APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA Instruction Guide for detailed instructions.					1 Total pages filed:		
2 CANDIDATE NAME	MS/MRS/MR NICKNAME	CARLA			OFFICE USE ONLY Filer ID # Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	сіту;	STATE; ZIP CODE	COSA - CITY CLERK 2024 DEC 18 PM01:23:5		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Receipt# Date Processed	Amount \$	
5 OFFICE HELD (if any)	N/A				Date Imaged		
6 OFFICE SOUGHT (if known)	CITY COUNCIL DISTRICT 2 - SAN ANTONIO						
7 CAMPAIGN TREASURER NAME	MSAMRSAMR TAMANISHA	FIRST	МІ	NICKNAME	LAST	SUFFIX	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	A	APT / SUITE #,	CITY;	STATE	E; ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	7		
10 CANDIDATE SIGNATURE	I am aware the Election I am aware from corpor	of my respons Code.	ons in title or organiza	apter 573 of the Tole timely reports a 15 of the Election ations.	s required l	oy title 15 of ntributions	
		60	TO PAGE	2		S. 2 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	