APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

							T		
			Guide for detailed i	instruction	ıs.		1 Total page	Gront/back)	
2 CANDI NAME		MS/MRS/MR	FIRST	AND THE PERSON OF THE PERSON O		МІ	OFF	ICE USE ONLY	
		MR	Taylon		Ę		Filer ID #		
		NICKNAME	LAST			SUFFIX	Date Received		
			Deten	/			ILED	10-23-2023	
3 CANDI MAILIN		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		chelle Culifer ons Administrato	
ADDRE		210 Cons	nche Isail	Tulia	TX	79088	Swigh	er Geenty, Texas	
					1			ered or Postmarked	
4 CANDID	DATE	AREA CODE	PHONE NUMBER		TOTAL COLON		10-8	73-2023	
PHONE	7500000000000000	Contraction of Contract Administration (Contract			EXTENSION		Receipt#	Amount \$	
		(80b)	847-7300	Ì			Dale Processed		
5 OFFICE HELD							Date Imaged	3-2023	
(if any)							Date mayor		
6 OFFICE SOUGH	1T	Α .							
(if known)		County	Commissionee	3					
7 CAMPAI TREASL		MS/MKS/MK	FIRST	MI	NICKNAME		LAST	SUFFIX	
NAME		MR	Taylor	E			Ditton		
8 CAMPA	ION	STREET ADDRESS:		SUITE #:	*1=1/				
TREAS	URER		Ol Lu	SUILE#;	CITY;		STATE;	ZIP CODE	
ADDRE		on com	note Trail		To lia		TX	79088	
(residence or	business)		(CANE)						
9 CAMPAI		AREA CODE	PHONE NUMBER		EXTENSION				
TREASL PHONE	JRER	(80%)	847-7309						
		(00~)	011100)						
10 CANDID		*							
		I am aware	of the Nepotism L	_aw, Cha	pter 573 c	of the Tex	as Gover	nment Code.	
	I am aware of my responsibility to file timely reports as required by title 15 of							ov title 15 of	
I am aware of the restrictions in title 15 of the Election Code on contributions							by title 15 of		
							ntributions		
		from corporations and labor organizations.							
		Tok	· Sal					, ,	
		70	Signature of Candida	te	-		Date Sign		
				DAGE			7.		

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. Signature of Candidate election(s) or election cycle to hich 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

PO Box 12070

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 CAMPAIGN FINANCE REPORT

FORM C/OH 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 / OFFICEHOLDER NAME	MS/MRS/MR MR	MI		OFFICE USE ONLY			
-	NICKNAME	LAST	•••••••		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX			STATE;	ZIP CODE	Rich	-19-2024 Administrator
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	806 - 847- 7309		EXTENSIO	И	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST			MI	Receipt #	Amount \$
	NICKNAME	Detto)		••••••	SUFFIX	Date Imaged	19-2024
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	210 Can	make TO		Tul	19	TX	79088
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	E	XTENSIO	N		
PHONE	(806)	847-7309					
9 REPORT TYPE	January 15	30th day before	election	Runo	ff		fter campaign appointment er Only)
	July 15	8th day before el	lection		ded Modified ting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year			Month	Day Yea	r
4 5 5 5 5 5 5	0	23/23	THROUG	ЭН	12/	3/8 20	24
11 ELECTION	Month Day	Year Primary 24 General			Other Description		
12 OFFICE	OFFICE HELD (if any)		13 0	Prec	UGHT (if known)		
14 NOTICE FROM POLITICAL	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.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
~	* 4	COMMITTEE CAMPAIGN TE	REASURER ADDR	RESS		3	
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	CONTRIBUTION 1. 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)	\$ ()				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ D				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0				
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information				
		.0				
		1				
	Signature of Candidat	e or Officeholder				
		_				
Please complete either option below:						
(4)						
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the	day of .				
		,,				
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is Tay	loe Os How and my date of birth is 5	-4-90				
My address is 200	Compared TO	19088, Swisher.				
,	(street) (city) (state)	(zip code) (country)				
C . 161						
Executed in Swistn County, State of level, on the day of ton, 2024.						
	- (Indian)	(your)				
	Signature of Capdidate/O	fficeholder (Declarant)				
	Signature of Capadate/O	moenoider (Deciaratit)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	
	Taylor Dolor	ler ID (Ethics Commission Filers)
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ %
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ D
4.	. SCHEDULE E: LOANS	\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	ESS OF C/OH \$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$ Q
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED \$