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BY A CAND DATE

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1 Total pages filed:

[redacted] CTA Instruction Guide for detailed instructions

2 CANDIDATE NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST

OFFICE USE ONLY

Filer ID #

Date Received

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX; | APT / SUITE #; | CITY: | STATE; | ZIP CODE

4509 Rolli Hills Dr. Ft. Worth

[redacted]

CAND DATE MOD FIED REPORT NG DECLARAT ON

11 CANDIDATE NAME

12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

[redacted]

Year of election(s) or election cycle to which declaration applies

[redacted]