

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

DAHL

AARON

H.

NICKNAME

LAST

SUFFIX

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13903 BRESSANI WAY

LIVE OAK, TX 78233

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 386-0960

5 OFFICE
HELD
(if any)

CITY COUNCIL PLACE 5

6 OFFICE
SOUGHT
(if known)

CITY COUNCIL PLACE 5

CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR.

AARON

H.

DAHL

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

13903 BRESSANI WAY

LIVE OAK, TX 78233

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 386-0960

10 CANDIDATE
SIGNATURE

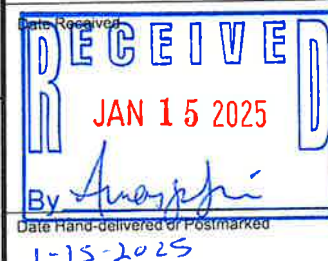
I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

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

Date Signed



Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

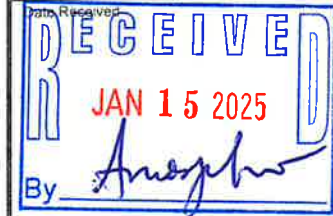
CODE OF FAIR CAMPAIGN PRACTICES

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 Hand-delivered or Postmarked

1-15-2025

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

MI

Mr AARON

H.

NICKNAME

LAST

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

DAHL

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(210) 386-0960

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX,

APT / SUITE #,

CITY:

STATE,

ZIP CODE

13903 BRESSANI WAY
LIVE OAK, TX 78233

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

CITY COUNCIL PLACE 5

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

LIVE OAK CITY COUNCIL

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mr AARON

H.

NICKNAME

LAST

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

DAHL

GO TO PAGE 2