

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	OFFICE USE ONLY			
	MR.	CHARLES	W	Filer ID #			
	NICKNAME	LAST	SUFFIX	Date Received			
	CHUCK	CRAWFORD	JR	Date Hand-delivered or Postmarked			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	200 S. ALISTER SUITE C PORT ARANSAS TX 78373						
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		Amount \$	
	(361)	813-7274		Date Processed			
5 OFFICE HELD (if any)							Date Imaged
6 OFFICE SOUGHT (if known)	PLACE 5						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	MRS	SHELLY	M		CRAWFORD		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	540 ARANSAS CHANNEL			PORT ARANSAS	TX	78373	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(361)	774-8022					
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 1-18-2023 Date Signed						
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST CHARLES	MI W	OFFICE USE ONLY	
	NICKNAME CHUCK	LAST CRAWFORD	SUFFIX JR.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: 200 S. ALISTER APT / SUITE #: SUITE C CITY: PORT ARANSAS TX 78373 STATE: ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 813-7274	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST SHELLY	MI M	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST CRAWFORD	SUFFIX	Receipt #	Amount \$
				Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 540 ARANSAS CHANNEL CITY: PORT ARANSAS STATE: TX ZIP CODE 78373 APT / SUITE #:				
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 774-8022	EXTENSION		
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year				
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	☐ GENERAL	COMMITTEE ADDRESS			
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

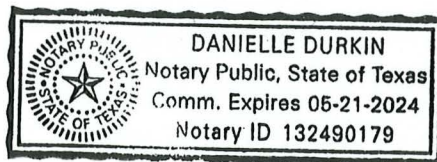
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Charles W Crawford Jr. this the 18th day of January, 2023, to certify which, witness my hand and seal of office.

Danielle Durkin Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)