t expect any further political contributions or political expenditures in connection with my ating a report as a final report terminates my campaign treasurer appointment. I also us go contributions or make any campaign expenditures without a campaign treasurer appointment. Signatures | nderstand that I may not accept any |
| 4 | | WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. •• | |
| | Α. | CAMPAIGN FUNDS | |
| | Check | k only one: | |
| | A) | I do not have unexpended contributions or unexpended interest or income earned fro | m political contributions. |
| | | I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement | ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended |
| | B. | ASSETS | |
| | Check | k only one: | |
| | # | I do not retain assets purchased with political contributions or interest or other income | e from political contributions. |
| | | I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204. | r income from political contributions to |
| 5 | OFFICE | EHOLDER | |
| _ | | plete this section only if you are an officeholder •• | |
| | l | I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | after filing the last required report as tributions, or assets purchased with |
| | | Sign | gnature of Officeholder |

| CANDIDA' CAMPAIG | FORM C/OH COVER SHEET PG 1 | | | | |
|---|-------------------------------|--|--|-----------------------|--|
| The C/OH Instruction (| 2 Total pages fit | ed: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR MVS. | FIRST | M | | USE ONLY |
| | NICKNAME | Mextee | SUFFIX | FILED OIL | * - - - - - - |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX | | LIA, TX 79088 | Elections | Montgomery Administrato County, Texas |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (806) | PHONE NUMBER 518 - 4825 | EXTENSION | ž | or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR WVS. | FIRST | М. | Receipt # | Amount \$ |
| | NICKNAME | Messee | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS | (NO PO BOX PLEASE); APT / S | uite #: city; Wid, TX 79089 | STATE: | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | January 15 | 30th day before e | | (Officeholde | ler campaign oppiniment or Only) t (Allach C/OH - FR) |
| 10 PERIOD COVERED | Ole - | 30/24 | THROUGH 12 | Day Year / 31 / 2 | A |
| 11 ELECTION | Month Day | Year Primary | ELECTION TYPE Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) | MAA | 13 OFFICE SOUGHT (IT KNOWN | Horner | 1 |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI COMMITTEE NAME | ACCEPTED OR POLITICAL EXPENDITURES M IS MAY HAVE BEEN MADE WITHOUT THE CAN' RED TO REPORT THIS INFORMATION ONLY IF T | DIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| Additional Pages | GENERAL | COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE | ASURER NAME | | |
| | | COMMITTEE CAMPAIGN TRI | | | |
| | | GO TO | PAGE 2 | | |

| CAIVIPAIGI | I FINANCE REPORT | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|
| 15 C/OH NAME | W. Army M. M. Atec | 16 Filer ID (Ethics Commission Filers) | | | | | |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ & | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 26 | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ & | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ & | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | T DAY \$ B | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ \$ | | | | | |
| | 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. | | | | | | |
| | | | | | | | |
| | Signature of Car | ndidate or Officeholder | | | | | |
| | Signature of Car | ididate of Officeholder | | | | | |
| | Please complete either option below | : | | | | | |
| Notary Public Notary ID | STURGESS State of Texas 13289981-7 Expires 01-29-2025 | | | | | | |
| | before me by M. Mc Hee this the | 10th day of MNUAY | | | | | |
| 1 ~~ | which, witness my hand and seal of office. | day of Military | | | | | |
| Britanis Stu | 0.1 | Nalana | | | | | |
| Signature of officer administr | | Title of officer administering oath | | | | | |
| | OR | | | | | | |
| (2) Unsworn Declarati | on | | | | | | |
| My name is | , and my date of birth is | · | | | | | |
| My address is | | | | | | | |
| | \$20 March 1995 1995 | tate) (zip code) (country) | | | | | |
| Executed in | County, State of, on the day of(month) | , 20 (year) | | | | | |
| | | ate/Officeholder (Declarant) | | | | | |

