

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

Denise

R

NICKNAME

LAST

SUFFIX

Garza

OFFICE USE ONLY

Filer ID #

Date Received

RECEIVED

JUL 16 2020

Superintendent's Office

Date Hand-delivered or Postmarked

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3825 N. Shore Trl. Brownsville, TX
78520

Receipt #

Amount \$

Date Processed

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 204-4635

Date Imaged

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

BISD Board of Trustee

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Denise R. Garza

8 CAMPAIGN
TREASURER
STREET
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3825 N. Shore Trl. Brownsville TX 78520

(residence or business)

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

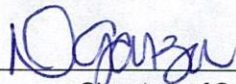
(956) 204-4635

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.



Signature of Candidate

7-16-20

Date Signed

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CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED

JUL 16 2020

Superintendent's Office

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

Denise

MI

R

NICKNAME

LAST

Garza

SUFFIX (SR., JR., III, etc.)

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(936)

204-4635

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3825 N. Shore Trl Brownsville, TX 78520

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Brownsville ISD Trustee

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

N/A

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

Denise

MI

R.

NICKNAME

LAST

Garza

SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2