

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

martha

m

NICKNAME

LAST

SUFFIX

Stone

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

107 Bear Creek Dr. PINELAND TX 75968

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 596-5004

5 OFFICE
HELD
(if any)

TAX Assessor / Collector

6 OFFICE
SOUGHT
(if known)

TAX Assessor / Collector

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHANDA

PAHILLO

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7030 Gravel Hill Rd Bronson TX 75930

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409) 382-9025

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.

Martha M. Stone

Signature of Candidate

09/26/2023

Date Signed

OFFICE USE ONLY

Filer ID #

Date Received

Date Hand delivered or Postmarked

Receipt #

Date Processed

Date Imaged

FILED FOR RECORD
AT 3:00 O'CLOCK A.M.
SEP 17 2023

By _____
DEPUTY
Clerk, County Court, Sabine County

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

FORM CTA
PG 2

11 CANDIDATE
NAME

MARtha M. Stone

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 \$930 in political contributions
or make more than \$930 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.

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 FIRST MI		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX				
<div style="text-align: center;"> <i>MARTHA</i> <i>Stone</i> </div>		<div style="text-align: center;"> <i>M.</i> </div>		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<div style="text-align: center;"> <i>107 Bear Creek Dr</i> <i>Pineland TX 75468</i> </div>		<div style="text-align: center;"> <i>107 Bear Creek Dr</i> <i>Pineland TX 75468</i> </div>		Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION			
<div style="text-align: center;"> <i>(936)</i> <i>596-5004</i> </div>		<div style="text-align: center;"> <i>(936)</i> <i>596-5004</i> </div>		Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI			
<div style="text-align: center;"> <i>CHANDA</i> <i>Pattillo</i> </div>		<div style="text-align: center;"> <i>CHANDA</i> <i>Pattillo</i> </div>		Date Processed	
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
<div style="text-align: center;"> <i>7020 Gravel Hill Rd.</i> <i>BRONSON TX 75930</i> </div>		<div style="text-align: center;"> <i>7020 Gravel Hill Rd.</i> <i>BRONSON TX 75930</i> </div>		Date Imaged	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION			
<div style="text-align: center;"> <i>(409)</i> <i>382-9025</i> </div>		<div style="text-align: center;"> <i>(409)</i> <i>382-9025</i> </div>		9 REPORT TYPE <input checked="" 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			
<div style="text-align: center;"> <i>11 / 11 / 2023</i> THROUGH <i>01 / 15 / 2024</i> </div>		<div style="text-align: center;"> <i>11 / 11 / 2023</i> THROUGH <i>01 / 15 / 2024</i> </div>		11 ELECTION ELECTION DATE: Month Day Year <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>	
12 OFFICE		OFFICE HELD (if any)			
<div style="text-align: center;"> <i>TAX Assessor/Collector</i> </div>		<div style="text-align: center;"> <i>TAX Assessor/Collector</i> </div>		13 OFFICE SOUGHT (if known) <div style="text-align: center;"> <i>TAX Assessor/Collector</i> </div>	
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		<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

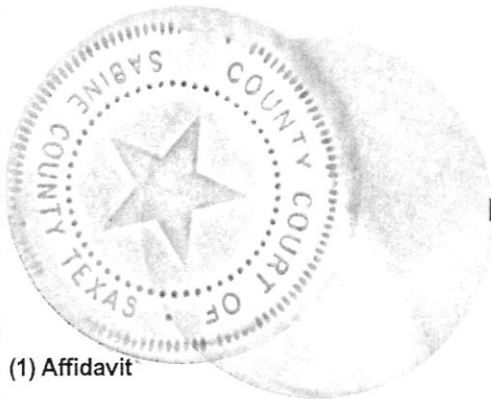
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Martha M. Stone</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Martha Stone

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Martha M. Stone* this the *27th* day of *Sept.*, 20*23*, to certify which, witness my hand and seal of office.

Jamie Clark
Signature of officer administering oath

Jamie Clark
Printed name of officer administering oath

County Clerk
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Martha M. Stone

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

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

MARTHA

M

NICKNAME

LAST

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

STONE

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(936) 546-5004

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

107 Bear Creek Dr PINELAND TX 75968

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

TAX Assessor/Collector

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

CHANDA

NICKNAME

LAST

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

Pattillo

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CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Martha M. Stone
Signature

9/26/23
Date