# CANDIDATE / OFFICEHOLDER REPORT Ma Ma

Maridel Montgomery Elections Administrator

Swisher County, Texas
The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2	Filer ID	(Ethics Commission Filers)
DEBORAH DEBBIE A LEMONS			

### SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

### FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

#### A. CAMPAIGN FUNDS

Check	only	one:	

LΧ	I do not have unexpended contributions or unexpended interest or income earned from political contributions
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I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

#### 5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ...

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

FILED CANDIDATE / OFFICEHOLDER aridel Montgomery FORM C/OH CAMPAIGN FINANCE REPORT ections Administrator **COVER SHEET PG 1** Swisher County, Texas Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR MΙ **OFFICEHOLDER** OFFICE USE ONLY MRS DEBORAH Α NAME NICKNAME Date Received LAST SUFFIX DEBBIE LEMONS 4 CANDIDATE / ADDRESS / PO BOX CITY; STATE; 79088 FI OFFICEHOLDER TX TULIA MAILING Maridel Montgomery **ADDRESS** Elections Administrator Change of Address Swisher County, Texas 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806 995-5011 PHONE 6 CAMPAIGN MS / MRS / MR Amount \$ FIRST MI TREASURER **DEBORAH** MRS Α NAME NICKNAME LAST SUFFIX LEMONS DEBBIE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CAMPAIGN CITY; STATE; ZIP CODE TREASURER TY 70088

ADDRESS		TULIA		17	70000			
(Residence or Business)								
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	3.40	EXTE	NSION			
PHONE	(806)	995-5011						
9 REPORT TYPE	January 15	30th day	before election		Runoff		15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day b	efore election		Exceeded Modified Reporting Limit	X	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year			Month	Day	Year	
	07 ,	01 /2024	THE	ROUGH	12 /	31	/ 20	24
11 ELECTION	ELECTION DA				ELECTION TYPE			
	Month Day			tunoff	Other Description			
	03 / 06 /	2024	General S	pecial				
12 OFFICE	OFFICE HELD (if any)			3 OFFIC	E SOUGHT (if known)			
	TAX ASSESS	SOR/COLLECT	OR T	AX AS	SSESSOR/CO	DLLEC	TOR	
14 NOTICE FROM POLITICAL COMMITTEE(S)		CE OF POLITICAL CONTRIE CEHOLDER. THESE EXPEN AND OFFICEHOLDERS AR						
COMMUNITIEE(G)	COMMITTEE TYPE	COMMITTEE NAME				***		
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		COMMITTEE CAMPAI	GN TREASURER A	DDRESS				
		GO	TO PAGE	2				
orms provided by Texas Ethics Commission			ethics.state.tx.u	s				Revised 1/1/2024

### FILED Maridel Montgomery CANDIDATE / OFFICEHOLDE Pections Administrator FORM C/OH CAMPAIGN FINANCE REPOR Wisher County, Texas COVER SHEET PG 2 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$0.00 CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <sup>\$</sup>0.0<u>0</u> EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$0.00 **TOTAL POLITICAL EXPENDITURES** \$ 0.00 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE \$0.00 OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$0.00 LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit Sworn to and subscribed before me by DEBORAH DEBBIE A LEMONS this the 10TH day of JANUARY to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is \_ \_\_\_, and my date of birth is \_ My address is \_\_\_\_\_ (city) (state) (zip code) (country) Executed in \_\_\_\_\_ county, State of \_\_\_\_\_ , on the \_\_\_\_ day of \_

(month)

Signature of Candidate/Officeholder (Declarant)

#### ED aridel Montgomery SUBTOTALS - C/OH FORM C/OH lections Administrator **COVER SHEET PG 3** visher County, Texas 19 FILER NAME 20 Filer ID (Ethics Commission Filers) DEBORAH DEBBIE A LEMONS 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS \$0.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$0.00 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$0.00 4. SCHEDULE E: LOANS \$0.00 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$0.00 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 0.00 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 0.00 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$0.00 TO FILER

