APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed: 2 (Grand Grack)			
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	MR David Wood	Filer ID #			
	NICKNAME LACT				
	SUFFIX	Date Received ED 09-1820-33			
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Richelle Culifer			
MAILING ADDRESS	7006 FM 1881 Happy TY 79042	Elections Administrator			
		Swisher County, Texas			
	The same of the same and the same of the s	Date Hand-delivered or Postmarked			
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	09-18-2023 Receipt # Amount\$			
PHONE	(806) 647 7588	, visuality			
1, -	(806) 64 (13	Dale Processed			
5 OFFICE		09-18-2023			
HELD (if any)		Date Imaged			
6 OFFICE	0				
SOUGHT (if known)	Commission #1				
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX			
TREASURER NAME	MR David wood	Evans			
	MIR David Will				
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE			
TREASURER STREET		Tex 79042			
ADDRESS	7006 FM 1881 Happy	1072			
(residence or business)	the second of the second				
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE	(806) 647 7588				
	(806) 611 1500				
10 CANDIDATE	I was the two serversal started to the control of t				
SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	xas Government Code.			
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of			
	I am aware of the restrictions in title 15 of the Election C	ode on contributions			
	from corporations and labor organizations.				
	Maria Erana	7-18-23			
	Signature of Candidate	·			
	Signature of Candidate	Date Signed			
GO TO PAGE 2					

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	first David LAST	MI Wood	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX	77.7700712 #7,	CITY; STATE; ZIP CODE PY TEY 79042 EXTENSION	Richelle Culifer Elections Administrate Swisher County, Texa
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(806) MS/MRS/MR MC NICKNAME	647 758 David		Date Hand-delivered or Date Postmarked D1
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	Evans (NO PO BOX PLEASE); APT / SU	UITE#; CITY:	STATE; ZIP CODE Tex 19042
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION 8	
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 09 /	Day Year / 18 / 2023	Month	Day Year / 15 / 2024
11 ELECTION	Month Day	Year	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) County Commis	sioner Precinct 1
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF THE	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ -0-
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	The street of the street will be to be street of the stree	
	David V.	Evans
	Signature of Cano	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
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	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is <u>Daue</u>	Essava, and my date of birth is _	06/20/1956
My address is	Fu 1886, Happy , To	x, 79042, Swisher.
Executed in <u>Swishe</u>		ate) (zip code) (country), 20 🗦 😾 . (year)
	David E	wand
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME David Wood Evans 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0 -
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ -0 -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0 -
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0 -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 75.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OR	4 \$ -0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-