APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALLI	NFORMATION IS REQUIRED TO BE PROVIDED	UNLESS INDIC	ATED A	S OPTIONA	L¹ Failure to	provide required	information	may result in rej	ection of application	
	APPLICATION FOR A PLACE ON TH	1101		Sol		mrd\			TION BALLOT	
	TO: City Secretary/Secretary of Board			(name	of election)	-				
	request that my name be placed on the						indicated be	elow.		
	OFFICE SOUGHT (Include any place numb	ber or other d	listingui	ishing nun	nber, if any.) INDICATE	TERM			
	School Proord	Distr	to i-	- 3		FULL		UNEXPIRE		
F	FULL NAME (First, Middle, Last)	<u> </u>	101		PRINT NAI	ME AS YOU WA	NT IT TO APP	EAR ON THE BA	LLOT*	
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	If you do not have a residence address, describe			ıraı Route.	PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.)					
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	CITY	STATE	ZIP		CITY		ļ	STATE	ZIP	
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- 1	PUBLIC EMAIL ADDRESS (Address for which you	OCCUP			ve blank)	DATE OF BIRT	Н	VOTER REGIST	RATION VUID	
	receive campaign related emails, if available.)	رجرار اهرن		6.00	al ov an	10,08	10111	NUMBER ² (Opt	tional)	
1	TELEPHONE CONTACT INFORMATION (Op	190 5/2C	-/	12/41 P	(0) (4)	10 100	11704	101487	2989	
	Home: 830-583-54		ice:	830	-543	-5450	Cell:	830-5	62-5417	
	FELONY CONVICTION STATUS (You MUST							<u> </u>	ON WAS SWORN	
F	I have not been finally convicted of a fel	<u>-</u>			HE STATE OF				RECINCT FROM	
	I have been finally convicted of a felony		en		17			OFFICE SOUGH		
	pardoned or otherwise released from th	ne resulting			<u>5 / y</u>	ear(s)	<u>57</u> year(s)			
	disabilities of that felony conviction and proof of this fact with the submission of			/O month(s)				<i>10</i> m	onth(c)	
F				e also signin			statements: 11			
	*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname do not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname							vn by this nickname		
	for at least three years prior to this election. Place on the official ballot.	ease review sect	tions 52.	031, 52.032	and 52.033 o	f the Texas Electi	on Code regard	ling the rules for	how names may be	
	Before me, the undersigned authority, on this	day personally	/ appear	ed (name o	of candidate)	F. Rober	Janus	ser TC . v	who being by me	
	nere and now duly sworn, upon bath says:						,			
	"I, (name of candidate) <u>F. Robert</u>	Janys	ek T	<u>5r. </u>	K	irnes		_ County, Texas	,	
	being a candidate for the office of	Sintcic	+ 3	<u> </u>	swe	ar that I will sup	port and defer	nd the Constituti	on and laws of the	
	United States and of the State of Texas. I am	a citizen of the	United :	States eligil	ble to hold su	ch office under t	he constitutio	n and laws of thi	s state. I have not	
	been determined by a final Judgment of a cou the right to vote. I am aware of the nepotis	irt exercising pr m law Chanter	robate ju r 573. Go	irisdiction t	to be totally r	nentally incapaci	tated or partia	ally mentally inca	pacitated without	
	convicted, must provide proof that I have bee	en pardoned or	otherw	ise release	d from the re	sulting disabilitie	s of any such	final felony conv	riction. I am aware	
	that knowingly providing false information o	n the application	on regar	ding my po	ossible felony	conviction state				
	swear that the foregoing statements included	l in my applicati	ion are i	_	true and con	rect."	4	1 -		
				X	えり	Jelus	Church	10		
					SIGNATURE	OF CANDIDA	*		 -	
	Sworn to and subscribed before me this the	e 2 day d	of A	MIST	. 2	3022.bv	F. Rober	2 Janus	KTr.	
		(day)	-	(month)		(year)	(n	ame of candida		
1 Paril (look										
	Signature of Officer Authorized to Administ	ter Oath ⁴				ted Name d	LUUL	ed to Administ		
) - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. 1.1			11111	ted Wallie G. Of	Authoriz	APRIL CLARK		
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-	Title of Officer Authorized to Administer Oa	ath '						/ Commission Ex January 31, 20		
	TO BE COMPLETED BY FILING OFFICER: CASH CHECK MONEY ORDER		CHECK		ANIED BY I	HE REQUIRED	FILING FEE	If Applicable)	PAID BY	
- 1	This document and filing fee							Dogistration St	ratus Varifi	
	ming fee	. VI A HVIIIIII	ang per		hage;	receptor.	V Notes	Registration St	arus veriiled	
	812122 818	2/22	_ (S	ee Sectior	1.007)	tow	TWOL')	~		
	Date Received Date Accept					ignature of Filir	ng Officer or	Designee		

