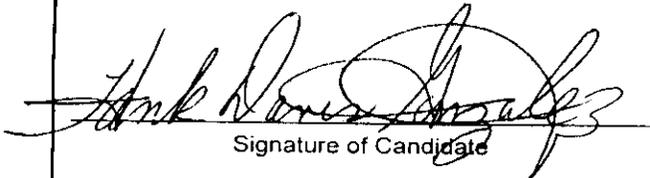


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.		1	Total pages filed:				
2	CANDIDATE NAME	TITLE	FIRST	MI	OFFICE USE ONLY		
		NICKNAME	LAST	SUFFIX	Acct. #		
		HANK DAVIS GONZALEZ			Date Received DEC 9 11 17 AM '99 FILED		
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:		STATE:	ZIP CODE
		2616 MARKET GARDEN LN. AUSTIN, TEXAS 78745					
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	HD/PM	Date Processed	
		(512) 448-0772					
5	OFFICE HELD (if any)	Date Imaged					
6	OFFICE SOUGHT (if known)	CHAIRMAN TRAVIS COUNTY REPUBLICAN PARTY					
7	CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX
		MACK DELEON, Jr.					
8	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
		1811 S. Congress Ave., Ste. B AUSTIN, TEXAS 78704					
9	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(512) 440-0727					
10	NEPOTISM STATEMENT and 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.  Signature of Candidate					
GO TO PAGE 2							

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and 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 form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the Code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

HO / PM

Date Processed

Date Imaged

1 ACCOUNT NUMBER: (Ethics Commission Filers)	2 TYPE OF FILER: <input checked="" type="checkbox"/> CANDIDATE <small>If filing as a candidate, complete boxes 3 - 6 then read and sign page 2.</small> <input type="checkbox"/> POLITICAL COMMITTEE <small>If filing for a political committee, complete boxes 7 and 8 then read and sign page 2.</small>		
3 NAME OF CANDIDATE (Please type or print)	TITLE (Dr., Mr., Ms., etc.) FIRST MI HANK DAVIS GONZALEZ	NICKNAME LAST SUFFIX (Sr., Jr., III, etc.)	
4 TELEPHONE NUMBER OF CANDIDATE (Please type or print)	AREA CODE PHONE NUMBER EXTENSION (512) 448-0772		
5 ADDRESS OF CANDIDATE (Please type or print)	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 2616 MARKET GARDEN LN. AUSTIN, TEXAS 78745		
6 OFFICE SOUGHT BY CANDIDATE (Please type or print)	CHAIRMAN TRAVIS COUNTY REPUBLICAN PARTY		
7 NAME OF COMMITTEE (Please type or print)			
8 NAME OF CAMPAIGN TREASURER (Please type or print)	TITLE (Dr., Mr., Ms., etc.) FIRST MI MACK DELEON, Jr.	NICKNAME LAST SUFFIX (Sr., Jr., III, etc.)	

GO TO PAGE 2