SUBTOTALS - C/OH

| 19 FILER NAME 20 Filer ID (Ethics Co | mmission Filers) |
|--|--------------------|
| Mrs. Amy M. M'Afre | , |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | 5 D |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ Ø |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | 5 B |
| 4. SCHEDULE E: LOANS | \$ B |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ \$ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 15 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ % |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 25 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ & |
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|--|-------------------------|--|--|--|
| The C/OH Instruction G | uide explains how t | o complete this form. | 1 Filer ID (Ethics Commission Filers |) 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER | MS/MRS/MR | FIRST | ₩ | OFFICE USE ONLY |
| NAME | NICKNAME | Mc Atce | SUFF [F] | Date Received 2024 Maridel Montgomery |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; | APT / SUITE #; | . ; | Elections Administrator Swisher County, Texas |
| ADDRESS Change of Address | | Tuli | a, Tx 79088 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | area code (80e) | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked 10/03/2024 Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | FIRST AMY LAST | MI SUFFIX | Date Processed 03/2024 |
| | MONTANE | M'Atee | 3.17.11 | 70/03/2024 |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (I | IO PO BOX PLEASE); APT / S | SUITE #; CITY; | STATE! ZIP CODE |
| (Residence or Business) | | | TWIA, IX 7 | 1088 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | extension | |
| 9 REPORT TYPE | January 15 | 30th day before | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before el | ection Exceeded Modified Reporting Limit | Final Report (Atlach C/OH - FR) |
| 10 PERIOD COVERED | O/ | 101 / 2024 | THROUGH O | 1 BO, 2024 |
| 11 ELECTION | ELECTION DAT | Pelmany | ELECTION TY Runoff Other | PE |
| | Month Day | (= | Description Description | |
| 12 OFFICE | OFFICE HELD (IT BRY) | irvez-Swshin | 13 OFFICE SOUGHT (II km | tornoy-Swisher County |
| 14 NOTICEFROM POLITICAL | THIS BOX IS FOR NOTICE | E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE | ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE C | S MADE BY POLITICAL COMMITTERS TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | 0.00.00 to 3 |
| | SPECIFIC | COMMITTEE CAMPAIGN TR | EASURER NAME | |
| | | COMMITTEE CAMPAIGN TE | REASURER ADDRESS | |
| GO TO PAGE 2 | | | | |

| | | | | 0. 0.0 .0.00000000000000000000000000000 | | - | | |
|--|--|------------------|--|---|----------------------------|----------------|------------------|---------------------|
| 15 C/OH NAME | Amy | M. | Mattee | | | 16 File | r ID (Ethics Co | nmission Filers) |
| 17 CONTRIBUTION TOTALS | 1. | PLEDGES | NITEMIZED POLITIC , LOANS, OR GUAR UTIONS MADE ELE | ANTEES OF LO | DANS, OR | HAN | \$ & | |
| | 2. | | D LITICAL CONTR I HAN PLEDGES, LOA | | RANTEES OF LOAI | NS) | \$ 0 | |
| EXPENDITURE TOTALS | 3. | TOTAL UN | ITEMIZED POLITICA | AL EXPENDITU | JRE. | 312 30 400 400 | \$ 0 | |
| | 4. | TOTAL PO | DLITICAL EXPEN | DITURES | | | \$ \$ | |
| CONTRIBUTION BALANCE | 5. | | LITICAL CONTRIBU | TIONS MAINTA | NINED AS OF THE | LAST DAY | \$ & | |
| OUTSTANDING LOAN TOTALS | 6. | | INCIPAL AMOUNT C OF THE REPORTIN | | Anding Loans A | OF THE | \$ 0 | |
| 20 parti 1980 (990 (990 parti 1990 - 1980 - 1980 parti 1990 - 1990 - 1990 parti 1990 - 1990 parti 1 | and the second section of the second second second | | penalty of perjury, | | npanying report is | true and co | orrect and inclu | des all information |
| re | quired to be | reported by | me under Title 15, I | Election Code. | 1 | | | |
| | | | | | 1 | <u> </u> | | |
| | | | | | Signature of | Candidate | or Officeholde | |
| | | | | | 2004 - 10000 (1000) (1000) | | | |
| | | | | | | | | |
| | | | Diago com | alata aitha | r antion hal | 01471 | | |
| Please complete either option below: | | | | | | | | |
| | | | | | | | | |
| (1) Affidavit | (A | Notary Notary | TANY STURGES Public, State of Texas ry ID# 13289981-7 mission Expires 01-29-20 | s B | | | | |
| NOTARY STAMP/SEA | AL. | <u></u> | | | | | | |
| Sworn to and subscribed | | | • | tee | this t | the 3rd | day of <u></u> | tober. |
| A . | • | ₹ | and seal of office. | S1 . | 4.6 | | | |
| Signature of officer aliminist | Tuge | <u>n</u> | Brillany | | | 31. | TTN 5 - 60 | administering oath |
| Signature of officer administr | ering oaun | | Printed name of of | | ng oath | | Title of officer | administering oath |
| OR | | | | | | | | |
| (2) Unsworn Declarat | ion | | | | | | | |
| My name is | | 10. 10 | | , ar | nd my date of birt | h is | ··· | • |
| My address is | | | | , | | | | • |
| | | (street | • | | (city) | 1000 | (zip code) | (country) |
| Executed in | | County, Stat | te of | , on the | day of | onth\ | , 20 | |
| | | | | | (m | oniii) | (year) | c - 5000 |
| | | | | 8 | Signature of Ca | ndidate/Offic | ceholder (Decla | rant) |

