

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 MS. FIRST MANDY MI NICKNAME LAST J. CHAVERS SUFFIX			OFFICE USE ONLY FILED FOR RECORD Date Received At 10, o'clock AM	
	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE [REDACTED]			JAN 15 2026 R. McBouy Freestone County Elections Freestone County, Texas	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	[REDACTED]			Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR MR. FIRST LUCAS MI NICKNAME LAST M. CHAVERS SUFFIX	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE [REDACTED]			
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
		<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month Day Year 1/15/20	THROUGH		Month Day Year 7/15/20
11 ELECTION		ELECTION DATE Month Day Year 3/3/20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description		
12 OFFICE		OFFICE HELD (if any) COUNTY TREASURER	13 OFFICE SOUGHT (if known) COUNTY TREASURER		
14 NOTICE FROM POLITICAL COMMITTEE(S)		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.			
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME		
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
			COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

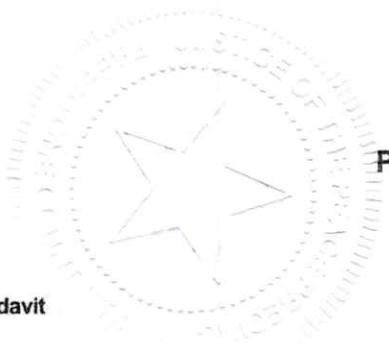
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



W.M. Cheever

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John K. Throne this the 15th day of JAN,
20 26, to certify which, witness my hand and seal of office. FREESTONE JP 1

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
22. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
23. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
24. <input type="checkbox"/> SCHEDULE E: LOANS	
25. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
26. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
27. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
28. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
29. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
30. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
31. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
32. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Mandy Chavers</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/20</i>	5 Payee name <i>Republican Party</i>	
6 Amount (\$) <i>750.00</i>	7 Payee address: [REDACTED]	City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ballot Fees</i>	(b) Description <i>Fee for primary election</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name: <i>Mandy Chavers</i> Office sought: <i>County Treasurer/Treasurer</i> Office held: <i></i>	
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 NICKNAME	FIRST LAST	MI SUFFIX	OFFICE USE ONLY Date Received							
	MS- MANDY J. CHAVERS										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE										
			[REDACTED]								
			[REDACTED]								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked							
[REDACTED]			[REDACTED]								
6 CAMPAIGN TREASURER NAME	MR. NICKNAME	FIRST LAST	MI SUFFIX	Receipt # Amount \$							
	MR. GENE/MARK CHAVERS			Date Processed							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;			STATE; ZIP CODE							
[REDACTED]			[REDACTED]								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION								
[REDACTED]			[REDACTED]								
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year					
	7	/	1	/	24	THROUGH	12	/	31	/	24
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE							
	11/15/24			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description					
				<input type="checkbox"/> General	<input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)							
	Treasurer			Treasurer							
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.										
Additional Pages		COMMITTEE TYPE	COMMITTEE NAME								
		<input type="checkbox"/> GENERAL	FILED FOR RECORD								
		<input type="checkbox"/> SPECIFIC	At 2:58 o'clock P.M.								
		JAN 15 2025									
		Freestone County Election Freestone, Texas									
GO TO PAGE 2											

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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS		

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:

FILED FOR RECORD
At 2:58 o'clock P MM

JAN 15 2025

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

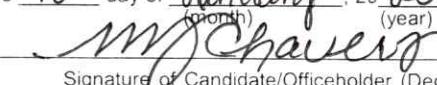
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Mandy J Chavers, and my date of birth is 11/26/89.
 My address is 100 Main St, Freest, TX, 77446, USA.
 (street) (city) (state) (zip code) (country)

Executed in Freest County, State of Texas, on the 15 day of January, 20 25.
 (month) (year)


Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City: _____ State: _____ Zip Code _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City: At <u>2:58</u> State <u>clock</u> Zip Code <u>M</u> <u>MM</u>	Office held
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

DEC 08 2025

FORM C/OH

Freestone County Elections

COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed:							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS. FIRST MANDY MI NICKNAME LAST J. CHAVERS SUFFIX			OFFICE USE ONLY							
				Date Received							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED]										
<input type="checkbox"/> Change of Address											
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked							
6 CAMPAIN TREASURER NAME	MS / MRS / MR MR. FIRST LUCAS MI NICKNAME LAST M. CHAVERS SUFFIX			Receipt # Amount \$							
				Date Processed							
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: [REDACTED]			STATE: ZIP CODE							
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION								
[REDACTED]											
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month	Day	Year			
	12	/	18	/	25		1	/	15	/	26
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 24			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) COUNTY TREASURER			13 OFFICE SOUGHT (if known) COUNTY TREASURER							
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.										
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRESS									

GO TO PAGE 2

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)	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	

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.

 MyCherry
Signature of Candidate or Officeholder

Please complete either option below:

A circular notary seal for the State of Texas. The outer ring contains the text "NOTARY PUBLIC" at the top and "STATE OF TEXAS" at the bottom. The inner circle features a five-pointed star in the center, with the word "TEXAS" written vertically along the left side of the star.

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by

20 25 to certify which, witness my hand and seal of office.

John Shultz, Jr.

McAfee
Karen Elizabeth Moore

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)

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 MS. MANDY J	MI	OFFICE USE ONLY		
	NICKNAME	LAST CHAVERS	SUFFIX	Filer ID #		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #;	CITY;	STATE;	ZIP CODE	FILED FOR RECORD At <u>3</u> , o'clock <u>30P</u> M DEC 08 2025 Rm 100 Freestone County Elections Date Hand-delivered or Postmarked Freestone County, Texas
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			Receipt #
5 OFFICE HELD (if any)	<u>County Treasurer</u>					Date Processed
6 OFFICE SOUGHT (if known)	T R E A S U R E R					Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST MR. LUCAS M CHAVERS	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #;					CITY; STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			(<u>30</u>) <u>555-0000</u>
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>mschavers</u> Signature of Candidate</p>					
12/18/25 Date Signed						

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</p> <p>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</p> <p>• The modified reporting option is valid for one election cycle only. • (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</p> <p>I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <p><u>2020</u> Year of election(s) or election cycle to which declaration applies</p> <p><u>Mr. Chaverz</u> Signature of Candidate</p>

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>