



January 8, 2021

Dear Candidate:

The Tarrant Regional Water District (the Water District) will conduct a general election to elect three (3) persons on the Board of Directors. Each person will serve a four-year term.

The election will be held on Saturday, May 1, 2021. This letter is published to inform potential candidates and the general public on pertinent information and dates applicable to this election. It is very important that you read and become familiar with all of the documents that are discussed below. The following items are of particular importance:

ALL DOCUMENTS REQUIRING A NOTARY SHOULD BE NOTARIZED BEFORE FILING WITH THE WATER DISTRICT.

Application for a Place on the Tarrant Regional Water District's General Election Ballot

The loyalty oath is included on this form. This application must be filed at the Water District no later than 5:00 p.m., Friday, February 12, 2021. The first day of filing is January 13, 2021. To allow time for the application to be reviewed by the Election Officer, candidates are encouraged to submit their application and other documents as soon as practicable.

NOTE: The application contains an area for the inclusion of an E-mail Address. Please be advised that completion of this area is optional and if completed, the e-mail address will become part of the public record and may be releasable. Should you decide to complete this area you may submit a waiver indicating your authorization to release this information. The waiver is included below.

A copy of the "Application for a Place on the Tarrant Regional Water District's General Election Ballot" is included below.

Designation of Campaign Treasurer

This form must be on file prior to collecting or spending any money as a candidate or officeholder. Please note there is an option for modified reporting located on the back of the forms, along with the footnote on the nepotism law. These forms are created by the Texas Ethics Commission and are available for electronic completion. The form must be printed and signed to be officially filed with the Water District.

A copy of the "Designation of Campaign Treasurer" is included below.

Candidate/Officeholder Campaign Finance Report

These reports are to be filed on dates and by the time specified below and on the appropriate forms. You can copy as needed, or ask for additional forms. These forms are available from the Texas Ethics Commission and currently are **NOT** available for electronic completion.

Filing dates for these forms are as follows:

- Thursday, April 1, 2021 (30th day before election), by 5:00 p.m.
- Friday, April 23, 2021 (8th day before election), by 5:00 p.m.
- Thursday, July 15, 2021 (Semiannual report), by 5:00 p.m. This report is required to be filed by all candidates regardless of who is elected to office.

Campaign Finance reports can be filed at TRWD in the following manner:

- Mailed or in-person: 804 East Northside Drive Fort Worth, Texas 76102
- Emailed: elections@trwd.com
- Faxed: 817-877-5137

Campaign expenditure questions should be directed to the Texas Ethics Commission at 1-512-463-5800 or www.ethics.state.tx.us. The Water District's office is the filing repository for these completed documents.

A copy of the "Candidate/Officeholder Campaign Finance Report" is included below.

Election documents are public records and are open for inspection by any person. Questions regarding the Texas Election Code may be directed to the Secretary of State at toll free number 1-800-252-8683, or www.sos.state.tx.us/elections.

Questions, inquiries, or requests for assistance in election matters should be directed to the District Election Officer.



January 6, 2021

CANDIDATE QUALIFICATIONS

Qualifications for election to the Board of Directors for the Tarrant Regional Water District are as follows (Texas Water Code Section 51.072):

- The candidate must be a resident of the State of Texas;
- Own land subject to taxation in the District; and
- Have reached the age of eighteen



January 6, 2021

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

ALL INFORMATION IS **REQUIRED** TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE _____				GENERAL ELECTION BALLOT							
TO: City Secretary/Secretary of Board											
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.											
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)				INDICATE TERM <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED							
FULL NAME (First, Middle, Last)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹								
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)								
CITY	STATE	ZIP	CITY	STATE	ZIP						
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank)		DATE OF BIRTH / /							
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank)		VOTER REGISTRATION VOID NUMBER (Optional) ²							
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="padding: 5px;">IN STATE</th><th style="padding: 5px;">IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³</th></tr></thead><tbody><tr><td style="padding: 5px; text-align: center;">_____ year (s)</td><td style="padding: 5px; text-align: center;">_____ year (s)</td></tr><tr><td style="padding: 5px; text-align: center;">_____ month(s)</td><td style="padding: 5px; text-align: center;">_____ month(s)</td></tr></tbody></table>				IN STATE	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³	_____ year (s)	_____ year (s)	_____ month(s)	_____ month(s)
IN STATE	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³										
_____ year (s)	_____ year (s)										
_____ month(s)	_____ month(s)										
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.											
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct." <div style="text-align: center; margin-top: 20px;">X _____</div> <div style="text-align: right; margin-top: 5px;">SIGNATURE OF CANDIDATE</div>											
Sworn to and subscribed before me at _____, this the _____ day of _____, _____.											
SEAL											
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)											
Voter Registration Status Verified <input type="checkbox"/>		Date Received _____		Signature of Secretary _____							

