See CTA Instruction Guide for detailed instructions.					1 Total pages filed:	
CANDIDATE	MS / MRS / MR	FIRST		Mi	OFFICE U	SE ONLY
NAME	Mr.	Keith	1	К.	Acct. #	
	NICKNAME	LAST		SUFFIX		
		Annis			Date Received	
CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #; CIT	r; state;	ZIP CODE		
CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSI		Date Hand-delivered or Po	stmarked
					Date Processed	
					Date Imaged	· · · · · · · · · · · · · · · · · · ·
OFFICE HELD (if any)						N Ci
OFFICE SOUGHT (if known)						
CAMPAIGN TREASURER NAME	MSMRSMR Mr. Keith K. Ann	FIRST MI	NICKNAK	IE	LAST S	UFFIX
CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE); APT / SUITE	. ₩, CITY;	STATE;	ZIP CODE	
(residence or business)						
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON		
) CANDIDATE SIGNATURE	l am aware o	of the Nepotism Lav	v, Chapter 57	3 of the T	exas Governme	nt Code.
	I am aware of the Election	of my responsibility Code.	to file timely	reports a	is required by tit	le 15 of
		of the restrictions in tions and labor orga		Election	Code on contrib	utions
	Sottem 1				- 4 - 201.	ર
	Signature of Candidate Date Signed					<u> </u>

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