




# 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	MI
	NICKNAME	LAST	SUFFIX
DONALD DEAN CONYER		<b>OFFICE USE ONLY</b>	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	18406 MASTERS CIRCLE POINT VENTURE TX 78645		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	; ;		
5 OFFICE HELD (if any)	N/A		
6 OFFICE SOUGHT (if known)	VILLAGE COUNCIL		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
N/A			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
	N/A		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( ) N/A		
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.		
 Signature of Candidate		8-4-2023 Date Signed	

GO TO PAGE 2



**CANDIDATE MODIFIED  
REPORTING DECLARATION**

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. ••**

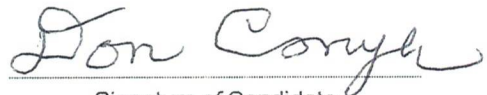
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$1,010 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.

2023

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



Signature of Candidate

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2 CANDIDATE NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST	MI	<b>OFFICE USE ONLY</b>				
	NICKNAME	LAST	SUFFIX					
	Me.	Jeffrey	D.	Filer ID #				
	Jeff	Schroeder		Date Received				
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	233 Lakelront Dr.			Point Venture, TX		78645		
	Date Hand-delivered or Postmarked							
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	( )							
5 OFFICE HELD (if any)		N/A					Receipt #	Amount \$
6 OFFICE SOUGHT (if known)		Council Member						
7 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST	MI	NICKNAME	LAST	SUFFIX		
	Mes.	SARAH	E.	-	Schroeder			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:		APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	233 Lakelront Dr.			Point Venture, TX		78645		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	( )							
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.							
	 _____ Signature of Candidate				8/16/23 _____ Date Signed			

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

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Year of election(s) or election cycle to  
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Signature of Candidate

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**OFFICE USE ONLY**

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 CANDIDATE NAME

MS/MRS/MR

FIRST

MI

Mr.

Scott

J

NICKNAME

LAST

SUFFIX

Staeb

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

407 Summit Ridge DR. N  
Lago Vista, TX 78045

4 CANDIDATE PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(...)

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

Point Venture City Council

7 CAMPAIGN TREASURER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms.

Jill

A

Staeb

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

407 Summit Ridge DR. N  
Lago Vista, TX 78045

9 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

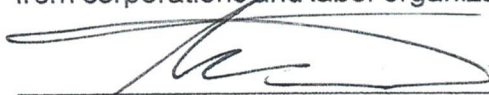
EXTENSION

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.



Signature of Candidate

8/11/2023

Date Signed

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NAME

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		Ms. Robin	Ann				
	NICKNAME	LAST	SUFFIX	Filer ID #			
		Wells		Date Received			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	18508 Staghorn Dr		Point Venture	TX	78645		
				Date Hand-delivered or Postmarked			
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
5 OFFICE HELD (if any)	N/A						
6 OFFICE SOUGHT (if known)	Village of Point Venture Council Seat						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Ms. Robin	A		Wells		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
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	 Signature of Candidate				 Date Signed		

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