

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: 2

|   |  |                |           |                        |           |  |
|---|--|----------------|-----------|------------------------|-----------|--|
| 2 CANDIDATE NAME  | MS / MRS / MR  | FIRST          | MI        | <b>OFFICE USE ONLY</b> |           |  |
|   | NICKNAME   | LAST           | SUFFIX    |                        |           |  |
| 3 CANDIDATE MAILING ADDRESS   | ADDRESS / PO BOX;  | APT / SUITE #; | CITY;     | STATE;                 | ZIP CODE  | Date Received<br><b>FILED 11/27/2023</b><br>Richelle Culifer<br>Elections Administrator<br>Swisher County, Texas |
|   | Date Hand-delivered or Postmarked<br><b>11/27/2023</b>   |                |           |                        |           |  |
| 4 CANDIDATE PHONE   | AREA CODE  | PHONE NUMBER   | EXTENSION | Receipt #              | Amount \$ | Date Processed<br><b>11/27/2023</b>  |
|   | Date Imaged  |                |           |                        |           |  |
| 5 OFFICE HELD (if any)  |  |                |           |                        |           |  |
| 6 OFFICE SOUGHT (if known)  | County Attorney  |                |           |                        |           |  |
| 7 CAMPAIGN TREASURER NAME   | MS/MRS/MR  | FIRST          | MI        | NICKNAME               | LAST      | SUFFIX   |
|   |  |                |           |                        |           |  |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)   | STREET ADDRESS;  | APT / SUITE #; | CITY;     | STATE;                 | ZIP CODE  |  |
|   |  |                |           |                        |           |  |
| 9 CAMPAIGN TREASURER PHONE  | AREA CODE  | PHONE NUMBER   | EXTENSION |                        |           |  |
|   |  |                |           |                        |           |  |
| 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. |  |                |           |                        |           |  |
| Signature of Candidate  |  |                |           | Date Signed            |           |  |

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**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

Amy M. McAtee

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.

2024

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](mailto: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/QuickFileARport.php>



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                   |   |  |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>Amy M. McAtee</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                            |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                            |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                            |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>0</u>                            |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

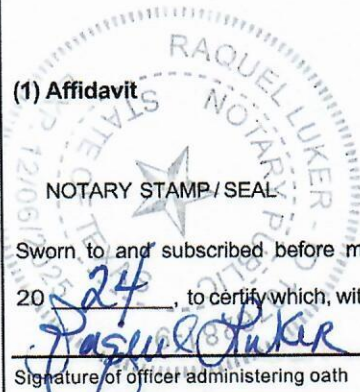
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Amy M. McAtee this the 18<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Raquel Luker Signature of officer administering oath  
Raquel Luker Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)