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

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See	1 Total pages filed:						
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY					
NAME	Mh. FABIAN R	Filer ID #					
	NICKNAME LAST SUFFIX	Date Received					
	ROBERT JANYSEK Jr.						
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	1					
MAILING ADDRESS	23251 N FM 81 HOBSON TX 78117						
		Date Hand-delivered or Postmarked					
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount\$					
PHONE	(830) 583-5450	Date Processed					
		89122					
5 OFFICE HELD (if any)		Date Imaged					
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(if known)	MANNES CETY ISO. SCHOOL I	BOAND THUSTRE					
7 CAMPAIGN TREASURER							
NAME	MA. FABRAN R. ROBERT	JAMYSEL Jr.					
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE					
TREASURER STREET ADDRESS	23251 N FM 81 HOBGON	TX 78117					
(residence or business)							
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION						
PHONE	(830) 583-5450						
10 CANDIDATE							
SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.					
	I am aware of my responsibility to file timely reports a the Election Code.	s required by title 15 of					
	I am aware of the restrictions in title 15 of the Election (from corporations and labor organizations.	Code on contributions					
	Fr. Robert January of	3-1-2022					
	Signature of Candidate	Date Signed					
GO TO PAGE 2							

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 \$940 in political contributions or make more than \$940 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

2-27
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code 09/2021

APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

LĻ	INFORMATION IS REQUIRED TO BE PROVIDED	UNLESS INDIC	ATED	AS OPTIONA	L ¹ Failure to	provi	de required	information	may result in rej	ection of application
	APPLICATION FOR A PLACE ON THI						0.102			
	TO: City Secretary/Secretary of Board				of election)					
	I request that my name be placed on the	above-name	d offi				the office	indicated be	elow.	
1	OFFICE SOUGHT (Include any place numb	er or other o	listing	guishing nun	nber, if any	.)	INDICATE .	TERM	22	
	1/ 01/ 7/07	0 7		D	>		X FULL	•	UNEXPIRE	,
}	FULL NAME (First, Middle, Last)	of Irust	ces,	, Mace:	DDINE NA					
					PRINT NA	MEA	S YOU WAI	NT IT TO APP	PEAR ON THE BA	ALLOT*
	Kaymond Kelbinson				Key	MAG	and R	obinso	10	
Ī	PERMANENT RESIDENCE ADDRESS (Do not i	include a P.O. I	Box or	Rural Route.	PUBLIC M	AILIN	G ADDRES	(Address for	which you receive	campaign related
	If you do not have a residence address, describe		dence.)	correspond	ence,	if available.)		-	
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	Haines City	TX		818	Keir	nes	(cty		TX	18118
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1	receive campaign related emails, if available.)	Edi	100	201		10	0105	1671	NUMBER ² (Op	
ł	TELEPHONE CONTACT INFORMATION (Opti		v C0.	- 701		1	7 7 65	1911	101492	- 2561
1	Home:	₩ .	ice:					C-II. 7	10-316-	7707
ł	FELONY CONVICTION STATUS (You MUST c		ice.	LENGTH OF	CONTINUO	OUS R	ESIDENCE			ON WAS SWORN
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1	I have been finally convicted of a felony,		en		ro		2222		E OFFICE SOUGI	
1	pardoned or otherwise released from the	e resulting			50 y	ear(s)		year(s)	
1	disabilities of that felony conviction and I				g month(s)					
1	proof of this fact with the submission of t *If using a nickname as part of your name to appe			ara alsa signing						onth(s)
	not constitute a slogan or contain a title, nor does	s it indicate a p	olitical	, economic, so	cial, or religio	us vie	w or affiliation	on. I have bee	n commonly know	vn by this nickname
1	for at least three years prior to this election. Ple	ase review sec	tions 5	2.031, 52.032	and 52.033 c	of the	Texas Electio	on Code regard	ding the rules for	how names may be
ŀ	listed on the official ballot. Before me, the undersigned authority, on this	day naraanalli			£	R	011000	a Dh	2000	
	here and now duly sworn, upon oath says:	day personali	appe	area (name o	r candidate)		ayma	urw	msort,	vho being by me
	"I, (name of candidate) Raymond	Robin	SOV	, of	K	rr	NS		County Tayon	
	being a candidate for the office of KCISD								_ County, Texas	
	United States and of the State of Texas. I am a	citizen of the	Unite	d States eligib	swe	ear tha	at I will supp fice under th	ort and defer	nd the Constituti	on and laws of the
	been determined by a final judgment of a cour	t exercising p	obate	jurisdiction to	o be totally r	menta	lly incapacit	ated or partia	ally mentally inca	pacitated without
	the right to vote. I am aware of the nepotism	n law, Chapter	573,	Government	Code. Iam	awar	e that I mu	st disclose an	y prior felony co	nviction, and if so
	convicted, must provide proof that I have been that knowingly providing false information on	n pardoned or the applicati	othei	wise released	from the re	sultin	g disabilitie	s of any such	final felony conv	riction. I am aware
	swear that the foregoing statements included	in my applicati	ion ar	e in all things	true and cor	rect."	netion Statt	is constitutes	a Class B MISGE	meanor. I further
				V		(D.			
				Λ,	157	\sim	BUS	<u> </u>		
-		00	N		SIGNATURI	E OF	CANDIDAT	E		
	Sworn to and subscribed before me this the	25 day	of £	uoust	<i>`</i>	000	12, by_	Haym		oinson_
	1) 1/ avas	(day)		(month)		(yea	ar)	<i>I</i> (n	ame of candida	te)
	Knik (No.)				Δ	m	100	rt		
+	Signature of Officer Authorized to Administe	er Oath ⁴			Prin	ted		Maria de la compania del compania del compania de la compania del compania del compania de la compania de la compania del	addo Administe	Yr Oath
	N .	20 00 000000				1	ALLYPON	APRII	CLARK	S dui
-	Hamin Asst-					1		ffiNotary ID	#133560001	
-	Title of Officer Authorized to Administer Oat		TICT	10 10000			THE STATE OF THE S	My Commis	ssion Expires	
	TO BE COMPLETED BY FILING OFFICER: T	HIS APPLICA	TION	IS ACCOMP	ANIED BY	H	REQUIRED	FILING'FEE (If Applicable)	AID BY:
	CASH CHECK MONEY ORDER									•
	This document and filing fee	or a nomina	ting p	etition of	pages	s rece	yved.	Voter	Registration St	atus Verified
	8 123122 8 12	5,22		(See Section	1.007\	Va	20/5/	Lo		
	Date Received Date Accepte	ed	-	,		ignat	ure of Filin	g Officer or	Designee	

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APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	·							
	See	1 Total pages filed:						
2	CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY					
	NAME	Mr. Raymond	Filer ID #					
		NICKNAME LAST SUFFIX	Date Received					
		Kobinson	•					
3	CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE]					
	ADDRESS	304 W. Live Oak Dr. Karnes City TX						
		78118	Date Hand-delivered or Postmarked					
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$					
	FIONE	(210) 316.7387	Date Processed					
5	OFFICE HELD (if any)		Date Imaged					
6	OFFICE SOUGHT (if known)	Karnes City ISD Board of Trustees, F	Place 3					
7	CAMPAIGN TREASURER NAME	MSMRSMR FIRST MI NICKNAME MG. Raymand Robinson	LAST SUFFIX					
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE					
	TREASURER STREET ADDRESS	304 W. Live Oak Dr. Karnes City, TX	28118					
((residence or business)							
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION						
	PHONE	(210) 316-7387						
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.					
		I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of					
		I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions					
		Ten Pesa	S 10. 2007					
		Signature of Candidate	<u> </u>					
-								
l	GO TO PAGE 2							

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Raymond Robinson	
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 \$940 in political contributions or make more than \$940 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.	
	A CONTRACT OF THE PARTY OF THE	
	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

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APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

LINFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED A	AS OPTIONA	L¹ Failure to	provide required	information	may result in rei	ection of applicati	
APPLICATION FOR A PLACE ON THE KarnesCity						TION BALLOT	
TO: City Secretary/Secretary of Board		of election)				BALLOT	
I request that my name be placed on the above-named offic	ial ballot as	a candidat	e for the office i	ndicated be	elow.		
OFFICE SOUGHT (Include any place number or other distingu							
School Board District 3			FULL		UNEXPIRE		
FULL NAME (First, Middle, Last)		PRINT NAM	ME AS YOU WAN	IT IT TO APP	EAR ON THE BA	LLOT*	
CL. E. S		4					
Sherry Taye Jonner		Sherry Sommer					
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or R If you do not have a residence address, describe location of residence.)	Rural Route.			(Address for	which you receive	campaign related	
806 Siesta Drive			ence, if available.) SiestaD	· Ne			
Kannes City, TX 28118			J. C J / CC	740			
CITY , STATE ZIP		CITY			STATE	ZIP	
Karnes City TX 78	8118	Ka	rnes Ci	h.	TX	78118	
170 00.0			86 86	1	VOTED DEGLET		
PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.) OCCUPATION		Time	DATE OF BIRTH	30	VOTER REGIST NUMBER ² (Opt		
sfsommer 74@att. Net Retired		well Ed	8,27	12022	10148	7 20 7	
TELEPHONE CONTACT INFORMATION (Optional)	Stu	dentCMI		•	10110	104 10	
Home: Office:	AAR	Facilitat	0	Cell:	830)534	-2375	
FELONY CONVICTION STATUS (You MUST check one)	LENGTH OF	CONTINUO	US RESIDENCE A			ON WAS SWORN	
I have not been finally convicted of a felony.		HE STATE OF				RECINCT FROM	
I have been finally convicted of a felony, but I have been		: 1			OFFICE SOUGH		
pardoned or otherwise released from the resulting		66 ye	ear(s)			ear(s)	
disabilities of that felony conviction and I have provided							
proof of this fact with the submission of this application. ³			onth(s)			onth(s)	
*If using a nickname as part of your name to appear on the ballot, you a	re also signing	g and swearing	g to the following s	tatements: I	further swear that	my nickname does	
not constitute a slogan or contain a title, nor does it indicate a political, for at least three years prior to this election. Please review sections 52	economic, so	and 52 033 o	us view or affiliation	n. I have bee	n commonly knov	vn by this nickname	
for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.							
