

MS / MRS

MI

Filer ID #

NICKNAME

LAST

SUFFIX

Date Received

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

AREA CODE

Receipt #

Amount \$

Date Processed

Date Imaged

FIRST

M

NICKNAME

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

APPO T E T OF A CA
BY A CA DATE

GN TREASURER

FORM C

PG 1

AREA CODE

PHONE NUMBER

EXTENSION

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

FIRST

OFFICE USE ONLY

P

3 CANDIDATE
MAILING
ADDRESS

171A. CHURCH RD. MCKINNEY TX