APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 2		
2	CANDIDATE NAME	MS / MRS / MR	FIRST	4		М.	OFFIC	CE USE ONLY
		NICKNAME	MA	te		SUFFIX	P	127 2023 lichelle Culifer
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY:	STATE;	ZIP CODE	Electi Swis	ions Administrato her County, Texa
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	4825	EXTENSIO	NO	Receipt #	Amount \$
5	OFFICE HELD (if any)						Date Imaged	10.00
6	OFFICE SOUGHT (if known)	County	attorn	rey				
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	M.	NICKNAM	E	MAte	SUFFIX
8	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	MIAL)	APT / SUITE #;	CITY;	ia	STATE;	ZIP CODE
9	CAMPAIGN TREASURER PHONE	(SO6)	SIS-45	25	EXTENSION	ON		
10	CANDIDATE SIGNATURE		of my respon					nment Code. by title 15 of
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
			Signature of Car	ndidate			Date Sig	23 Ined

Amy M. McAtee
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.
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	м М.	OFFICE USE ONLY		
	NICKNAME	MCAter	SUFFIX	Date Received 01-18-2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	JAN 18 2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	SIX 48	25 EXTENSION	Date Hand-delivered or Date Postmarked 01-18-2024		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST FMY LAST	MI ,	Receipt # Amount \$ Date Processed 01-18-2024		
	MONIANIE	McKee	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	DDRESS TWIN TX 79088					
8 CAMPAIGN TREASURER PHONE	IGN AREA CODE PHONE NUMBER EXTENSION JRER (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
9 REPORT TYPE	January 15 July 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	/ 27 / 23	THROUGH 12	Day Year 23		
11 ELECTION	1 ELECTION ELECTION DATE Month Day Year General Special ELECTION TYPE Other Description					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	torney		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 COMMITTEE CAMPAIGN TRE	ASURER NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TR				
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	my M. Melte	16 File	er ID (Ethics Commission Filers)	
٢١	101. 101 177CE			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ 8	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 2	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ &	
	4. TOTAL POLITICAL EXPENDITURES	3	\$ 8	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OF LAST DAY OF THE REPORTING PERIOD		\$ &	
	swear, or affirm, under penalty of perjury, that the equired to be reported by me under Title 15, Election 0		correct and includes all information	
ie	equired to be reported by the under Title 13, Election C	oode.		
			A STATE OF THE PARTY OF THE PAR	
		Signature of Candidate	or Officeholder	
	Please complete	either option below:		
	r iodos compisto c	Julio: option doi:on		
RAO.	11111			
(1) Affidavit	E May			
(I) Amdavits				
TIM A	2.53			
NOTARY STAMP/SE	ALC: T	,	1 1	
Sworn to and subscribe	d before me by Amy M. MCA	tee this the 18	day of Jaruary.	
20 At to certif	fy which, witness my hand and seal of office.		/	
Hasus St	iter Knouel Lu	Ker	Notary	
Signature of officer adminis	stering oath Printed name of officer adm	ninistering oath	Title of officer administering oath	
	OR			
(2) Unsworn Declara	tion			
My name is		, and my date of birth is		
My address is			·,	
	(street)	(city) (state)		
Executed in	County, State of, on	the day of(month)	, 20 (year)	
		Signature of Candidate/O	fficeholder (Declarant)	