APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 See CTA Instruction Guide for detailed instructions. MS / MRS / MR FIRST CANDIDATE Ms. Charity NAME Acct. NICKNAME LAST SUFFIX Date Re DeVille ADDRESS / PO BOX: CANDIDATE APT / SUITE #: STATE: ZIP CODE MAILING **ADDRESS** AREA CODE PHONE NUMBER EXTENSION CANDIDATE PHONE Date Proce**JUN 3 0 2015** Date Imaged OFFICE HELD (if any) OFFICE SOUGHT (if known) MS/MRS/MR FIRST NICKNAME CAMPAIGN MI LAST SUFFIX TREASURER Leslie Mrs. D. Lincoln NAME STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: ZIP CODE CAMPAIGN **TREASURER** STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN. TREASURER PHONE 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. 06/30/2015 Signature of Candidate Date Signed

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