11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING CHOOSING MODIFIED REPORTING **DECLARATION** •• 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. Signature of Candidate Year of election(s) or election cycle to 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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

_					
See CTA Instruction Guide for detailed instructions.					1 Total pages filed:
2	CANDIDATE	MS / MRS / MR FIRS	Т	MI	OFFICE USE ONLY
	NAME	To.	dn	E	Filer ID #
		NICKNAME LAST		SUFFIX	Date Received
		Hos	tas		J. 6
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #	; CITY;	STATE; ZIP CODE	Date Hand divered or Postmared
		1/25 County Road	6400 Sey1	mour, TX 7638C	
4	CANDIDATE PHONE	AREA CODE PHONE NUM	BER	EXTENSION	Receipt # Amount 5
		(940) 256-C	908		Date Processed
5	OFFICE HELD (if any)				Date Imaged
6	OFFICE SOUGHT (if known)	Baylor Cour	1 x Juo	lge	
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	МІ	NICKNAME	LAST SUFFIX
		John	APT / SUITE #;	CITY:	STATE: ZIP CODE
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS;	AFT/SUITE#,	citt,	OME.
(residence or business)		1/35 County Road	400 Se	mour TX	7/380
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	BER	EXTENSION	
		(940) 256-0	908		,
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.			
		7			2/2/25
		Signature o	f Candidate		Date Signed
GO TO PAGE 2					