APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Filer ID #

Date Received
RECEIVED
JAN 15 2025
By

Date Hand-delivered or Postmarked
1-15-2025

Receipt # | Amount $

Date Processed

Date Imaged

2 CANDIDATE NAME

MS / MRS / MR: MR. | FIRST: AARON | MI: H.

NICKNAME | LAST: DAHL | 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

1/15/2025
Date Signed

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 Received: RECEIVED JAN 15 2025 By

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1 ACCOUNT NUMBER (Ethics Commission Filers)

2 TYPE OF FILER

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

POLITICAL COMMITTEE ☐ — *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.): MR | FIRST: AARON | MI: H.
NICKNAME | LAST: DAHL | SUFFIX (SR., JR., III, etc.)

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE: (210) | PHONE NUMBER: 386-0960 | EXTENSION

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.): MR | FIRST: AARON | MI: H.
NICKNAME | LAST: DAHL | SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2