

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

Mr. Charles R.

NICKNAME

LAST

SUFFIX

Shirley

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Spring, Texas 77386

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

5 OFFICE
HELD
(if any)

n/a

6 OFFICE
SOUGHT
(if known)

Montgomery County Hospital District (MCHD) Director, Precinct 3

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Rebecca M. Mikolaj-Shirley

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Spring, Texas 77386

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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.

Charles R. Shirley

Signature of Candidate
Charles R. Shirley

8/22/2022

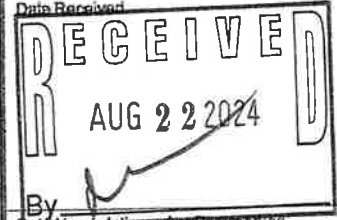
Date Signed

GO TO PAGE 2

OFFICE USE ONLY

Filer ID #

Date Received



By

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

Charles R. Shirley

**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 \$940 in political contributions
or make more than \$940 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

Mr.

Charles

R.

NICKNAME

LAST

SUFFIX

Shirley

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE; ZIP CODE

3226 West Benders Landing Blvd
Spring, Texas 77386

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

854-7546

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Rebecca

M.

NICKNAME

LAST

SUFFIX

Mikolaj-Shirley

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

CITY;

STATE;

ZIP CODE

3226 West Benders Landing Blvd
Spring, Texas 77386

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936)

344-1234

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

8

22

22

THROUGH

Month

Day

Year

9

29

22

11 ELECTION

ELECTION DATE

Month

Day

Year

11

8

22

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Montgomery Cty Hospital District, #3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
CHARLES R SHIRLEY

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 951.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 951.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

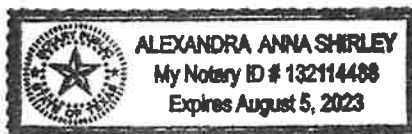
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Charles R. Shirley

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Charles R. Shirley this the 11th day of October

20 22 to certify which, witness my hand and seal of office.

Alexandra Shirley

Signature of officer administering oath

Alexandra Shirley

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CHARLES R SHIRLEY and my date of birth is 12/15/1961

My address is 3226 W BENDERS LANDING BLVD SPRING TX 77386
(street) (city) (state) (zip code) (country)

Executed in MONTGOMERY County, State of TEXAS, on the 11th day of OCTOBER, 2022
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****CHARLES R SHIRLEY****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. ■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 951.92
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 951.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CHARLES R SHIRLEY		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2022	5 Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY 6 Contributor address; City; State; Zip Code SPRING TX 77386	7 Amount of contribution (\$) 174.81
8 Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		9 Employer (See Instructions) AIDAN CAPITAL MGMT
Date 09/04/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 174.81
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
Date 10/05/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 174.81
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
Date 10/05/2022	Full name of contributor out-of-state PAC (ID# _____) CHARLES SHIRLEY Contributor address; City; State; Zip Code SPRING TX 77386	Amount of contribution (\$) 164.41
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) AIDAN CAPITAL MGMT
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME CHARLES R SHIRLEY		3 Filer ID (Ethics Commission Filers)
4 Date 10/09/2022	5 Full name of contributor out-of-state PAC (ID#: CHARLES SHIRLEY 6 Contributor address; City; State; Zip Code 1, SPRING TX 77386	7 Amount of contribution (\$) 263.08
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CHARLES R SHIRLEY	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2022	5 Payee name VISTAPRINT	
6 Amount (\$) 174.81	7 Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description DOOR HANGERS
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHARLES SHIRLEY	Office sought MCHD BD #3

Date 09/04/2022	Payee name VISTAPRINT
Amount (\$) 174.81	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE
	Description DOOR HANGERS
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHARLES SHIRLEY
	Office sought MCHD BD #3

Date 10/05/2022	Payee name VISTAPRINT
Amount (\$) 174.81	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE
	Description DOOR HANGERS
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CHARLES SHIRLEY
	Office sought MCHD BD #3

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME CHARLES R SHIRLEY	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2022	5 Payee name VISTAPRINT	
6 Amount (\$) 164.41	7 Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description RACK CARDS
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date 10/09/2022	Payee name VISTAPRINT	
Amount (\$) 263.08	Payee address; City; State; Zip Code XEROX TECHNOLOGY PARK, BLDG D DUNDALK, COUNTY LOUTH L2 A91 H9N9 IRELAND	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description DOOR HANGERS & RACK CARDS
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held CHARLES SHIRLEY MCHD BD #3	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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