

To: All Candidates for the
Town of Lakeside General Election May 4th, 2019,
Election Ballot

Subject: Application for a Place on the
Town of Lakeside General Election May 4th, 2019,
Election Ballot

The attached packet is provided for your information in filing an application for a place on the ballot or to appear on the list of write-candidates. Please read the entire packet prior to filing out your application. Included in the packet is an application for a place on the ballot and form for write-in candidates. Select and complete the appropriate candidate application form and file it with the Town Secretary.

Each applicant, or his or her representative, is responsible for ensuring that his or her application or declaration is complete, accurate, and timely filed with the Town of Lakeside by 5 p.m. on the day of the filing deadline (February 15th, 2019).

Candidates for a Place on the Ballot

The following are to be filed by candidates who want their name to appear on the ballot:

APPLICATION FORM	FILING PERIOD/DEADLINE	Mandatory/Optional
Application for a Place on the Town of Lakeside May 4, 2019 General Election Ballot	January 16 th , 2019 thru February 15 th , 2019 (5p.m.)	Mandatory
Forms C/OH, C/OH-UC and CTA	On or before January 16, 2019	Mandatory
Contact Information Form	When Application for a Place on the Ballot is filed	Optional
Application Affidavit	When Application for a Place on the Ballot is filed	Mandatory
Loyalty Affidavit	When Application for a Place on the Ballot is filed	Mandatory

Candidates Declaring a Write-In Candidacy

The following are to be filed by candidates who want their name to appear on the list of write-in candidates instead of their name appearing on the ballot:

APPLICATION FORM	FILING PERIOD/DEADLINE	Mandatory/Optional
Application for a Write-In Candidacy for a Place on the Town of Lakeside May 4 th , 2019 General Election Ballot	February 19 th , 2019 (5p.m.)	Mandatory
Forms C/OH, C/OH-UC and CTA	February 19 th , 2019 (5p.m.)	Mandatory
Contact Information Form	When the declaration of write-in candidacy is filed	Optional
Application Affidavit	When the declaration of write-in candidacy is filed	Mandatory
Loyalty Affidavit	When Application for a Place on the Ballot is filed	Mandatory



This Packet Contains:

1. **Important Dates for Candidates 2019**
2. **Application for a Place of the City Ballot** - Must be completed in full, signed in the presence of a Notary Public prior to filing with City Secretary no earlier than 7:30 a.m., Wednesday, January 16, 2019 and not later than 5:00 p.m., Friday, February 15, 2019.
3. **Application for a Write in Candidate** - Must be completed in full, signed in the presence of a Notary Public prior to filing with City Secretary no later than 5:00 p.m., Tuesday, February 19, 2019.
4. **Application Affidavit**
5. **Loyalty Affidavit**
6. **Candidate/Officeholder Campaign Finance Report of Unexpended Contributions (Form C/OH-UC)** - Must be filed with the City Secretary if there are unexpended campaign contributions.
7. **Candidate/Officeholder Campaign Finance Report (Form C/OH)** - Pre-election reports must be filed with the City Secretary on the 30th day before the election (April 4, 2019) and the 8th day before the election (April 26, 2019) if the candidate did not select "Modified Reporting" on Form CTA. Once the election is over, all candidates should file Form C/OH as a final report. Semiannual reports must be filed with the City Secretary.
8. **Appointment of Campaign Treasurer by a Candidate (Form CTA)** - Must be filed with City Secretary before accepting contributions or making expenditures. It is recommended that this form be filed at the time the candidate application is filed. A candidate that does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures should sign page 2 of the form declaring "Modified Reporting" thereby eliminating the pre-elections reporting requirements. (Note: If you select "Modified Reporting" and later exceed \$500 in political contributions or expenditures, you must file Form C/OH campaign finance reports according to the regular filing schedule.)
9. **Code of Fair Campaign Practices (Form CFCP)** - Voluntary filing. Although not required, all candidates are encouraged to subscribe to the Code of Fair Campaign Practices.

[If you need any of these forms notarized, that service is provided free of charge at Town Hall during business hours.
Monday thru Friday 7:30 a.m. to 4:30 p.m.](#)





Important Dates for Candidates

Town of Lakeside

General Election – May 4th, 2019



The General Election to Elect Officers for Mayor, Council Place 4 & Council Place 5

- January 01, 2019 First day to apply for Ballot by Mail
- January 16, 2019 First day to file an application for a place on the ballot
- February 15, 2019 Last day to file an application for a place on the ballot
(must be received in writing by 5:00 P.M.)
- February 19, 2019 Last Day to file a Declaration of Write-in Candidacy
- February 22, 2019 Last day for a candidate to withdraw application for a place on the ballot
(must be received in writing by 5:00 P.M.)
- February 25, 2019 Drawing for a position on the ballot at 10:30 A.M. in the City Secretary's Office
(Date may be subject to change – all candidates will be notified if changes are made)
- April 04, 2019 Last day to register to vote for the May 4, 2019 Election
- April 04, 2019 1st report of Candidate/Officeholder Campaign Finance Report due
(must be received by 5:00 P.M.)
- April 22, 2019 First day for Early Voting by Personal Appearance
- April 23, 2019 Last day to apply for ballots to vote by mail
(Must be received by 5:00 P.M., Received by Tarrant County Elections Administration, **not Postmarked**)
- April 26, 2019 2nd report of Candidate/Officeholder Campaign Finance Report due
(must be received by 4:00 P.M.)
- April 30, 2019 Last day for regular Early Voting by Personal Appearance
- May 04, 2019 *****ELECTION DAY***** VOTING AVAILABLE 7:00 a.m. TO 7:00 P.M.
- May 7-15, 2019 Official Canvass of Returns
Date still to be determined
Oaths of Office for newly elected officials at Council Meeting
(Date subject to change – All newly elected officials will be notified of meeting)
- July 14, 2019 Last day for timely filing of semi-annual report contributions and campaign expenditures from campaigns.

If you have any questions please feel free to contact the Elections Administrator, Norman Craven at:

ncraven@lakesidetexas.us or 817-237-1234 ext. 303

**APPLICATION FOR A PLACE ON THE TOWN OF
LAKESIDE MAY 4TH, 2019 GENERAL ELECTION BALLOT**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS AN OPTION

TO: Town Secretary/Town Administrator					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)				INDICATE TERM <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)		
CITY	STATE	ZIP	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank)		DATE OF BIRTH / /	VOTER REGISTRATION VOID NUMBER (Optional) ¹
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN		IN TERRITORY ELECTED FROM	
		IN STATE ____ year (s) ____ month(s)		IN TERRITORY ELECTED FROM ____ year (s) ____ month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct."					
X _____				SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me at _____, this the _____ day of _____, 2019.					
					SEAL
Signature of Officer Administering Oath ²			Title of Officer Administering Oath		
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)					
			Date Received	Signature of Secretary	
Voter Registration Status Verified <input type="checkbox"/>					

INSTRUCTIONS

An application to have the name of a candidate placed on the ballot for any general election may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void.

The general election filing deadline is 5:00 p.m. 78 days prior to election day for any uniform election date.

NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to himself, or to any other member of the governing body or court on which he serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: six months, if the officer or member is elected at the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

Examples of relatives within the third degree of consanguinity are as follows:

- (1) First degree: parent, child;
- (2) Second degree: brother, sister, grandparent, grandchild;
- (3) Third degree: great-grandparent, great-grandchild, uncle, aunt, nephew, niece.

These include relatives by blood, half-blood, and legal adoption. Examples of relatives within the second degree of affinity are as follows:

- (1) First degree: spouse, spouse's parent, son-in-law, daughter-in-law;
- (2) Second degree: brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all inclusive.

FOOTNOTES

¹Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

²All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary, and the Secretary of State of Texas.

SOLICITUD PARA FIGURAR EN DE JUNTO AL
LAGO MAYO 4TH, 2019 GENERAL ELLECCION

BOLETA

Debe proporcionarse la información requerida a menos que se indique que es opcional.

SOLICITUD PARA FIGURAR EN LA BOLETA DE _____ ELECCIÓN GENERAL					
A: Secretario(a) de la Ciudad					
Solicito que mi nombre figure en la boleta oficial indicada más arriba como candidato/a al cargo a continuación.					
PUESTO OFICIAL SOLICITADO (Incluya cualquier número de cargo u otro número distintivo, si el cargo lo tiene).				INDIQUE TÉRMINO <input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO	
NOMBRE COMPLETO (Primer nombre, segundo nombre, apellido)			ESCRIBA SU NOMBRE COMO DESEA QUE FIGURE EN LA BOLETA		
DIRECCIÓN RESIDENCIAL PERMANENTE (No incluya una casilla postal o una ruta rural. Si usted no tiene una dirección residencial, describa el lugar en que recibe correspondencia personal y la ubicación de su residencia)			DIRECCIÓN POSTAL PÚBLICA (Dirección en la que recibirá correspondencia relacionada a su campaña, si es disponible.)		
CIUDAD	ESTADO	CÓDIGO POSTAL	CIUDAD	ESTADO	CÓDIGO POSTAL
CORREO ELECTRÓNICO PÚBLICO (Si está disponible.)	EMPLEO (No deje este espacio en blanco.)		FECHA DE NACIMIENTO / /	VUID – NÚMERO UNICO DE IDENTIFICACION DE VOTANTE¹ (Opcional)	
INFORMACIÓN DE CONTACTO (Opcional) Tel. residencial: Tel. laboral: Tel. celular:		DURACIÓN DE RESIDENCIA CONTINUA AL MOMENTO DE JURAMENTAR ESTA SOLICITUD			
		EN EL ESTADO ____ año(s) ____ mes(es)		EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A ____ año(s) ____ mes(es)	
En caso de usar un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Asimismo, juro que mi apodo no constituye un lema político ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. Se me ha conocido por este apodo durante al menos tres años antes de esta elección.					
Ante mí, la autoridad suscrita, compareció (nombre) _____, quien frente a mí y bajo juramento debido, declara:					
“Yo, (nombre) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, juro solemnemente que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No se me ha condenado por un delito mayor por el cual no haya sido absuelto o por el cual no se me hayan restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No existe un fallo final de un tribunal testamentario que me declare total o parcialmente incapacitado mentalmente sin derecho a votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno.					
Además, juro que las declaraciones anteriores que incluyo en mi solicitud son verdaderas y correctas”.					
X			_____		
			FIRMA DEL CANDIDATO		
Jurado y suscrito ante mí en _____, este día ____ de _____, 2019.					
				SELLO	
Firma del oficial que administra el juramento ²			Título del oficial que administra el juramento		
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:					
(See Section 1.007)					
_____			_____		
Date Received			Signature of Secretary		

INSTRUCCIONES

La solicitud para que el nombre de un candidato figure en la boleta para cualquier elección general no deberá registrarse antes de los treinta (30) días previos a la fecha límite para registrar la solicitud, según lo prescribe este código. Cualquier solicitud registrada antes de esa fecha se declarará inválida.

El último día para registrarse es a las 5 de la tarde setenta y ocho (78) días antes del día de la elección en el caso de elecciones uniformes.

LEY SOBRE EL NEPOTISMO

El candidato deberá firmar esta declaración para indicar que tiene conocimiento sobre la ley sobre el nepotismo. A continuación figuran las prohibiciones del nepotismo según el capítulo 573 de Código Gobierno:

Ningún funcionario podrá nombrar, votar por o confirmar el nombramiento o empleo de ninguno de sus parientes en segundo grado por afinidad (matrimonio) o en tercer grado por consanguinidad (sangre), o de los parientes de cualquier otro integrante del cuerpo directivo o tribunal en que el funcionario celebre sesión cuando la compensación para esa persona se pague con fondos públicos u honorarios de su puesto oficial. Sin embargo, la ley no prohíbe el nombramiento, el votar por o la confirmación de ninguna persona que haya trabajado en la oficina de manera continua o el empleo para el siguiente período antes de la elección o el nombramiento del funcionario o miembro emparentado con el empleado en el grado prohibido: seis meses, si el funcionario o miembro se elige en una elección general de funcionarios de estado y condado.

Ningún candidato podrá influir sobre un empleado relacionado al puesto oficial al cual el candidato aspira o un empleado o funcionario del cuerpo fiscal al cual el candidato aspira respecto del nombramiento o el empleo de un pariente del candidato en un grado prohibido según se indica arriba. Esta restricción no se dirige a las acciones de un candidato respecto de una clase o categoría de empleados o posibles empleados de buena fe.

Los ejemplos de parentesco en tercer grado por consanguinidad son los siguientes:

- (1) Primer grado: padre, madre, hijo(a);
- (2) Segundo grado: hermano(a), abuelo(a), nieto(a);
- (3) Tercer grado: bisabuelo(a), bisnieto(a), tío(a), sobrino(a).

Los siguientes incluyen parentescos de consanguinidad, medios hermanos y adopción legal. Los ejemplos de parentescos en segundo grado por afinidad son los siguientes:

- (1) Primer grado: cónyuge, suegro(a), yerno, nuera;
- (2) Segundo grado: cuñado(a), abuelo(a) del cónyuge.

Las personas que están emparentadas por afinidad (matrimonio) incluyen los cónyuges de parientes emparentados por consanguinidad, y, si casados, el cónyuge y los parientes del cónyuge por consanguinidad. No todos estos ejemplos son inclusivos.

NOTAS

¹La inclusión del número único de identificación de votante (VUID, por sus siglas en Inglés) es opcional. Sin embargo, para muchos candidatos, es un requisito estar registrados como votantes en el territorio por el cual serían electos a partir de la fecha límite de la solicitud. Puede encontrar información adicional sobre el requisito de registro de votante en nuestra página: <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

²Los juramentos, las declaraciones juradas o las afirmaciones que se efectúen dentro de este Estado podrán ser administradas por un juez, escribano o comisionado de alguna corte de registro, por un notario público, un juez de paz, un secretario de la ciudad o el Secretario de Estado de Texas, quienes cuentan con la capacidad de proporcionar un certificado del hecho.

**DECLARATION OF WRITE-IN CANDIDACY FOR
TOWN OF LAKESIDE
MAY 4TH, 2019 GENERAL ELECTION BALLOT**

All information is required to be provided unless indicated as optional.

TO: Town of Lakeside Town Administrator

I declare that I am a write-in candidate for the office indicated below.

OFFICE SOUGHT Include any place number or other distinguishing number, if any.	INDICATE FULL OR UNEXPIRED TERM
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FULL NAME (First, Middle, Last)	PRINT NAME AS YOU WANT IT TO APPEAR ON THE LIST OF DECLARED WRITE-IN CANDIDATES
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PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.)	MAILING ADDRESS (If different from residence address)
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CITY	STATE	ZIP	CITY	STATE	ZIP
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EMAIL ADDRESS (Optional)	OCCUPATION (Do not leave blank)	DATE OF BIRTH / /	COUNTY OF RESIDENCE
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TELEPHONE NUMBER (Include area code) (Optional)	Length of Continuous Residence as of Date Application Sworn		
OFFICE:	IN STATE _____ yr(s)	IN COUNTY _____ yr(s)	IN DISTRICT OR PRECINCT _____ yr(s)
HOME:	_____ mos	_____ mos	_____ mos

If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the Constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.

I further swear that the foregoing statements included in my application are in all things true and correct."

X _____

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at _____, this the _____ day of _____, 2019.

SEAL

Signature of Officer administering oath¹

Title of Officer administering oath

TO BE COMPLETED BY FILING OFFICER:

(See Section 1.007)

Date Received

Signature of Filing Officer

INSTRUCTIONS

1. The declaration of write-in candidacy is filed with the City Secretary, Secretary of Board of Trustees, or Secretary of Board of Directors for a Water District.
2. The declaration must be received by the filing officer not later than the 74th day before election day on the November of even-numbered years and the 71st day before election day on other uniform election dates. Mailing without a delivery by the deadline is not sufficient. The declaration may not be filed earlier than 30 days before the deadline for filing the application. A declaration filed before that day is void.

The candidate **must** sign this statement indicating his awareness of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to himself, or to any other member of the governing body or court on which he serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree; six months, if the officer or member is elected at the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

Examples of relatives within the third degree of consanguinity are as follows:

- (1) First degree: parent, child;
- (2) Second degree: brother, sister, grandparent, grandchild;
- (3) Third degree: great-grandparent, great-grandchild, uncle, aunt, nephew, niece.

These include relatives by blood, half-blood, and legal adoption.

Examples of relatives within the second degree of affinity are as follows:

- (1) First degree: spouse, spouse's parent, son-in-law, daughter-in-law;
- (2) Second degree: brother's spouse, sister's spouse, spouse's brother, spouse's sister, spouse's grandparent.

Persons related by affinity (marriage) include spouses of relatives by consanguinity, and, if married, the spouse and the spouse's relatives by consanguinity. These examples are not all inclusive.

FOOTNOTE

¹For school board elections, no person may be elected unless he or she is a qualified voter (registered voter) of the school district.

²All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary, and the Secretary of State of Texas.

DECLARACION DE SER UN CANDIDATO ELEGIBLE PARA RECIBIR VOTOS FOR DE JUNTO AL LAGO MAYO 4TH, 2019 GENERAL ELLECCION BOLETA

Se requiere toda la información, a menos que haya alguna indicación que no es obligatoria.

(Ciudad, Escuela, u Otra Subdivisión Política)

A: Oficial encargado

Por la presente declaro soy un candidato para recibir votos por inserción escrita para el puesto oficial indicado abajo.

PUESTO OFICIAL SOLICITADO Incluye cualquier número de lugar u otro número que hace el puesto oficial diferente a otros, si hay alguno.	INDIQUE SI EL TERMINO DEL PUESTO OFICIAL ES TERMINO COMPLETO O NO COMPLETADO
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NOMBRE COMPLETO (Nombre de Pila, Segundo Nombre, Apellido)	ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA LISTA DE CANDIDATOS DECLARADOS PARA INSERCIÓN POR MANO
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DIRECCION DE RESIDENCIA PERMANENTE: Calle y Número de Departamento: si no tiene, describa la localidad de su residencia. No incluya su caja postal o ruta rural.	DIRECCION POSTAL (Si es diferente a su dirección de residencia)
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CIUDAD	ESTADO	ZONA POSTAL	CIUDAD	ESTADO	ZONA POSTAL
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CORREO ELECTRÓNICO (Optativo)	EMPLEO (No lo deje en blanco)	FECHA DE NACIMIENTO / /	CONDADO DE RESIDENCIA
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NUMERO DE TELÉFONO – Incluya el código de área (Optativo) DE SU OFICINA: DE SU DOMICILIO:	TIEMPO EN QUE HA RESIDIDO EN UN SOLO LUGAR EN LA FECHA EN QUE PRESTÓ JURAMENTO SOBRE LA SOLICITUD <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> EN EL ESTADO ____ (año(s)) ____ (mes(es)) </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> EN EL CONDADO ____ (año(s)) ____ (mes(es)) </td> <td style="width: 33%; padding: 5px;"> EN EL DISTRITO O PRECINTO ____ (año(s)) ____ (mes(es)) </td> </tr> </table>	EN EL ESTADO ____ (año(s)) ____ (mes(es))	EN EL CONDADO ____ (año(s)) ____ (mes(es))	EN EL DISTRITO O PRECINTO ____ (año(s)) ____ (mes(es))
EN EL ESTADO ____ (año(s)) ____ (mes(es))	EN EL CONDADO ____ (año(s)) ____ (mes(es))	EN EL DISTRITO O PRECINTO ____ (año(s)) ____ (mes(es))		

Para poder incluir un apodo como parte de su nombre completo el la papeleta, Ud.debera firmar la siguiente constancia: Además, juro que se me ha conocido por este apodo por mas de tres años. Además, juro que el apodo no es un lema político ni una indicacion de mis creencias o afiliaciones politicas, economicas, sociales, o religiosas.

(Ante mí, la autoridad, suscrita apareció en persona _____, quien habiendo aquí y ahora prestado juramento debido, bajo juramento dice: “Yo, _____, del condado de _____, Texas, siendo candidato para el puesto oficial de _____ solemnemente juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal puesto oficial bajo la Constitución y las leyes de este Estado. No me han determinado por un juicio final de una corte de la legalización de un testamento, ser totalmente incapacitado mentalmente o parcialmente incapacitado sin el derecho de votar, ni he sido probado culpable finalmente de una felonía por la cual no he sido perdonado o por la cual no se me han restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. Yo tengo conocimiento de la ley sobre el nepotismo según el capítulo 573 de Código Gobierno.

Además juro que las precedents declaraciones que incluyo en mi solicitud son verdaderas y están correctas en todos sentidos.”)

X _____

FIRMA DEL CANDIDATO

Jurado y suscrito ante mi en _____, este día _____ de _____, _____.

(SELLO)

 Firma del oficial administrando el juramento ¹ (Título del oficial administrando el juramento)

TO BE COMPLETED BY FILING OFFICER:
 (See Section 1.007)

 Date Received Signature of Filing Officer

INSTRUCCIONES

1. La declaración de un candidato para estar elegible para recibir votos por inserción escrita se registra con el Secretario(a) de la ciudad, Secretario(a) de la Junta de Regentes, o Secretario(a) de la Junta de Directores para undistrito de aguas.
2. La declaración que todo candidato está obligado a presentar ante el funcionario quien recibe los avisos de candidatura deberá estar en manos del mismo para las 5:00 p.m. del 5° día después de la fecha límite para la presentación de los avisos de aquellos candidatos quienes desean aparecer en la papeleta electoral. No es suficiente enviarla sin entregarse el último día para registrarse. La declaración no deberá registrarse antes de 30 días antes del último día para registrar la aplicación. Una declaración registrada antes de ese día se declarará inválida.

El candidato **deberá** firmar esta declaración indicando que él/ella está enterado(a) de la ley sobre el nepotismo. Lo siguiente es un resumen de las prohibiciones del nepotismo de acuerdo al capítulo 573 de Código Gobierno:

Ningún oficial podrá nombrar, o votar por o confirmar el nombramiento o empleo de alguna persona que está emparentada con él dentro del segundo grado por afinidad (matrimonio) o dentro del tercer grado por consanguinidad (sangre), o que está emparentada con cualesquier otro miembro del cuerpo directivo o corte en que él/ella celebra sesión cuando la compensación de esa persona estará pagada con fondos públicos o los honorarios del puesto oficial. Sin embargo, la ley no prohíbe el nombramiento, el votar por, o la confirmación de alguna persona que continuadamente ha sido empleado de la oficina o ha sido empleado durante el siguiente plazo antes de la elección o el nombramiento del oficial o miembro que está emparentado con el empleado en el grado prohibido: seis meses, si el oficial o miembro está elegido en una elección otra de la elección general para oficiales del estado y del condado.

Ningún candidato podrá obrar para influir a un empleado del puesto oficial al cual el candidato desea estar elegido o un empleado o oficial del cuerpo fiscal al cual el candidato desea estar elegido en cuanto al nombramiento o al empleo de una persona que está emparentada con el candidato en un grado prohibido como notado arriba. Esta restricción no se dirige a las acciones de un candidato respecto a una clase o categoría de buena fe de empleados o empleados anticipados.

Los ejemplos de parientes dentro del tercer grado de consanguinidad son los siguientes:

- (1) Primer grado: padre, madre, hijo(a);
- (2) Segundo grado: hermano(a), abuelo(a), nieto(a) primo(a);
- (3) Tercer grado: bisabuelo(a), bisnieto(a), tío(a), sobrino(a).

Los siguientes incluyen parientes de linaje (sangre), medios hermanos, y adopción legal.

Los ejemplos de parientes dentro del segundo grado de afinidad son los siguientes:

- (1) Primer grado: esposo(a), suegro(a), yerno(a);
- (2) Segundo grado: cuñado(a), abuelo(a) del esposo o esposa.

Las personas que están emparentadas por afinidad (matrimonio) están incluyen los esposos o esposas de parientes que están emparentados por consanguinidad, y, si casados, el esposo o esposa y los parientes del esposo o esposa por consanguinidad. No todos estos ejemplos son inclusivos.

NOTA AL PIE DE LA PAGINA

¹Para elecciones en el distrito escolar, ninguna persona puede ser eligido a menos que sea una votante registrada en el distrito escolar.

²Todo juramento, testimonio o afirmación hecho dentro de este Estado se podrá administrar y se podrá dar un certificado del hecho por un juez, escribano, o comisionado de alguna corte de registro, un notario público, un juez de paz, secretario de la ciudad, y el Secretario del Estado de Texas.



**Town of Lakeside
Application Affidavit for Candidate for Office**

I, _____, do hereby declare that I am a Candidate for the office of _____ and request that my name be printed upon the ballot for that particular office in the next Town election. I am _____ years of age (being at least 18 years old); a registered voter of the Town of Lakeside; have been a resident of the State of Texas for at least 12 consecutive months prior to the filing date for the election, and a resident of the Town of Lakeside for at least 6 months prior to the filing date for the election; do not hold more than one public elective office; do not hold an appointed office in the Town (excluding boards, committees, and commissions); have not been determined mentally incompetent by a final judgment of a court; and have not been convicted, whether final for appeal purposes or not, of a felony from which I have not been pardoned or otherwise released from the resulting disabilities. I swear that I will support and defend the Constitution and laws of the United States and of the State of Texas.

Signature of Candidate

Subscribed and Sworn to before me this _____ Day of _____, 2019.

Notary Public

To be completed by Town Administrator:

I received this application on _____

Signature of Town Administrator



Loyalty Affidavit

I, _____, of the Town of Lakeside, County of Tarrant, State of Texas, being a candidate for the office of _____, do solemnly swear that I believe in and approve of our present representative form of government and will resist any effort or movement from any source which seeks to subvert or destroy the same or any part thereof, and I will support and defend the Constitution and Laws of the United States and of the State of Texas.

Candidate's Signature

Sworn to and subscribed before me at Lakeside, Texas, this the _____ day of _____
A. D., 2019.

Notary Public

(SEAL)

In and for Lakeside, Texas.

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount \$	
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition		Date Processed
5 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.		\$
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.		\$

7 AFFIDAVIT

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS EXPENDITURES

FORM C/OH-UC
PG 2

8 C/OH NAME	9 Filer ID (Ethics Commission Filers)
--------------------	--

10 Date	11 Payee name	13 Amount (\$)
	12 Payee address; City; State; Zip Code	

14 Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
---------------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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 AFFIDAVIT		
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.		
_____ Signature of Candidate or Officeholder		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
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	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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
 6 Address of person from whom investment is purchased; City; State; Zip Code	
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
 Address of person from whom investment is purchased; City; State; Zip Code	
	Description of investment	
	Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------------	---------------------	--

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
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2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
Acct. #		
Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked
	()	Date Processed
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if known)		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 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>	
	_____	_____
Signature of Candidate		Date Signed
GO TO PAGE 2		

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

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 \$500 in political contributions or make more than \$500 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.

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 <input type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> <i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i>				
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) NICKNAME	FIRST LAST	MI SUFFIX (SR., JR., III, etc.)		
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE ()	PHONE NUMBER	EXTENSION		
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)					
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) NICKNAME	FIRST LAST	MI SUFFIX (SR., JR., III, etc.)		

GO TO PAGE 2

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.

Signature

Date