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BY A CANDIDATE FORM CTA				
	See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2	CANDIDATE NAME	MS/MRS/MR FIRST MI RICHARD NICKNAME LAST SUFFIX	OFFICE USE ONLY	
3	CANDIDATE MAILING ADDRESS	. ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODF	ILED NT COUNTY IB AM ID: DO	
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked	
5	OFFICE HELD (if any)		Date imaged	
6	OFFICE SOUGHT (if known)	CON Pets		
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX	
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	
(residence or business)			
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas 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	
		GO TO PAGE 2		

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