

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                 |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|
| See CTA Instruction Guide for detailed instructions.        |                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 Total pages filed: <b>2</b> |                 |
| 2 CANDIDATE NAME                                            | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST                         | MI              |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                 | LAST                          | SUFFIX          |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                   |                               | OFFICE USE ONLY |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE NUMBER                  | EXTENSION       |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                 |
| 6 OFFICE SOUGHT (if known)                                  | Justice of the Peace PCT 3                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST                         | MI              |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                     |                               |                 |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE NUMBER                  | 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><u>William H. Schneider</u> <u>8/17/26</u><br/>Signature of Candidate Date Signed</p> |                               |                 |

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**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA**  
**PG 2**

**11 CANDIDATE  
NAME**

William H. Schneider II

**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 \$1,140 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.

2026

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

William H. Schneider

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>