

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed.

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

Mr.

Tommy

D

NICKNAME

LAST

SUFFIX

Underwood

OFFICE USE ONLY

Filer ID #

Date Received

2/12/24

Date Hand-delivered or Postmarked

2/12/24

Receipt #

Amount \$

Date Processed

2/12/24

Date Imaged

2/12/24

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 1526 Quinlan, TX 75474

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

5 OFFICE
HELD
(if any)

Council place 3

6 OFFICE
SOUGHT
(if known)

Council Place 3

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs.

Lisa D.

Underwood

8 CAMPAIGN
TREASURER
STREET
ADDRESS

STREET ADDRESS

APT / SUITE #

CITY

STATE

ZIP CODE

(residence or business)

P.O. Box 1526

Quinlan TX. 75474

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.

Tommy Underwood

Signature of Candidate

2/12/24

Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

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 \$1,080 in political contributions or
make more than \$1,080 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
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

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2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

MR

Dwayne

NICKNAME

LAST

SUFFIX

Bauman

OFFICE USE ONLY

Filer ID #

Date Received

2-12-24

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Quinlan TX 75474

Date Hand-delivered or Postmarked

2-12-24

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Receipt #

Amount \$

Date Processed

2/12/24

5 OFFICE
HELD
(if any)

Place 1

Date Imaged

2/12/24

6 OFFICE
SOUGHT
(if known)

Place 1

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Dwayne

Bauman

8 CAMPAIGN
TREASURER
STREET
ADDRESS

STREET ADDRESS

APT / SUITE #

CITY

STATE

ZIP CODE

(residence or business)

Quinlan TX 75474

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

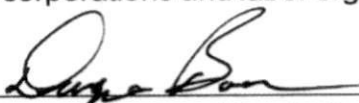
EXTENSION

10 CANDIDATE
SIGNATURE

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Signature of Candidate

2-12-24

Date Signed

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

12 MODIFIED
REPORTING
DECLARATION

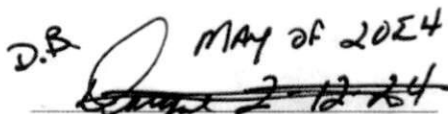
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D.B. MAY 20 2024

Year of election(s) or election cycle to
which declaration applies


Signature of Candidate

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**2 CANDIDATE
NAME**

MS / MRS / MR

FIRST

MI

Miguel

NICKNAME

LAST

SUFFIX

Serrano

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STATE

ZIP CODE

Quinlan TX 75474

**4 CANDIDATE
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

**5 OFFICE
HELD
(if any)**

Council Place 5

**6 OFFICE
SOUGHT
(if known)**

Council Place 5

**7 CAMPAIGN
TREASURER
NAME**

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

none

**8 CAMPAIGN
TREASURER
STREET
ADDRESS**

(residence or business)

STREET ADDRESS

APT / SUITE #

CITY

STATE

ZIP CODE

none

**9 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

() n/a

**10 CANDIDATE
SIGNATURE**

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Date Signed

2/12/2024

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12 MODIFIED
REPORTING
DECLARATION

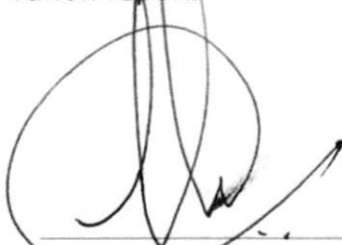
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