

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 <i>DENNIS</i>	MI	OFFICE USE ONLY		
			NICKNAME	LAST <i>WAGNER</i>	SUFFIX	Filer ID #		
3 CANDIDATE MAILING ADDRESS			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
			<i>2806 RS CR 1402 Point TX 75472</i>					
4 CANDIDATE PHONE			AREA CODE	PHONE NUMBER <i>(469) 364-1443</i>	EXTENSION			
5 OFFICE HELD (if any)			<i>N/A</i>					
6 OFFICE SOUGHT (if known)			<i>County Commissioner Pt 4</i>					
7 CAMPAIGN TREASURER NAME			MS/MRS/MR	FIRST <i>DENNIS P WAGNER</i>	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)			STREET ADDRESS;	APT / SUITE #;	CITY; <i>Point</i>	STATE;	ZIP CODE <i>75472</i>	
9 CAMPAIGN TREASURER PHONE			AREA CODE	PHONE NUMBER <i>(469) 364-1443</i>	EXTENSION			
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>Signature of Candidate</p> <p>Date Signed</p>					

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE
NAME

DENNIS WALNER

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
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 Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR DENNIS	FIRST P	MI	OFFICE USE ONLY		
	NICKNAME WALNER	LAST	SUFFIX	Date Received AT <u>RECEIVED</u> <u>OCLOCK</u> M DEC 5 2025 RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS BY:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2806 RS CR 1402 Point TX 75472			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE A69	PHONE NUMBER 364-1443	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR DENNIS	FIRST P	MI	Date Processed		
	NICKNAME WALNER	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 2806 RS CR 1402 Point TX 75472			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE A69	PHONE NUMBER 364-1443	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 /	Day /	Year /	Month /	Day /	Year /
11 ELECTION	ELECTION DATE Month Day Year 3/ 2026	Primary <input checked="" type="checkbox"/>	Runoff <input type="checkbox"/>	ELECTION TYPE General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Commissioner Pt 4				
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 <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		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

DENNIS WAGNER

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*

CONTRIBUTION
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**
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]
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 DENNIS WAGNER, and my date of birth is 12.16.1950.
My address is 2806 RC CR 1402, Point, TX, 76472, USA.
(street) (city) (state) (zip code) (country)

Executed in Dec 5 25 County, State of Tx, on the 5 day of Dec, 20 25.
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)