INSTRUCTIONS

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

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

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. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

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

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

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

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

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

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

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

FOOTNOTES

¹For rules concerning the form of a candidate's name or nickname on the ballot, see Subchapter B, Chapter 52 of the Texas Election Code.

²Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

³This refers to the length of residence inside the district or territory from which the office is elected. For example, length of residence in a school district, for a school trustee office elected at large. This field **MUST BE COMPLETED**.

⁴All 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.

DEBE PROPORCIONARSE LA INFORMACIÓN REQUERIDA A MENOS QUE SE INDIQUE QUE ES OPCIONAL

SOLICITUD PARA FIGURAR EN LA BOLETA DE _____ ELECCIÓN GENERAL					
A: Secretario(a) de la Ciudad/ Secretario del Consejo					
Solicito que mi nombre figure en la boleta oficial indicada más arriba como candidato/a al cargo a continuación.					
PUESTO OFICIAL SOLICITADO (Incluya cualquier número de cargo u otro número distintivo, si el cargo lo tiene.)				INDIQUE TÉRMINO <input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO	
NOMBRE COMPLETO (Primer nombre, segundo nombre, apellido)			ESCRIBA SU NOMBRE COMO DESEA QUE FIGURE EN LA BOLETA ¹		
DIRECCIÓN RESIDENCIAL PERMANENTE (No incluya una casilla postal o una ruta rural. Si usted no tiene una dirección residencial, describa el lugar en que recibe correspondencia personal y la ubicación de su residencia.)			DIRECCIÓN POSTAL PÚBLICA (Dirección en la que recibirá correspondencia relacionada a su campaña, si es disponible.)		
CIUDAD	ESTADO	CÓDIGO POSTAL	CIUDAD	ESTADO	CÓDIGO POSTAL
CORREO ELECTRÓNICO PÚBLICO (Si está disponible.)		EMPLEO (No deje este espacio en blanco.)		FECHA DE NACIMIENTO / /	VID – NÚMERO UNICO DE IDENTIFICACION DE VOTANTE (Opcional) ²
INFORMACIÓN DE CONTACTO (Opcional) Tel. residencial: Tel. laboral: Tel. celular:		DURACIÓN DE RESIDENCIA CONTINUA AL MOMENTO DE JURAMENTAR ESTA SOLICITUD			
		EN EL ESTADO ____ año(s) ____ mes(es)		EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A ³ ____ año(s) ____ mes(es)	
En caso de usar un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Asimismo, juro que mi apodo no constituye un lema político ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. Se me ha conocido por este apodo durante al menos tres años antes de esta elección.					
Ante mí, la autoridad suscrita, compareció (nombre) _____, quien frente a mí y bajo juramento debido, declara: "Yo, (nombre) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, juro solemnemente que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No se me ha condenado por un delito mayor por el cual no haya sido absuelto o por el cual no se me hayan restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No existe un fallo final de un tribunal testamentario que me declare total o parcialmente incapacitado mentalmente sin derecho a votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno. Además, juro que las declaraciones anteriores que incluyo en mi solicitud son verdaderas y correctas". <div style="text-align: center;">X _____ FIRMA DEL CANDIDATO</div>					
Jurado y suscrito ante mí en _____, este día ____ de _____, _____.					SELLO
Firma del oficial que administra el juramento ⁴ _____			Título del oficial que administra el juramento _____		
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:					
(See Section 1.007)					
Voter Registration Status Verified <input type="checkbox"/>		Date Received _____		Signature of Secretary _____	

INSTRUCCIONES

La solicitud para que el nombre de un candidato figure en la boleta para cualquier elección general no deberá registrarse antes de los treinta (30) días previos a la fecha límite para registrar la solicitud, según lo prescribe este código. Cualquier solicitud registrada antes de esa fecha se declarará inválida. Todos los campos **deben ser completados** a menos que se indique específicamente marcados como opcional.

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

Si tiene alguna pregunta sobre la solicitud, por favor póngase en contacto con la división de elecciones del Secretario de Estado al 800-252-8683.

LEY SOBRE EL NEPOTISMO

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

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

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

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

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

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

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

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

NOTAS

¹Para reglas sobre la forma del nombre de un candidato o apodo en la boleta electoral, vea el subcapítulo B, Capítulo 52 del Código Electoral de Texas.

²La inclusión del número único de identificación de votante (VUID, por sus siglas en Ingles) es opcional. Sin embargo, para muchos candidatos, es un requisito estar registrados como votantes en el territorio por el cual serían electos a partir de la fecha límite de la solicitud. Puede encontrar información adicional sobre el requisito de registro de votante en nuestra página: <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

³Esto se refiere a la duración de la residencia dentro del distrito o territorio de que se elige la oficina. Por ejemplo, la duración de residencia en un distrito escolar, para una oficina del consejero escolar elegida en general. Este campo **DEBE SER COMPLETADO**.

⁴Los juramentos, las declaraciones juradas o las afirmaciones que se efectúen dentro de este Estado podrán ser administradas por un juez, escribano o comisionado de alguna corte de registro, por un notario público, un juez de paz, un secretario de la ciudad o el Secretario de Estado de Texas, quienes cuentan con la capacidad de proporcionar un certificado del hecho.

TẤT CẢ THÔNG TIN ĐƯỢC YÊU CẦU CUNG CẤP TRỪ KHI NÊU RÕ LÀ TÙY CHỌN

ĐƠN XIN GHI DANH ỨNG CỬ TRONG				PHIẾU BẦU TỔNG TUYỂN CỬ	
KÍNH GỬI: Thư Kỳ Thành Phố/Thư Kỳ Hội Đồng					
Tôi yêu cầu được ghi tên trong phiếu bầu chính thức nói trên với tư cách là một ứng cử viên cho chức vụ được nêu dưới đây.					
CHỨC VỤ ỨNG CỬ (Bao gồm bất kỳ số thứ tự đăng ký hay số nào khác, nếu có).				<div><input checked="" type="checkbox"/> GHI NHIỆM KỲ</div> <div><input type="checkbox"/> TRỌN NHIỆM KỲ</div> <div>VÔ HẠN ĐỊNH</div>	
HỌ TÊN (Tên, Tên Lót, Họ)			VIẾT IN TÊN MÀ QUÝ VỊ MUỐN XUẤT HIỆN TRÊN PHIẾU BẦU ¹		
ĐỊA CHỈ THƯỜNG TRÚ (Không bao gồm Hộp Thư hoặc Cột Mốc Giao Thông. Nếu quý vị không có địa chỉ cư trú, hãy mô tả địa chỉ mà quý vị nhận thư cá nhân và địa điểm đang cư trú.)			ĐỊA CHỈ GỬI THƯ CHO CÔNG CHÚNG (Địa chỉ gửi thư vận động tranh cử, nếu có.)		
THÀNH PHỐ	TIỂU BANG	MÃ VÙNG	THÀNH PHỐ	TIỂU BANG	MÃ VÙNG
ĐỊA CHỈ EMAIL CHO CÔNG CHÚNG (Nếu có)		NGHỀ NGHIỆP (Không để trống)		NGÀY SINH	SỐ VUID ĐĂNG KÝ CỬ TRI (Tùy chọn) ²
THÔNG TIN LIÊN HỆ BẰNG ĐIỆN THOẠI (Tùy chọn) Nhà: Nơi làm		KHOẢNG THỜI GIAN CƯ TRÚ LIÊN TỤC KỂ TỪ NGÀY NỘP ĐƠN CÓ TUYỂN THỆ			
		TẠI TIỂU BANG		TẠI LÃNH THỔ NƠI CHỨC VỤ ỨNG CỬ ĐƯỢC BẦU ³	
		_____ năm tháng		_____ năm tháng	
Nếu sử dụng một biệt danh trong phần tên quý vị được ghi trên phiếu bầu, quý vị cũng phải ký tên và tuyên thệ như sau: Tôi cũng tuyên thệ rằng biệt danh của tôi không cấu thành một khẩu hiệu cũng như không thể hiện một quan điểm hoặc mối liên kết về chính trị, kinh tế, xã hội hay tôn giáo nào. Tôi thường được gọi bằng biệt danh này ít nhất ba năm trước kỳ bầu cử này.					
<p>Trước mặt tôi, người có thẩm quyền ký tên dưới đây, vào ngày này, đã xuất hiện trực tiếp (tên) _____, đang ở cạnh tôi đây và hiện đã tuyên thệ hợp lệ, rằng:</p> <p>“Tôi, (tên) _____, ở Quận _____, Texas, là một ứng cử viên chức vụ _____, tuyên thệ rằng tôi sẽ ủng hộ và bảo vệ Hiến Pháp và luật pháp Hoa Kỳ và Tiểu Bang Texas. Tôi là một công dân Hoa Kỳ hội đủ điều kiện để nắm giữ chức vụ đó theo hiến pháp và luật pháp của tiểu bang này. Tôi đã không bị kết án trọng tội nào chưa được tha hoặc toàn bộ quyền công dân nào chưa được phục hồi vì vụ kiện chính thức nào khác. Tôi đã không bị một phán quyết chung thẩm của tòa án thi hành thẩm quyền về thủ tục chứng thực di chúc nào xác định là mất toàn bộ hoặc một phần năng lực về tinh thần để không được quyền bầu cử. Tôi hiểu biết luật chống tệ nạn gia đình trị, Chương 573, Bộ Luật Chính Phủ.</p> <p>Tôi cũng tuyên thệ rằng các tuyên bố nói trên được bao gồm trong đơn xin của tôi là tất cả nội dung đều trung thực và chính xác.”</p> <div><div>X</div><div>CHỮ KÝ CỦA ỨNG CỬ VIÊN</div></div>					
Đã tuyên thệ và ký tên trước mặt tôi tại _____, vào ngày _____ này của _____.					
Chữ Ký Của Viên Chức Phụ Trách Tuyên Thệ ⁴			ĐÓNG DẤU		
Chức Vụ Của Viên Chức Phụ Trách Tuyên Thệ					

