

**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                        |                                                                                                                         |                                                                                          |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE _____ GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| TO: City Secretary/Secretary of Board _____ (name of election)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                        |                                                                                                                         | <b>INDICATE TERM</b><br><input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                                                              |
| <b>FULL NAME</b> (First, Middle, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                        | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b>                                                               |                                                                                          |                                                              |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                        | <b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.) |                                                                                          |                                                              |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STATE</b> | <b>ZIP</b>                             | <b>CITY</b>                                                                                                             | <b>STATE</b>                                                                             | <b>ZIP</b>                                                   |
| <b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <b>OCCUPATION (Do not leave blank)</b> |                                                                                                                         | <b>DATE OF BIRTH</b><br>/ /                                                              | <b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b> |
| <b>TELEPHONE CONTACT INFORMATION (Optional)</b><br>Home: _____ Office: _____ Cell: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <b>FELONY CONVICTION STATUS (You MUST check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                        | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b>                                             |                                                                                          |                                                              |
| <input type="checkbox"/> I have not been finally convicted of a felony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                        | <b>IN THE STATE OF TEXAS</b>                                                                                            |                                                                                          |                                                              |
| <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                        | <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b>                                           |                                                                                          |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                        | _____ year(s)                                                                                                           |                                                                                          |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                        | _____ month(s)                                                                                                          |                                                                                          |                                                              |
| <b>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <b>Check the Box Below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <input type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| *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 or contain a title, 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. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) _____, who being by me here and now duly sworn, upon oath says:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| "I, (name of candidate) _____, 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 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct. |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <b>SIGNATURE OF CANDIDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| Sworn to and subscribed before me this the _____ day of _____, _____, by _____ (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| Signature of Officer Authorized to Administer Oath <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                        | Printed Name of Officer Authorized to Administer Oath                                                                   |                                                                                          |                                                              |
| Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                        | Notarial or Official Seal                                                                                               |                                                                                          |                                                              |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| This document and \$_____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                        |                                                                                                                         |                                                                                          |                                                              |
| _____/_____/_____<br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | _____/_____/_____<br>Date Accepted     |                                                                                                                         | (See Section 1.007) _____<br>Signature of Filing Officer or Designee                     |                                                              |

## INSTRUCTIONS

An application for a place on the general election for a city, school district or other political subdivision, 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. All fields of the application **must** be completed unless specifically marked optional.

For an election to be held on a uniform election date, the day of the filing deadline is the 78th day before Election Day.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683.

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. When a candidate signs the application, it is an acknowledgment that the candidate is aware 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 the officer, or to any other member of the governing body or court on which the officer 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 an election other than 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.

## FOOTNOTES

<sup>1</sup>An application for a place on the ballot, including any accompanying petition, is public information immediately on its filing. (Section 141.035, Texas Election Code)

<sup>2</sup>Inclusion 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. <https://www.sos.state.tx.us/elections/laws/voter-reg-req-candidate-faq.shtml>

<sup>3</sup>Proof of release from the resulting disabilities of a felony conviction would include proof of judicial clemency under Texas Code of Criminal Procedure 42A.701, proof of executive pardon under Texas Code of Criminal Procedure 48.01, or proof of a restoration of rights under Texas Code of Criminal Procedure 48.05. (Texas Attorney General Opinion KP-0251)

**One of the following documents must be submitted with this application.**

Judicial Clemency under Texas Code of Criminal Procedure 42A.701

Executive Pardon under Texas Code of Criminal Procedure 48.01

Restoration of Rights under Texas Code of Criminal Procedure 48.05

<sup>4</sup>All 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 (for a city office), and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list of persons authorized to administer oaths.

TODA LA INFORMACIÓN ES REQUERIDA A MENOS QUE SE INDIQUE COMO OPCIONAL<sup>1</sup> El hecho de no proporcionar la información requerida puede resultar en el rechazo de la solicitud

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>SOLICITUD DE INSCRIPCIÓN PARA UN LUGAR EN LA BOLETA DE UNA ELECCIÓN GENERAL DE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Para: Secretario(a) de la Ciudad/ Secretario(a) del Consejo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                   |                                                                                                                                               | (nombre de la elección)                                                        |                                                                                                             |
| Solicito que mi nombre se incluya en la boleta oficial mencionada anteriormente como candidato(a) al cargo indicado a continuación.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>CARGO SOLICITADO</b> (Incluya cualquier número de cargo u otro número distintivo, si lo hay.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                   | <b>INDIQUE TÉRMINO</b><br><input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO                               |                                                                                |                                                                                                             |
| <b>NOMBRE COMPLETO</b> (Primer Nombre, Segundo Nombre, Apellido)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                   | <b>ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA BOLETA*</b>                                                                                |                                                                                |                                                                                                             |
| <b>DIRECCIÓN DE RESIDENCIA PERMANENTE</b> (No incluya un apartado postal o una ruta rural. Si usted no tiene una dirección de residencia, describa la ubicación de la residencia.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                   | <b>DIRECCIÓN DE CORREO PÚBLICO (Opcional)</b> (Dirección en la que recibe la correspondencia relacionada con la campaña, si está disponible.) |                                                                                |                                                                                                             |
| <b>CIUDAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ESTADO</b> | <b>CÓDIGO POSTAL</b>                              | <b>CIUDAD</b>                                                                                                                                 | <b>ESTADO</b>                                                                  | <b>CÓDIGO POSTAL</b>                                                                                        |
| <b>DIRECCIÓN DE CORREO ELECTRÓNICO PÚBLICO (Opcional)</b> (Dirección donde recibe correo electrónico relacionado con la campaña, si está disponible.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | <b>Ocupación</b> (No deje este espacio en blanco) | <b>FECHA DE NACIMIENTO</b><br><br>/ /                                                                                                         | <b>VUID – NÚMERO ÚNICO DE IDENTIFICACIÓN DE VOTANTE<sup>2</sup></b> (Opcional) |                                                                                                             |
| <b>INFORMACIÓN DE CONTACTO TELEFÓNICO (Opcional)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Hogar:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | Trabajo:                                          |                                                                                                                                               | Celular:                                                                       |                                                                                                             |
| <b>ESTADO DE CONDENA POR DELITO GRAVE (DEBE marcar una)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                   | <b>DURACIÓN DE RESIDENCIA CONTINUA A PARTIR DE LA FECHA EN QUE ESTA SOLICITUD FUE JURADA</b>                                                  |                                                                                |                                                                                                             |
| <input type="checkbox"/> No he sido finalmente condenado por un delito grave.<br><input type="checkbox"/> He sido finalmente condenado por un delito grave, pero he sido indultado o liberado de otro modo de las discapacidades resultantes de esa condena por delito grave y he proporcionado prueba de este hecho con la presentación de esta solicitud. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                   | <b>EN EL ESTADO DE TEXAS</b><br>____ año(s)<br>____ mes(es)                                                                                   |                                                                                | <b>EN EL TERRITORIO/DISTRITO/PRECINTO DEL CUAL SE ELIGE EL CARGO BUSCADO</b><br>____ año(s)<br>____ mes(es) |
| Esta casilla SÓLO debe ser rellena para los candidatos para la Junta Directiva del Distrito Escolar<br>Marque la casilla a continuación:<br><input type="checkbox"/> Reconozco que no soy elegible para servir como fideicomisario de un distrito escolar independiente si estoy obligado a registrarme como delincuente sexual conforme al Capítulo 62 del Código de Procedimiento Penal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| *Si usa un apodo como parte de su nombre para aparecer en la boleta, también está firmando y jurando las siguientes declaraciones: Juro además que mi apodo no constituye un lema ni contiene un título, ni indica un punto de vista o afiliación política, económica, social o religiosa. He sido comúnmente conocido por este apodo durante al menos tres años antes de esta elección. Por favor, revise las secciones 52.031, 52.032 y 52.033 del Código Electoral de Texas con respecto a las reglas sobre cómo se pueden incluir los nombres en la boleta oficial.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Ante mí, la autoridad abajo firmante, en este día apareció personalmente (nombre del candidato) _____, quien estando a mi lado aquí y ahora debidamente juramentado, bajo juramento dice:<br>"Yo, (nombre del candidato) _____, del condado de _____, Texas, siendo candidato para el cargo de _____, juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy un ciudadano de los Estados Unidos elegible para ocupar dicho cargo según la Constitución y las leyes de este estado. No se me ha determinado por un fallo final de una corte que ejerce la jurisdicción testamentaria que esté totalmente incapacitado mentalmente o parcialmente incapacitado sin derecho a voto. Soy consciente de la ley de nepotismo según el Capítulo 573 del Código de Gobierno. Soy consciente de que debo divulgar cualquier condena previa de un delito grave y, si he sido condenado, debo proporcionar prueba de que he sido indultado o liberado de otro modo de las discapacidades resultantes de dicha condena final por delito grave. Soy consciente de que proporcionar a sabiendas información falsa en la solicitud con respecto a mi posible estado de condena por delito grave constituye un delito menor de Clase B. Juro además que las declaraciones anteriores incluidas en mi solicitud son, en todos los aspectos, verdaderas y correctas." |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>FIRMA DEL CANDIDATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Jurado y suscrito ante mí este día ____ de ____ del ____ por ____.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                   | (año) (nombre de candidato)                                                                                                                   |                                                                                |                                                                                                             |
| Firma del oficial autorizado para administrar el juramento <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   | Nombre del oficial autorizado para administrar juramentos en letra de molde                                                                   |                                                                                |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                   | Notarial o sello oficial                                                                                                                      |                                                                                |                                                                                                             |
| Título del oficial autorizado para administrar el juramento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| This document and \$_____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| _____/_____/_____<br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | _____/_____/_____<br>Date Accepted                |                                                                                                                                               | (See Section 1.007)                                                            |                                                                                                             |
| Signature of Filing Officer or Designee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |

## INSTRUCCIONES

Una solicitud para un lugar en la elección general para una ciudad, distrito escolar u otra subdivisión política, no puede ser presentada antes de los 30 días antes de la fecha límite prescrita por este código para presentar la solicitud. Una solicitud presentada antes de ese día es nula. Todos los campos de la solicitud **deben** completarse a menos que estén específicamente marcados como opcional.

Para una elección que se lleve a cabo en una fecha de elección uniforme, el día de la fecha límite de presentación es el 78º día antes del día de la elección.

Si tiene preguntas sobre la solicitud, por favor póngase en contacto con la División de Elecciones del Secretario de Estado llamando al 800-252-8683.

## LEY DE NEPOTISMO

El candidato debe firmar esta declaración indicando su conocimiento de la ley del nepotismo. Cuando un candidato firma la solicitud, es un reconocimiento de que el candidato conoce la ley del nepotismo. Las prohibiciones de nepotismo del capítulo 573, Código de Gobierno, se resumen a continuación:

Ningún funcionario puede nombrar, votar o confirmar el nombramiento o empleo de cualquier persona emparentada dentro del segundo grado por afinidad (matrimonio) o del tercer grado por consanguinidad (sangre) con sí mismo, o con cualquier otro miembro del órgano de gobierno o corte en el que se desempeña cuando la compensación de esa persona debe pagarse con fondos públicos o honorarios del cargo. Sin embargo, nada en la ley impide el nombramiento, la votación o la confirmación de cualquier persona que haya estado empleada continuamente en la oficina o el empleo durante el período siguiente 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 es elegido en una elección que no sea la elección general para funcionarios estatales y del condado.

Ningún candidato puede tomar medidas para influir en un empleado del cargo al que aspira a ser elegido o en un empleado o funcionario del organismo gubernamental al que aspira a ser elegido en relación con el nombramiento o el empleo de una persona emparentada con el candidato en un grado prohibido, tal como se ha indicado anteriormente. Esta prohibición no se aplica a las acciones de un candidato con respecto a una clase o categoría de buena fe de empleados o empleados prospectos.

## NOTAS

<sup>1</sup>Una solicitud para un lugar en la boleta electoral, incluida cualquier petición que la acompañe, es información pública inmediatamente después de su presentación. (Sección 141.035, Código Electoral de Texas)

<sup>2</sup>La inclusión del número único de identificación de votante (VUID, por sus siglas en Inglés) es opcional. Sin embargo, a muchos candidatos se les exige que estén registrados como votantes en el territorio desde el cual se elige el cargo en el momento de la fecha límite de presentación. Por favor, visite el sitio web de la División de Elecciones de la Secretaría de Estado para obtener información adicional. <https://www.sos.state.tx.us/elections/laws/voter-reg-req-candidate-faq.shtml>

<sup>3</sup>La prueba de liberación de las discapacidades resultantes de una condena por un delito grave incluiría prueba de clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701, prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01, o prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05. (Opinión de Fiscal General de Texas KP-0251)

**Se debe enviar uno de los siguientes documentos con esta solicitud:**

Clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701

Prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01

Prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05

<sup>4</sup>Todos los juramentos, declaraciones juradas o afirmaciones hechas dentro de este estado pueden ser administrados y un certificado del hecho dado por un juez, secretario(a) o comisionado de cualquier corte de registro, un notario público, un juez de paz, secretario municipal (para una oficina de la ciudad) y el Secretario de Estado de Texas. Consulte el Capítulo 602 del Código del Gobierno de Texas para obtener la lista completa de personas autorizadas a administrar juramentos.

# 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

Filer ID #

NICKNAME

LAST

SUFFIX

Date Received

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Date Hand-delivered or Postmarked

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Receipt #

Amount \$

( )

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;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

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.

\_\_\_\_\_  
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 \$1,140 in political contributions or  
make more than \$1,140 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](mailto: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>

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE ☐

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

*If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

NICKNAME

LAST

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.)

FIRST

MI

NICKNAME

LAST

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.

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Signature

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Date