Before me, the undersigned authority, on this day personally appeared (name of candidate) SWMY SWMY , who being by me							
here and now duly sworn, upon oath says:						0 ,	
"I, (name of candidate) Sherry Sonner	, of	R	irnes		_ County, Texas,		
being a candidate for the office of Board of Trustee						on and laws of the	
United States and of the State of Texas. I am a citizen of the United	States eligib	ole to hold su	ch office under th	e constitutio	n and laws of thi	s state. I have not	
been determined by a final judgment of a court exercising probate j	jurisdiction t	o be totally n	nentally incapacit	ated or partia	ally mentally inca	pacitated without	
the right to vote. I am aware of the nepotism law, Chapter 573, G	Sovernment	Code. I am	aware that I mus	t disclose an	y prior felony co	nviction, and if so	
convicted, must provide proof that I have been pardoned or others	wise released	from the re	sulting disabilities	of any such	final felony conv	iction. I am aware	
that knowingly providing false information on the application rega- swear that the foregoing statements included in my application are	arding my po	ssible felony	conviction statu	s constitutes	a Class B misde	meanor. I further	
and the foregoing statements included in my application are	III dii tiiligs	0/	1				
	Х	The	ry Dor	nmer	/		
		SIGNATURE	OF CANDIDAT	Ę			
Sworn to and subscribed before me this the 25th day of	ugust	21	122 by	henry S	ammer		
(day)	(month)		(year)		ame of candida	te)	
MANOR COLLINSON		00		24100			
11000 4. James C		7	MINU O	MARISA	BEAVER		
Signature of Officer Authorized to Administer Oath Princed Marine of Officer Authorized to Administer Oath On the Notary Public, State of Coxes and Control of Cont							
01/21/1 PUDIC Comm. Expires 11-18-2025							
Title of Officer Authorized to Administer Oath Notary ID 129629115							
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION	IS ACCOMP	ANIED RV	HE RECLUBED	IIING EEE /	If Applicable)	DAID BV.	
CASH CHECK MONEY ORDER CASHIERS CHECK	OR DE	TITION IN LI	FIL OF A FILING	EEE (ii Applicable) i	AID DT.	
This document and filing fee or a nominating pe					Registration St	atus Verified	
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8100100 8 105100 11	See Section		19 rul	Out			
Date Received Date Accepted		Si	gnature of Filin	g Officer or	Designee		

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APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2	CANDIDATE NAME	MS/MRS/MR	FIRST	OFFICE USE ONLY			
	INAIVIE		Sherry			Filer ID #	
		NICKNAME	LAST		SUFFIX	Date Received	
			Somme	<u>.</u> C			
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	olesta Drive cs City, TX.	CITY; STATE;	ZIP CODE		-
		Narne	es city, 1%.	78118		Date Hand-delivered	or Postmarked
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON	Receipt#	Amount\$
		(830)	534-237	5		Date Processed	
5	OFFICE HELD (if any)	N/A	1			Date Imaged	
6	OFFICE SOUGHT (if known)	Board	1 of Truste	e Dist	rict 3)	
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	AI NICKNAM		LAST	SUFFIX
		N/A					
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS;	APT / SU	ITE#; CITY;		STATE;	ZIP CODE
(residence or business)	N/A					
9	CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSI	ION		
	PHONE	()	NA				
10	CANDIDATE SIGNATURE	I am aware	of the Nepotism La	aw, Chapter 57	73 of the Te	xas Governr	nent Code.
		I am aware the Election	of my responsibili Code.	ty to file timely	reports as	s required by	title 15 of
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						ributions
		Sherry	Sommer			8-22·2023	<u>م</u>
			Signature of Candidate	÷		<u>წ - 2 2 ∙ 2</u> აე: Date Signe	-d
	GO TO PAGE 2						

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. ••
s es séda		I do not intend to accept more than \$940 in political contributions or make more than \$940 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.
	Colonia.	
		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.

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P.O. Box 12070

Austin, TX 78711-2070

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