APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA Instruction Guide for detailed instructions.			1 Total pages filed:	
2	CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
		IMr. Dennis W	Filer ID #	
		NICKNAME LAST SUFFIX	242 402 40 2 4	
		mchaslin	Date Received 09-28-202	
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Richelle Culifer	
	MAILING ADDRESS	SIATE, ZIPCODE	Elections Administrator Swieher County Texas	
	ND DIVEOU	79088		
		8351 Carrey Brod & Tille To	Date Hand-delivered or Postmarked	
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	09-28-3023 Receipt# Amount\$	
	PHONE	(0)		
		800 676-7695	Dale Processed	
5	OFFICE		09-28-30B	
	HELD (if any)			
6	OFFICE SOUGHT			
	(if known)	BWisher County Commissioner Pre	cinct 3	
7	CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX	
	NAME			
-		Mrs. Jennifer E (Jenni)	McCosun	
8	CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE	
	STREET ADDRESS			
(1	residence or business)			
		6351 County King of Tulia IX	79088	
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION		
	PHONE	(0.11)		
		'800' 676- 7035		
10	CANDIDATE SIGNATURE			
		I am aware of the Nepotism Law, Chapter 573 of the Tex	xas Government Code.	
I am aware of my responsibility to file timely reports as required		required by title 15 of		
		the Election Code.	roquired by tide 1001	
I am aware of the restrictions in title 15 of the Election Code on contribut from corporations and labor organizations.		I am aware of the restrictions in title 15 of the Flection Co	ode on contributions	
		from corporations and labor organizations.		
		Went for	7-28-23	
		Signature of Candidate	Date Signed	
GO TO PAGE 2				

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION 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 Signature of Candidate which declaration applies

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 FORM C/OH CAMPAIGN FINANCE REPORT 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/ MS / MRS / MR FIRST OFFICEHOLDER OFFICE USE ONLY NAME ennis Date Received 01-16-2024 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; OFFICEHOLDER Richelle Culter MAILING Tulia TX 79088 **ADDRESS** Elections Administr Change of Address Dwigher County. 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION OFFICEHOLDER Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN TREASURER NAME NICKNAME 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE) ZIP CODE TREASURER Tulia **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (806) 676-7635 9 REPORT TYPE 30th day before election January 15 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day COVERED 09/28/2023 THROUGH 11 ELECTION ELECTION DATE Other Month General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages 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

15 C/OH NAME Dennis	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)	\$ Ø			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 67			
	4. TOTAL POLITICAL EXPENDITURES	\$ %			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$			
OUTSTANDING LOAN TOTALS	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.					
	, , , , , , , , , , , , , , , , , , , ,				
	1 11.				
	Wan- Mrs				
	Signature of Ca	ndidate or Officeholder			
	Signature of Cal	idioate of Officenoider			
	Please complete either option below	/:			
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by this the day of,					
20, to certify which, witness my hand and seal of office.					
20, to certify writer, withese my flanti and search effice.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
OR					
11.78					
(2) Unsworn Declaration					
My name is DENN'S MECAS I'N, and my date of birth is 9-11-1972 My address is Tylon, Tx, 79088 Swisher.					
My address is Tx, 79088 Swisher					
(street) (city) (state) (zip code) (country)					
Executed in Suisher County, State of TEXAS, on the 16thay of 541, 2034. (year)					
folam: Wo					
Signature of Candidate/Officeholder (Declarant)					