## APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM CTA

| See                                                                     | CTA Instruction Guide for detailed instructions.                                                                                                                                                                                                           | 1 Total pages filed:              |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| CANDIDATE<br>NAME                                                       | MS/MRS/MR FIRST MI David A.                                                                                                                                                                                                                                | OFFICE USE ONLY                   |
|                                                                         | NICKNAME LAST SUFFIX  Bonilla                                                                                                                                                                                                                              | Date Received                     |
| B CANDIDATE<br>MAILING<br>ADDRESS                                       | ADDRESS / PO BOX. APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                     | Date Hand-delivered or Postmarked |
| 4 CANDIDATE<br>PHONE                                                    | AREA CODE PHONE NUMBER EXTENSION                                                                                                                                                                                                                           | Receipt # Amount \$               |
| FIIONE                                                                  |                                                                                                                                                                                                                                                            | Date Processed                    |
| 5 OFFICE<br>HELD<br>(if any)                                            | Judge Municipal Court No. Three                                                                                                                                                                                                                            | Date Imaged                       |
| 6 OFFICE<br>SOUGHT<br>(if known)                                        | Judge Municipal Court No. Three                                                                                                                                                                                                                            | ALEES A                           |
| 7 CAMPAIGN<br>TREASURER<br>NAME                                         | MS/MRS/MR FIRST MI NICKNAME  Yvonne Bonilla                                                                                                                                                                                                                | LAST SUFFIX                       |
| 8 CAMPAIGN<br>TREASURER<br>STREET<br>ADDRESS<br>(residence or business) | STREET ADDRESS: APT / SUITE #. CITY:  10514 Montwood, Dr. El Paso, Texas 79935                                                                                                                                                                             | STATE; ZIP CODE                   |
| 9 CAMPAIGN<br>TREASURER<br>PHONE                                        | AREA CODE PHONE NUMBER EXTENSION  ( 915 ) 594-9952                                                                                                                                                                                                         |                                   |
| 10 CANDIDATE<br>SIGNATURE                                               | I am aware of the Nepotism Law, Chapter 573 of the I am aware of my responsibility to file timely reports the Election Code. I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.  Signature of Candidate | as required by title 15 of        |

| 11 | CANDIDATE<br>NAME                    |                                                                                                                                                                                                                                                                                                                                                                       |  |
|----|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12 | MODIFIED<br>REPORTING<br>DECLARATION | COMPLETE THIS SECTION ONLY IF YOU ARE<br>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 General Election                                                                                                                                                                                                                                                                                                                                                 |  |
|    |                                      | 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

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