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	MS/MRS/MR)	FIRST			MI	OFFIC	E USE ONLY
	NAME	mr.	RYAN		K	EitH	Filer ID#	
		NICKNAME	LAST	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		SUFFIX	Date Received 77m	FILED 4 PM
			BRAIN			JR.		
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	сіту; Бітьеваром	STATE;	ZIP CODE 74257		A 1 2023 Oy hote Cook Briscoa County, Texas d or Postmarked
4	CANDIDATE	AREA CODE	PHONE NUMBER		EXTENSIO	N	Receipt#	Amount\$
	PHONE	(800)	437-0047	•			Data Processed	
5	OFFICE HELD (If any)	<i>₹</i>					Date Imaged	
6	OFFICE SOUGHT (If known)	SHEIRIAT					. .	
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	· MI	NICKNAME	<u> </u>	LAST	SUFFIX
		mr.	ZyAN	12 817 1	,		BRAIM	5R.
8	CAMPAIGN TREASURER	STREET ADDRESS;		APT / SUITE #;	CITY;		STATE;	ZIP CODE
	STREET ADDRESS			•	SILVERT	مده	TY	79257
(residence or business)	10225 CR	Q					•
		•	•					
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSIO	N		
9	CAMPAIGN TREASURER PHONE	AREA CODE			EXTENSIO	N		
	TREASURER	AREA CODE (60b) I am aware	PHONE NUMBER 437 - 0047 e of the Nepot		apter 57	3 of the Te		
	TREASURER PHONE CANDIDATE	I am aware the Election	PHONE NUMBER 437 - 0047 e of the Nepot	nsibility to file	apter 57: timely 5 of the	3 of the Te	s required b	y title 15 of
	TREASURER PHONE CANDIDATE	I am aware the Election	PHONE NUMBER 4137 - 8047 e of the Nepot e of my respon n Code.	nsibility to file tions in title 1 bor organizat	apter 57: timely 5 of the	3 of the Tereports as	s required b	y title 15 of atributions

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Ryan Keith Brown St.					
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING					
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••					
	•• 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.)					
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••					
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 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.					
	Year of election (s) or election cycle to which declaration applies Year of election cycle to Signature of Candidate					

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

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

OFFICE USE ONLY Pursuant to chapter 258 of the Election Code, every candidate and Date Received 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 DEC 1 1 2023 form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, Date Hand-delivered or Fostinatiked 1997, may subscribe to the code at any time. County & District Clork Briscoa County, Texas Date Processed Subscription to the Code of Fair Campaign Practices is voluntary. Date Imaged ACCOUNT NUMBER 2 TYPE OF FILER (Ethics Commission Filers) POLITICAL COMMITTEE CANDIDATE X If filing for a political committee, complete If filing as a candidate, complete boxes 3 - 6, boxes 7 and 8, then read and sign page 2. then read and sign page 2. TITLE (Dr., Mr., Ms., etc.) 3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT) KEITH Kran Me. SUFFIX (SR., JR., III, etc.) NICKNAME LAST Brain 312. PHONE NUMBER EXTENSION AREA CODE 4 TELEPHONE NUMBER OF CANDIDATE (80b 437, 0047 (PLEASE TYPE OR PRINT) STREET/POBOX; STATE: ZIP CODE APT / SUITE #; 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 79257 SILUERTON OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) SHERLIFF 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

GO TO PAGE 2

TITLE (Dr., Mr., Ms., etc.)

NICKNAME

SUFFIX (SR., JR., III, etc.)

8 NAME OF CAMPAIGN TREASURER (PLEASETYPE OR PRINT)

LAST

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

| 12/11/2023 | Date

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY KEITB RVAN OFFICEHOLDER mr. Date Received NAME SUFFIX NICKNAME Time: 12/3 Am BRAIM 312 APT / SUITE #; CITY; STATE: ZIP CODE ADDRESS / PO BOX; CANDIDATE / 79257 JAN 18 2024 **OFFICEHOLDER** Tr loves CRQ SILVERTON MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE Date Hand-delivered or Date Poslmarked 5 CANDIDATE/ **OFFICEHOLDER** 437 -0047 (80b PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER KEITH Date Processed Kynn NAME SUFFIX LAST NICKNAME Date Imaged 3RAIM STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN **TREASURER ADDRESS** SILVERTON 71257 (Residence or Business) lozes CR EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 437-0047 PHONE (806 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Altach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 15 /2024 THROUGH 12 11 2023 **ELECTION TYPE ELECTION DATE** 11 ELECTION X Primary Runoff Other Month Description General Special 03 /05 / 2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE SHEERIF THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Filer ID	(Ethics Comm	ission Filers)
TOTALS	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)		β	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE	\$	
18 SIGNATURE 1 s	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	ue and corre	ect and Includ	es all information
re	quired to be reported by the under Title 15, Election Code.	•		
	Signature of C	andidate or	Officebolder	
	Signature of O	andidate of	0)(100)(10(20)	
	Please complete either option below	w:		
	1 todas complete ciares episem and			"//07Y.00W
			-	
(1) Affidavít			1	
NOTARY STAMP/SEA	AL . D 1) '11 D -	wh	***************************************	W.COUNTAN
Sworn to and subscribe	d before me by Ryan Keith Brain this the	e <u> </u>	day of	mian,
20 24, to certif			0 1	Mi
(de j	unter Any Fuston Br	13Col	Courts	Cher !
Signature of officer adminis			Title of officer	administering oath
	OR			进行证明 1967年
(2) Unsworn Declara	fion			
My name le	and my date of birth	ls		
		1		
IVIY addiesa is	(street) (city)	(state)	(zip code)	(country)
Executed In	County, State of, on theday of(mo	enth)	_, 20 (year)	
	Signature of Can	ndidate/Offic	eholder (Decla	arant)

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	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ P
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FÜN	DS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED \$