

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

RECEPTIONIST: \_\_\_\_\_

CLINIC: \_\_\_\_\_

PHYSICIAN'S OFFICE: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICIAN'S DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

PHYSICIAN'S TYPE OF SERVICE: \_\_\_\_\_

PHYSICIAN'S APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHYSICIAN'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S RECEPTIONIST: \_\_\_\_\_

PHYSICIAN'S CLINIC: \_\_\_\_\_

PHYSICIAN'S PHYSICIAN'S OFFICE: \_\_\_\_\_

PHYSICIAN'S PHYSICIAN'S PHONE: \_\_\_\_\_

PHYSICIAN'S PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHYSICIAN'S CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

Sarah McMurray

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