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CAMPAIC	3n finar	ICE REPORT			COVER	FORM C/OH SHEET PG 1
	Guide explains h	ow to complete this form.	(Ethics Commission Filers)	2 Total page	s filed: 2	
3 CANDIDATE / OFFICEHOLDER NAME	OFFICEHOLDER MRS		DEBORAH A			CE USE ONLY
	DEBBIE	LAST LEMONS		SUFFIX FIL	Date Received	08/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B	OX; APT / SUITE #;		TATE; ZIP CODE	IMaridel M Elections A	ontgomery dministrator ounty, Texas
Change of Address			170	7 0000		in in its
5 CANDIDATE/ OFFICEHOLDER PHONE	( 806 )	PHONE NUMBER 995-5011	E	XTENSION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST DEBORAH		A MI	Receipt #	Amount \$
	NICKNAME DEBBIE	LAST LEMONS		SUFFIX	Date Imaged	12024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #;	CITY;	STATE;	ZIP CODE
(Residence or Business)			TUL	Α	TX	79088
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 995-5011	EX	TENSION		
9 REPORT TYPE	January 15	30th day before ele	ection	Runoff	15lh day	afler campaign appointment
	X July 15	8th day before elect	tion	Exceeded Modified Reporting Limit	(Officehole	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month O1	Day Year / 01 / 2024		Month	Day Yes	ar
11 ELECTION	ELECTION D	, , , , , ,	THROUGH	00 /	30 / 20	024
	Month Day	Year   X Primary   2024   General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (IF any TAX ASSES	SOR/COLLECTOR		ICE SOUGHT (If known) X ASSESSOR/C	OUECTOR	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT. CANDIDATE COMMITTEE TYPE	GE OF POLITICAL CONTRIBUTIONS ACCEPTION. THESE EXPENDITURES MS AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	CEPTED OR POLIT	ICAL EXPENDITURES MAD	E BY POLITICAL CO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR F SUCH EXPENDITURES,
Additional Pages	GENERAL	COMMITTEE ADDRESS				
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		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	S		
		GO TO P	AGE 2			
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

			0.0	OVER SHEET PG 2
15 C/OH NAME			16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		AL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TI DGES, LOANS, OR GUARANTEES OF LOANS, OR TRIBUTIONS MADE ELECTRONICALLY)	HAN	\$ 0
	2. TOTA	AL POLITICAL CONTRIBUTIONS ER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 0
EXPENDITURE TOTALS	3. тота	L UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTA	AL POLITICAL EXPENDITURES		\$ 0
CONTRIBUTION BALANCE	5. TOTA OF R	L POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY	\$ <sup>0</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL	L PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS DAY OF THE REPORTING PERIOD	OF THE	\$ °
18 SIGNATURE I s	wear, or affirm, ur puired to be reporte	nder penalty of perjury, that the accompanying report is and by me under Title 15, Election Code.	rue and co	rrect and includes all information
		Dillouan"	A" D	ulti Remon
		Signature of	Candidate d	or Officeholder
		Please complete either option belo	w:	
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed I	pefore me by	this the		days and
20, to certify w			· ——	day of
Signature of officer administeri	ng cath	Printed name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaratio	n			
My name isDEBOR.	AH A "DEBBIE	" LEMONS, and my date of birth i		
My address is		ment at v.		9088 SWISHER
Executed in SWISHER	(stre	E 11 (0.5)	(state) (z	ip code) (country)
		Signature of Cand	date/Officer	polder (Declarant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FI	IFRN	AME			
D	mmiss	sion Filers)			
21 SC N/		SUBTOTAL AMOUNT			
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.		SCHEDULE E: LOANS		\$	0
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	Û
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	0

CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (	Guide explains hov	v to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MYS	Deloorah A	OFFICE USE ONLY	
	"DeWi	P. LEMANS SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; CITY; STATE; ZIP CODE	Richelle Cuilfer Elections Administrator	
Change of Address		ILLIO TY 79088	ิฟisher County, Texas	
5 CANDIDATE/ OFFICEHOLDER PHONE	(BOG)	PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR MYS	PERST A MI	Receipt # Amount \$	
NAME	NICKNAME	LAST SUFFIX	Date Processed 12 2024	
7 CAMPAIGN	L EDDI	(NO PO BOX PLEASE); APT / SUITE #: CITY:	Date Imaged	
TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SUITE #; CITY:	STATE; ZIP CODE	
(Residence or Business)		TULIO TV MA	NRR	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER EXTENSION		
9 REPORT TYPE	January 15	30th day before election Runoff	15th day after campaign	
	July 15	8th day before election Exceeded Modified	treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year Reporting Limit  Month	Day Year	
COVERED	09	(25/2023 THROUGH 12/	31 2023	
11 ELECTION	ELECTION DA  Month Day	Year Primary Runoff Other	010010	
	03/05/	General Special Description		
12 OFFICE	OFFICE HELD (If any)	SSAY (COLLECTED TO POSSESS	or Mallerton	
14 NOTICE FROM POLITICAL		DE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES METALLIBRICATION OF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE CANDER AND OFFICEHOLDERS AN		
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	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

5 C/OH NAME		EREPORT	16	Filer	ID (Ethics Commission Filers)
6 C/OH NAME					
7 CONTRIBUTION TOTALS	PLED	L UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER GES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	THAN		\$ D
	2. TOTA (OTHE	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)		\$ O
EXPENDITURE TOTALS	3. TOTA	UNITEMIZED POLITICAL EXPENDITURE.			\$ 0
	4. TOTA	L POLITICAL EXPENDITURES			\$ 0
CONTRIBUTION BALANCE	5. TOTA	L POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE	E LAST	DAY	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTA	L PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS DAY OF THE REPORTING PERIOD	AS OF	THE	\$ 0
18 SIGNATURE I	swear, or affirm, u	nder penalty of perjury, that the accompanying report ed by me under Title 15, Election Code.	is true	and co	orrect and includes all information
		111100	1 - 1/	$\bigcap_{i}$	Maria Dinon or
			NV	[)(	luc alinino
		Signature	e or Can	uluale	or Officeholder
		Please complete either option k	elow	:	
(1) Affidavit					
	•••				
NOTARY STAMP/SE			hic tho		day of,
			nis ine.		day of
20, to cert	ify which, witness n	ny hand and seal of office.			
Signature of officer adminis	stering oath	Printed name of officer administering oath			Title of officer administering oath
		OR	:		
(2) Unsworn Declara	ation				
My name is Del	orah A."	Durfie Lemons, and my date o	f birth is	-χ	. 1908. Swisher.
Executed in SWIST	VEYCour	(street)  ty, State of PXGS , on the 11th day of	10 10	state)	(zip code) (country)
		<u>i) lillou</u>	of Candi	idate/C	) [UTUS ] [UTU

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

	FILERN	mmissi	on Filers)		
21		SUBTOTAL AMOUNT			
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	D
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.		SCHEDULE E: LOANS		\$	0
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	0
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$	0
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	0
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	0
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0

#### APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 See CTA Instruction Guide for detailed instructions. 1 Total pages filed: MS/MRS/MR FIRST CANDIDATE OFFICE USÉ ONLY NAME eborah Filer ID# NICKNAME SUFFIX Date Received Richelle Culifer smons Elections Administrator CANDIDATE APT / SUITE #; CITY: STATE; ZIP CODE awiaher County, Texas MAILING **ADDRESS** Tulja Tx 79088 Date Hand-delivered or Postmarked 2023 CANDIDATE AREA CODE PHONE NUMBER EXTENSION PHONE (806) 995-5011 Dale Processed OFFICE Assessor/Collector HELD (if any) OFFICE SOUGHT (if known) MS/MRS/MR FIRST CAMPAIGN NICKNAME SUFFIX TREASURER NAME eloorah emons NIRS STREET ADDRESS: CAMPAIGN APT / SUITE #; CITY; STATE: ZIP CODE TREASURER STREET **ADDRESS** (residence or business) 19098 AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER (806) PHONE 995-5011 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.

# 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 \$1,010 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  DULOMO 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 <a href="mailto">treasappoint@ethics.state.tx.us</a> 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