| The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 2 | | | | | | | | |
|--|------------------------|----------------------------|--------------------------------------|--|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS/MRS/MR W.S. | FIRST | M. | OFFICE USE ONLY | | | | |
| , , , , , , , | NICKNAME | MiAte | SUFFIX | Date Received : 01-18-2024 | | | | |
| 4 CANDIDATE/ OFFICEHOLDER | ADDRESS / PO BOX; | andre - on announcement | CITY; STATE; ZIP GODE | Biologia Conto | | | | |
| MAILING ADDRESS Change of Address | | Tul | 1a, Te 79088 | JAN 1 8 2024 | | | | |
| 5 CANDIDATE/ | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | | | |
| OFFICEHOLDER PHONE | (80e) | 518-48 | 25 | 01-18-2024 | | | | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR MVC | FIRST | M. | Receipt # Amount \$ | | | | |
| NAME | NICKNAME | LAST | SUFFIX | 01-18-2024 | | | | |
| | | Make | , | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS (| NO PO BOX PLEASE); APT / S | | STATE; ZIP CODE | | | | |
| ADDRESS | | 7 | Wha , TX 7908 | 8 | | | | |
| (Residence or Business) 8 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | | | | | |
| TREASURER PHONE | (80le) S | 0.0 4.01 1000 | | | | | | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | | | |
| | July 15 | 8th day before ele | Exceeded Modified Reporting Limit | Final Report (Altech C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month | Day Year 23 | THROUGH 12 | Day Year 23 | | | | |
| 11 ELECTION | ELECTION DA | | ELECTION TYPE | | | | | |
| | Month Day | Yoar Primary | () | | | | | |
| | 2/ 3/ | 24 | | | | | | |
| 12 OFFICE | OFFICE HELD (If any) | | 13 OFFICE SOUGHT (If know | torney | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICE | EHOLDER, THESE EXPENDITURE | S MAY HAVE BEEN MADE WITHOUT THE CAI | MADE BY POLITICAL COMMITTEES TO SUPPORT VOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| OSIMINIT LEC(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRI | EASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | | | | | |
| | GO TO PAGE 2 | | | | | | | |