ĐƯỢC HOÀN TẤT BỞI THƯ KÝ THÀNH PHỐ HOẶC THƯ KÝ HỘI ĐỒNG:

(Xem Mục 1.007)

Ngày Nhận

Chữ Ký Của Thư Ký

Đăng Ký Cử Tri Được Xác Minh

HƯỚNG DẪN

Chỉ có thể nộp đơn xin có ghi tên ứng cử viên trên phiếu bầu đối với bất kỳ cuộc tổng tuyển cử nào trong vòng 30 ngày trước hạn chót theo quy định của bộ luật này. Đơn xin được nộp trước ngày này sẽ bị vô hiệu. Tất cả các mục **phải** điền đầy đủ, trừ khi được đánh dấu tùy chọn cụ thể.

Hạn chót nộp hồ sơ tổng tuyển cử là 5:00 chiều vào ngày thứ 78 trước ngày bầu cử cho bất kỳ ngày bầu cử thống nhất nào.

Nếu quý vị có bất kỳ thắc mắc nào về đơn xin, vui lòng liên hệ với Thư Ký Bộ Phận Bầu Cử Tiểu Bang theo số 800-252-8683.

LUẬT CHỐNG TỆ NẠN GIA ĐÌNH TRỊ

Ứng cử viên phải ký vào phần tuyên bố này cho biết mình hiểu biết về luật chống tệ nạn gia đình trị này. Các điều khoản nghiêm cấm tệ nạn gia đình trị của chương 573, Bộ Luật Chính Phủ, được tóm tắt dưới đây:

Không viên chức nào được phép chỉ định, hay bầu chọn hoặc xác nhận việc chỉ định hay thuê mướn bất kỳ người nào có quan hệ thân thiết thuộc hàng thứ hai (hôn nhân) hoặc quan hệ huyết thống thuộc hàng thứ ba (ruột thịt) với bản thân ứng cử viên, hay bất kỳ thành viên nào khác thuộc cơ quan chính phủ hoặc tòa án mà ứng cử viên đang phục vụ khi lương của họ được chi trả bằng công quỹ hoặc lệ phí chức vụ. Tuy nhiên, các quy định của luật pháp không ngăn trở việc chỉ định, bầu chọn hoặc xác nhận đối với bất kỳ người nào vẫn đang được thuê làm việc liên tục trong chức vụ hay đang làm việc trong thời hạn sau đây trước cuộc bầu cử hoặc sự chỉ định của viên chức hoặc thành viên liên quan đến nhân viên đó ở mức độ thân tộc bị cấm: sáu tháng, nếu viên chức hoặc thành viên được bầu tại cuộc tổng tuyển cử cho các viên chức tiểu bang hoặc quận.

