

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

**FORM ACTA
PG 1**

1 CANDIDATE NAME THOMAS CHELLETHE	2 FILER ID #	3 Total pages filed:
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See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	<input type="checkbox"/> NEW	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST THOMAS	MI K	NICKNAME TOM	LAST CHELLETHE	SUFFIX	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.1em;">MAR 09 2026</div> <div style="text-align: center; font-weight: bold;">CITY SECRETARY CARROLLTON, TX</div> <hr/> Date Filed, Returned or Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
5 CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						1041 CHICKASAW DR CARROLLTON TX - 75010
6 CANDIDATE PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER		EXTENSION			
		(469) 363-5109						

7 OFFICE HELD (if any)	<input type="checkbox"/> NEW						
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8 OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW						
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9 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / <input checked="" type="checkbox"/> MR	FIRST THOMAS	MI K	NICKNAME TOM	LAST CHELLETHE	SUFFIX
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10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
		1041 CHICKASAW DR CARROLLTON, TX - 75010					

11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER		EXTENSION		
		(469) 363-5109					

12 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> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 100%;"/> Signature of Candidate </div> <div style="text-align: right; margin-top: 20px;"> 03/09/2026 <hr style="width: 100%;"/> Date Signed </div>
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GO TO PAGE 2

**AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA
PG 2**

13 CANDIDATE
NAME

14 MODIFIED
REPORTING
DECLARATION

NEW

**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 \$1,140 in political contributions
or make more than \$1,140 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.

05/02/2026

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>