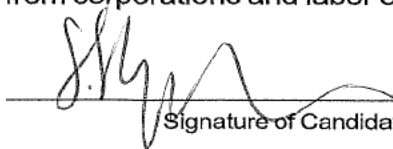


# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |           |                  |           |                                   |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|------------------|-----------|-----------------------------------|
| 2 CANDIDATE NAME                                            | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST          | MI        | OFFICE USE ONLY  |           |                                   |
|                                                             | Mrs. Starla A.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |           | Filer ID #       |           |                                   |
| 3 CANDIDATE MAILING ADDRESS                                 | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LAST           | SUFFIX    | Date Received    |           |                                   |
|                                                             | Sharpe                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |           |                  |           |                                   |
| 4 CANDIDATE PHONE                                           | ADDRESS / PO BOX;                                                                                                                                                                                                                                                                                                                                                                                                                                                            | APT / SUITE #; | CITY;     | STATE;           | ZIP CODE  | Date Hand-delivered or Postmarked |
|                                                             | [REDACTED] Princeton, TX 75407                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |           |                  |           |                                   |
| 5 OFFICE HELD (if any)                                      | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PHONE NUMBER   | EXTENSION | Receipt #        | Amount \$ |                                   |
|                                                             | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |           | Date Processed , |           |                                   |
| 6 OFFICE SOUGHT (if known)                                  | School board Member                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |           |                  |           | Date Imaged                       |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST          | MI        | NICKNAME         | LAST      | SUFFIX                            |
|                                                             | Mrs. Starla Sharpe                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |           |                  |           |                                   |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS;                                                                                                                                                                                                                                                                                                                                                                                                                                                              | APT / SUITE #; | CITY;     | STATE;           | ZIP CODE  |                                   |
|                                                             | [REDACTED] Princeton, TX 75407                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |           |                  |           |                                   |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PHONE NUMBER   | EXTENSION |                  |           |                                   |
|                                                             | [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |           |                  |           |                                   |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p> Signature of Candidate</p> <p>8-20-23 Date Signed</p> |                |           |                  |           |                                   |

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 \$1,010 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.

2023

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](mailto: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>