

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:  2
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Filer ID # <b>RECEIVED</b> AT <u>10 12 O'CLOCK AM</u> Date Received <b>DEC 5 2025</b> <b>RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS</b> BY: <u>Mona Call</u> <small>Date Hand-delivered or Postmarked</small>		
	NICKNAME	LAST	SUFFIX			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
	<u>387 rains county rd</u>					<u>Alba Tx 75410</u>
	<u>2610</u>					
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			Receipt #
	<u>(903) 520-9677</u>					
5 OFFICE HELD (if any)						Date Processed
6 OFFICE SOUGHT (if known)	<u>Commissioner Pct 2</u>					Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	<u>Mrs. Gray L.</u>					<u>Hill</u>
8 CAMPAIGN TREASURER STREET ADDRESS <small>(residence or business)</small>	STREET ADDRESS:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
	<u>387 Rains Cr Rd 2610</u>					<u>Alba Tx 75410</u>
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<u>(903) 474-1769</u>					
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.					
	<u>John Michael Hill</u>			<u>12-03-2025</u> Date Signed		
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# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE  
NAME

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. •

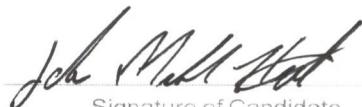
• The modified reporting option is valid for one election cycle only. •  
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. •

I do not intend to accept more than \$1,110 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.

2026

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



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](mailto: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>

# 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 Filer)	2 Total pages filed: <b>3</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>John</i>	MI <i>Michael</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>Hill</i>	SUFFIX	Date Received <b>RECEIVED AT 10 13 O'CLOCK AM</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
	<i>387 rains county road 2610</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <i>(903)</i>	PHONE NUMBER <i>5209677</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Gray</i>	MI <i>L</i>	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST <i>Hill</i>	SUFFIX	Receipt # _____ Amount \$ _____			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #	CITY	STATE ZIP CODE		
	<i>387 rains county road 2610</i>			<i>Alba</i>	<i>Tx 75410</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>474-1769</i>	EXTENSION				
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 <i>March</i>	Day <i>1</i>	Year <i>2026</i>	Month <i>1</i>	Day <i>1</i>		
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month <i>May</i>	Day <i>14</i>	Year <i>2026</i>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description _____	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
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 <input type="checkbox"/>	COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE ADDRESS					
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

John Michael Hill

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.

Signature of Candidate or Officeholder

Please complete either option below:

(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 John Michael Hill, and my date of birth is 07-27-1992.  
My address is 389 rains county road 2616, Alba, TX, 75416, 45.  
(street) (city) (state) (zip code) (country)

Executed in Rains County, State of TX, on the 25 day of 12, 20 25.  
(month) (year)

John Michael Hill

Signature of Candidate/Officeholder (Declarant)