
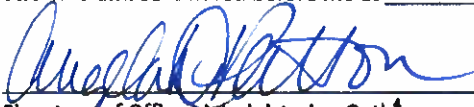

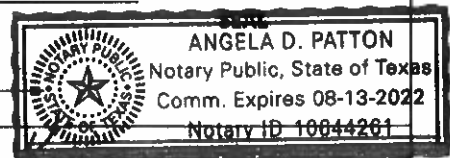


ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>Tarrant Regional Water</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board			District		
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Board of Directors				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Gary Marvin Moates			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ Gary Moates		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) 3128 Spanish Oak Dr.			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) 801 Cherry St., Ste. 2000, Unit #46		
CITY Fort Worth	STATE TX	ZIP 76109	CITY Fort Worth	STATE TX	ZIP 76102
PUBLIC EMAIL ADDRESS (If available) <i>gmoates@deckerjones.com</i>		OCCUPATION (Do not leave blank) Attorney	DATE OF BIRTH 02 / 21 / 1947		VOTER REGISTRATION VOID NUMBER (Optional) ²
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: 817-632-4908 Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³	
		71 year (s)		63 year (s)	
		10 month(s)		10 month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) <u>Gary Marvin Moates</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>Gary Marvin Moates</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Tarrant Regional Water</u> * <u> </u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. *District Board of Directors					
I further swear that the foregoing statements included in my application are in all things true and correct."					
		X			
		SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me at <u>Ft. Worth, TX</u> this the <u>16th</u> day of <u>Jan.</u> , 2019					
		<u>Notary Public</u>			
Signature of Officer Administering Oath ⁴		Title of Officer Administering Oath			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)		<u>1/16/19</u> Date Received		 Signature of Secretary	
Voter Registration Status Verified <input checked="" type="checkbox"/>					





January 2, 2019

RELEASE OF INFORMATION WAIVER

AUTHORIZATION TO RELEASE E-MAIL ADDRESS

ATTENTION CANDIDATE

The Application for a Place on the Tarrant Regional Water District's General Election Ballot contains an area to include an e-mail address. **Please note that completion of the e-mail area is optional.** If you provide an e-mail address on the Application for a Place on the Tarrant Regional Water District's General Election Ballot, the e-mail address may be releasable.

You may authorize the Tarrant Regional Water District to release this e-mail address by signing below. By signing this authorization, you agree that the Tarrant Regional Water District may release the e-mail address provided on your application. In certain circumstances, the Water District may be required to release your e-mail address without obtaining your prior authorization.



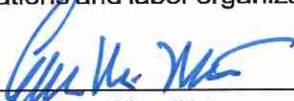
Signature of Candidate



Date

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
	NICKNAME	LAST	SUFFIX
		Mr. Gary M. Moates	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	801 Cherry St., Ste. 2000, Unit #46 Fort Worth, TX 76102		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	632-4908	
5 OFFICE HELD (if any)			
6 OFFICE SOUGHT (if known)	Tarrant Regional Water District Board of Directors		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI NICKNAME LAST SUFFIX
	Mr.	Robert	G. "Bob" West
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8848 Heron Dr. Fort Worth, TX 76108-9727		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	878-0511	
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	<u>1/8/19</u> Date Signed

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

Gary Moates

12 MODIFIED
REPORTING
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**** This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ****

**** The modified reporting option is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

**** Candidates for the office of state chair of a political party
may NOT choose modified reporting. ****

I do not intend to accept more than \$500 in political contributions or
make more than \$500 in political expenditures (excluding filing fees)
in connection with any future election within the election cycle.
I understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or
Fax this form to (512) 463-8808 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/whatsnew/NewFilersGettingStarted.html>