Ứng cử viên không được có hành động gây ảnh hưởng đến một nhân viên giữ chức vụ mà ứng cử viên này đang tranh cử hoặc một nhân viên hay viên chức cơ quan chính phủ mà ứng cử viên này đang tranh cử để được chỉ định hoặc làm việc với một người liên quan đến ứng cử viên ở mức độ thân tộc bị cấm như được nêu trên. Việc ngăn cấm này không áp dụng cho các hành động của một ứng cử viên liên quan đến hạng hay loại nhân viên chính thức hoặc tiềm năng.

Các ví dụ về thân nhân có quan hệ huyết thống thuộc hàng thứ ba như sau:

- (1) Hàng thứ nhất: cha mẹ, con cái;
- (2) Hàng thứ hai: anh chị em ruột, ông bà nội/ngoại, cháu nội/ngoại;
- (3) Hàng thứ ba: ông bà cố, cháu cố, chú bác, cô dì, cháu trai, cháu gái.

Bao gồm những người thân ruột thịt, cha mẹ kế và con kế, cha mẹ nuôi và con nuôi. Các ví dụ về thân nhân có quan hệ hôn nhân thuộc hàng thứ hai như sau:

- (1) Hàng thứ nhất: vợ/chồng, cha mẹ của vợ/chồng, con rể, con dâu;
- (2) Hàng thứ hai: anh/em rể, chị/em dâu, anh/em của vợ/chồng, chị/em của vợ/chồng, ông/bà của vợ/chồng.

Những người có quan hệ thân thiết (hôn nhân) bao gồm vợ/chồng của người thân có quan hệ huyết thống, và, nếu đã kết hôn, vợ/chồng và người thân của vợ/chồng đó có quan hệ huyết thống. Các ví dụ này không được bao gồm tất cả.

GHI CHÚ

¹Đối với các quy tắc liên quan đến hình thức tên hoặc biệt danh của một ứng cử viên trên phiếu bầu, xem Phụ Chương B, Chương 52 của Bộ Luật Bầu Cử Texas.

²Việc bao gồm VUID của một ứng cử viên là tùy chọn. Tuy nhiên, nhiều ứng cử viên được yêu cầu phải là cử tri đã đăng ký thuộc lãnh thổ nơi chức vụ được bầu vào thời điểm hết hạn nộp hồ sơ. Vui lòng truy cập vào Bộ Phận Bầu Cử trên trang web của Thư Ký Tiểu Bang để biết thêm thông tin. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

³Mục này nói về khoảng thời gian cư trú trong quận hoặc lãnh thổ nơi có chức vụ được bầu. Ví dụ: khoảng thời gian cư trú trong một khu học chánh, cho một chức vụ ủy viên quản trị học khu được bầu nói chung. Mục này **PHẢI ĐIỀN ĐẦY ĐỦ**.

⁴Tất cả các tuyên thệ, bản khai có tuyên thệ hoặc giấy xác nhận được lập trong phạm vi Tiểu Bang này có thể được thực hiện và một chứng nhận về sự việc được cấp bởi một thẩm phán, lục sự hoặc ủy viên của bất kỳ tòa lục sự nào, công chứng viên, thẩm phán hòa giải, thư ký thành phố (cho chức vụ thuộc thành phố) và Thư Ký Tiểu Bang Texas.

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		
	Filer ID #		
	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
	()		
5 OFFICE HELD (if any)			Receipt # Amount \$
			Date Processed
6 OFFICE SOUGHT (if known)			Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI NICKNAME LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	()		
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p>_____ Signature of Candidate</p> <p>_____ Date Signed</p>		

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

12 MODIFIED
REPORTING
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

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

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

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

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

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

Signature of Candidate

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

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>

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

()

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

/

/

THROUGH

Month Day Year

/

/

11 ELECTION

ELECTION DATE

Month Day Year

/

/

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender
a financial
Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

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

☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender
a financial
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

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

☐

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

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

7 Amount (\$)	8 Payee address; City; State; Zip Code
---------------	--

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

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

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

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

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
---------------------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
---------------------------------------	--	--

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

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

PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐ Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

B. ASSETS

Check only one:

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder