

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed: 1
2 CANDIDATE NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX Rob Robert A Foster	OFFICE USE ONLY
		Filer ID # Date Received REC'D BY CSO AUG 11 2025 AM 08:11
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 601 W. 4th St. Keene TX 76059	Date Hand-delivered or Postmarked 8.11.25
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 800-1810	Receipt # Amount \$ Date Processed 8.11.25
5 OFFICE HELD (if any)	City Council Ward 1	Date Imaged 8.11.25
6 OFFICE SOUGHT (if known)	City Council Ward 1	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX Rob Foster	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 601 W. 4th St. Keene TX 76059	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 800-1810	
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>Rob J</u> Signature of Candidate <u>8/11/25</u> Date Signed	
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.

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1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6,
then read and sign page 2.

If filing for a political committee, complete
boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Robert

A

NICKNAME

LAST

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

Rob

Foster

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817) 800-1810

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

601 W. 4th St. Keene TX 76059

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

City Council Ward 1

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

NICKNAME

LAST

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

GO TO PAGE 2