| 15 C/OH NAME | my M. McAtel | 16 Filer ID (Ethics Commission Filers) | | | | | |
|--|--|---|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF | OANS) \$ D | | | | | |
| EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ \$ | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 20 | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD | THE LAST DAY \$ 7 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD | S AS OF THE \$ | | | | | |
| | wear, or affirm, under penalty of perjury, that the accompanying repoured to be reported by me under Title 15, Election Code. | rt is true and correct and includes all information | | | | | |
| | * | | | | | | |
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| | Signatur | e of Candidate or Officeholder | | | | | |
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| Please complete either option below: | | | | | | | |
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| 1,500 | The state of the s | | | | | | |
| (1) Affidavits No. | | | | | | | |
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| MOTARY STAND OF | Sim a | | | | | | |
| INCIPAL STAINE SEA | N = 1100 (| 101/ | | | | | |
| 3 N O | before the by AMU M. MEATRE t | his the / day of drugel, | | | | | |
| Sworn to and subscribed | before me by Any / 1. / 1 / 1/40 t | his the // day of swilliam, | | | | | |
| 20 2 25 to certify | which witness my hand and seal of office. | nis the /8 day of arwary, | | | | | |
| ()) (| | Malan. | | | | | |
| - Trasula & Ju | | NOTAKI | | | | | |
| Signature/of officer administr | ring oath Printed name of officer administering oath | Title of officer administering oath | | | | | |
| 1 | | | | | | | |
| | OR , | | | | | | |
| (2) Unsworn Declarati | on | | | | | | |
| | | | | | | | |
| • • • strespending • part | | | | | | | |
| My name is | , and my date of | birth is | | | | | |
| My address is | | | | | | | |
| mast an | (street) (city) | (state) (zip code) (country) | | | | | |
| | | | | | | | |
| Executed in | County, State of , on the day of | , 20 | | | | | |
| | | (month) (year) | | | | | |
| | A A Maria Company | | | | | | |
| | Signature o | f Candidate/Officeholder (Declarant) | | | | | |

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

| | See CTA Instruction Guide for detailed instructions. | | | | | | | |
|----------|--|---|-------------------------|-----------------|----------|--------------|---|-----------------|
| 2 | CANDIDATE | MS/MRS/MR | FIRST | | | MI A A | OFFIC | E USE ONLY |
| | NAME | Mys. | M | 1 | | Μ. | Filer ID # | |
| | | NICKNAME | LAST | | | SUFFIX | Date Received | 1127 12023 |
| | | | Mª Ate | Ce . | | | FILED | ichelle Culifer |
| 3 | CANDIDATE MAILING | ADDRESS / PO BOX; | APT / SUITE #; | GITY: | STATE; | ZIP CODE | Flecti | ons Administra |
| | ADDRESS | | | Tulia | TX | 79088 | Swis | her County, Te |
| | | | | 10,000 | ,,,, | | Date Hand-deliver | |
| 4 | CANDIDATE | AREA CODE | PHONE NUMBER | • | EXTENS | ION | Receipt# | ADQ3 Amounts |
| | PHONE | ANO. | 518- | 4875 | | | | |
| | | (f)/6) | <i>y</i> , <i>v</i> | ,, | | | Date Processed | 2023 |
| 5 | OFFICE HELD | | | | 22.20 | | Date Imaged | |
| 6 | (if any) | | | - | · | | <u></u> | |
| | SOUGHT (if known) | County | attorne | eY | | | | |
| 7 | CAMPAIGN TREASURER | MS/MRS/MR | FIRST | MI A.J. | NICKNAM | ME | LAST | SUFFIX |
| | NAME | Mrs. | AWA | Μ. | P | | MARCE | ٠ |
| | | DIDEET LONGERG | | T 1 51 1775 11. | 2074 | | | 777 0077 |
| 8 | CAMPAIGN TREASURER | STREET ADDRESS; | AP | PT / SUITE #: | CITY; | ١. ٠ | STATE; | ZIP CODE |
| | STREET ADDRESS | | | | TW | 110 | X | 79088 |
| (| residence or business) | | | | | | | |
| 9 | CAMPAIGN | AREA CODE | PHONE NUMBER | | EXTENS | ION | | |
| | PHONE | (816) | 518-482 | ς | | | | |
| | | 1000 | | | | | | |
| 10 | CANDIDATE SIGNATURE | lam aware | of the Nepotisn | nlaw Ch | apter 57 | 73 of the Te | exas Govern | ment Code |
| | | | | , | a.p.u. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | l am aware the Election | of my responsi Code. | ibility to fil | e timely | / reports as | s required b | y title 15 of |
| | | I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. | | | | | | |
| 1 Indian | | | | | | . 2 | | |
| | | | Signature of Candi | idate | | | Date Sign | <u>-7</u> |
| | · · · · · | | - | | | | | |
| | GO TO PAGE 2 | | | | | | | |

| 11 CANDIDATE NAME | Amy M. M'Atec | | | |
|---|---|--|--|--|
| 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 \$1,010 in political contributions or make more than \$1,010 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