

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 / /	VOTER REGISTRATION VOID NUMBER (Optional) ²
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE _____ year (s) _____ month(s)		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ _____ year (s) _____ month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct."					
X _____ SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me at _____, this the _____ day of _____, _____.					
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)		Date Received _____		Signature of Secretary _____	
Voter Registration Status Verified <input type="checkbox"/>					

INSTRUCTIONS

An application to have the name of a candidate placed on the ballot for any general election may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. 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 BOLETA¹		
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/A³ ____ año(s) ____ mes(es)	
En caso de usar un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Asimismo, juro que mi apodo no constituye un lema político ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. Se me ha conocido por este apodo durante al menos tres años antes de esta elección.					
Ante mí, la autoridad suscrita, compareció (nombre) _____, quien frente a mí y bajo juramento debido, declara: “Yo, (nombre) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, juro solemnemente que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No se me ha condenado por un delito mayor por el cual no haya sido absuelto o por el cual no se me hayan restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No existe un fallo final de un tribunal testamentario que me declare total o parcialmente incapacitado mentalmente sin derecho a votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno. Además, juro que las declaraciones anteriores que incluyo en mi solicitud son verdaderas y correctas”.					
X _____			FIRMA DEL CANDIDATO		
Jurado y suscrito ante mí en _____, este día ____ de _____, _____.					
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 Inglés) es opcional. Sin embargo, para muchos candidatos, es un requisito estar registrados como votantes en el territorio por el cual serían electos a partir de la fecha límite de la solicitud. Puede encontrar información adicional sobre el requisito de registro de votante en nuestra página: <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

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.

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

DECLARATION OF WRITE-IN CANDIDACY FOR _____ (City, School or Other Political Subdivision)					
TO: Filing Officer					
I declare that I am a write-in candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)				INDICATE TERM <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE LIST OF DECLARED WRITE-IN CANDIDATES ¹		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)			PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence.)		
CITY	STATE	ZIP	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank)	DATE OF BIRTH / /	VOTER REGISTRATION VOID NUMBER ² (Optional)	
CONTACT INFORMATION (Optional) Home: Work: Cell:		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³	
		_____ year(s) _____ month(s)		_____ year(s) _____ month(s)	
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.					
Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I further swear that the foregoing statements included in my application are in all things true and correct."					
					
SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me at _____, this the _____ day of _____, _____.					
Signature of Officer Administering Oath ⁴				SEAL	
Title of Officer Administering Oath					
TO BE COMPLETED BY FILING OFFICER:					
(See Section 1.007)					
Voter Registration Status Verified <input type="checkbox"/>		Date Received _____		Signature of Filing Officer _____	

INSTRUCTIONS

The declaration of write-in candidacy is filed with the City Secretary, Secretary of Board of Trustees, or Secretary of Board of Directors.

The declaration must be received by the filing officer not later than the 74th day before election day. TEX. ELEC. CODE §§ 144.006, 146.054.

Mailing without a delivery by the deadline is not sufficient. The declaration may not be filed earlier than 30 days before the deadline for filing the application. A declaration filed before that day is void.

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 declared list of write-in candidates, 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

DECLARACIÓN DE CANDIDATURA POR INSERCIÓN ESCRITA PARA UN PUESTO OFICIAL DE LA CIUDAD, ESCUELA U OTRA SUBDIVISIÓN POLÍTICA											
A: Oficial de Presentación											
Por la presente declaro que soy un candidato por inserción escrita para el puesto oficial indicado abajo.											
CARGO 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, y Apellido)			ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA LISTA DE CANDIDATOS DECLARADOS PARA INSERCIÓN ESCRITA¹								
DIRECCIÓN RESIDENCIAL PERMANENTE (No incluya una casilla postal o una ruta rural. Si usted no tiene una dirección residencial, describa la ubicación de su residencia.)			DIRECCIÓN POSTAL PÚBLICA (Dirección a la que recibirá correspondencia relacionada a su campaña)								
CIUDAD	ESTADO	CÓDIGO POSTAL	CIUDAD	ESTADO	CÓDIGO POSTAL						
CORREO ELECTRÓNICO PÚBLICO (Si está disponible)		OCUPACIÓN (No deje este espacio en blanco)		FECHA DE NACIMIENTO / /	VID – NÚMERO ÚNICO DE IDENTIFICACION DE VOTANTE² (Opcional)						
INFORMACIÓN DE CONTACTO (Opcional) Tel. de Domicilio: Tel. de Oficina: Tel. Celular:			DURACIÓN DE RESIDENCIA CONTINUA BAJO JURAMENTO <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">EN EL ESTADO</td> <td style="padding: 5px; text-align: center;">EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A³</td> </tr> <tr> <td style="padding: 5px; text-align: center;">____ año(s)</td> <td style="padding: 5px; text-align: center;">____ año(s)</td> </tr> <tr> <td style="padding: 5px; text-align: center;">____ mes(es)</td> <td style="padding: 5px; text-align: center;">____ mes(es)</td> </tr> </table>			EN EL ESTADO	EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A³	____ año(s)	____ año(s)	____ mes(es)	____ mes(es)
EN EL ESTADO	EN EL TERRITORIO POR EL CUAL SERIA ELECTO/A³										
____ año(s)	____ año(s)										
____ mes(es)	____ mes(es)										
Si usted incluye un apodo como parte de su nombre en la boleta, usted también firma y jura lo siguiente: Yo también juro que mi apodo no constituye un lema ni tampoco es una indicación de mis creencias o afiliaciones políticas, económicas, sociales o religiosas. He sido conocido comúnmente por este apodo por más de tres años antes de esta elección.											
Ante mí, la autoridad suscrita, apareció en persona (nombre) _____, quien habiendo aquí y ahora prestado juramento debido, bajo juramento dice:											
“Yo, (nombre) _____, del condado de _____, Texas, siendo candidato para el cargo oficial de _____, solemnemente juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal cargo oficial bajo la Constitución y las leyes de este Estado. No he sido finalmente condenado por una felonía por la cual no he sido perdonado o por la cual no se me han restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. No se me ha determinado por un juicio final de una jurisdicción testamentaria tribunal que juzga, ser totalmente incapacitado mentalmente o parcialmente incapacitado sin el derecho de votar. Yo tengo conocimiento de la ley sobre el nepotismo según el Capítulo 573 del Código de Gobierno.											
Además juro que las anteriores declaraciones que incluyo en mi solicitud son verdaderas y correctas en todo sentido.”											
X _____ FIRMA DEL CANDIDATO											
Jurado y suscrito ante mí en _____, este día ____ de _____, _____.											
Firma del oficial administrando el juramento ⁴ _____				SELLO							
Título del oficial administrando el juramento _____											
TO BE COMPLETED BY SECRETARY OF STATE/COUNTY JUDGE: This document and \$ _____ filing fee or a nominating petition of _____ is pages received.											
(See Section 1.007)											
Voter Registration Status Verified <input type="checkbox"/>		_____		_____							
		Date Received		Signature of Authority							

INSTRUCCIONES

La declaración de un candidato para recibir votos por inserción escrita se registra con el Secretario de la Ciudad, Secretario del Consejo de Administración, o el Secretario de la Junta Directiva.

La declaración debe ser recibida por el oficial encargado a más tardar el 74 día antes de la elección. Sec. §144.006 y 146.054 del Cód. Elec. de Tex.

El envío sin entrega antes de la fecha límite no es suficiente. La declaración no podrá ser presentada antes de 30 días antes de la fecha límite para presentar la solicitud. Una declaración presentada antes de ese día es nula.

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

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

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

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

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

Los siguientes incluyen parientes de linaje (sangre), medios hermanos, y adopción legal. Los ejemplos de parientes dentro del segundo grado de afinidad son los siguientes:

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

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

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.



TEXAS ETHICS COMMISSION
2021 FILING SCHEDULE FOR REPORTS DUE IN CONNECTION WITH
ELECTIONS HELD ON UNIFORM ELECTION DATES

This is a filing schedule for reports to be filed in connection with elections held on uniform election dates in May and November. Examples of elections held on uniform election dates are elections for school board positions and city offices. The uniform election dates in 2021 are May 1 and November 2.

Candidates and officeholders must file semiannual reports (due on January 15, 2021, and July 15, 2021). In addition, a candidate who has an opponent on the ballot in an election held on a uniform election date must file two pre-election reports (unless the candidate has elected modified reporting).

The campaign treasurer of a political committee that is involved in an election held on a uniform election date must also file pre-election reports (unless the committee is a general-purpose political committee that files monthly or a specific-purpose political committee that files on the modified reporting schedule). This schedule sets out the due dates for pre-election reports in connection with elections on uniform election dates. Please consult the 2021 REGULAR FILING SCHEDULE FOR GENERAL-PURPOSE POLITICAL COMMITTEES (GPAC), COUNTY EXECUTIVE COMMITTEES (CEC), AND SPECIFIC-PURPOSE POLITICAL COMMITTEES (SPAC) for a complete listing of political committee deadlines.

Candidates for and officeholders in local offices regularly filled at the general election for state and county officers (the November election in even-numbered years) should use the 2021 FILING SCHEDULE FOR CANDIDATES AND OFFICEHOLDERS FILING WITH THE COUNTY CLERK OR ELECTIONS ADMINISTRATOR.

EXPLANATION OF THE FILING SCHEDULE CHART

COLUMN I: REPORT DUE DATE - This is the date by which the report must be filed. If the due date for a report falls on a Saturday, Sunday, or legal holiday, the report is due on the next regular business day. This schedule shows the extended deadline where applicable. A report transmitted to the Texas Ethics Commission over the Internet is considered timely filed if it is transmitted *by midnight, Central Time Zone, on the night of the filing deadline*. For most filing deadlines, a report filed on paper is considered timely filed if it is deposited with the U.S. Post Office or a common or contract carrier properly addressed with postage and handling charges prepaid, or hand-delivered to the filing authority by the filing deadline. **Pre-Election Reports:** A report due 30 days before an election and a report due 8 days before an election must be *received* by the appropriate filing authority no later than the report due date to be considered timely filed.

COLUMN II: TYPE OF REPORT (WHO FILES) - This column gives the report type and explains which reporting form to use and which filers are required to file the report.

COLUMN III: BEGINNING DATE OF PERIOD COVERED - This column sets out the beginning date of the time period covered by the report. Use the latest one of the applicable dates. The "date of campaign treasurer appointment" is the beginning date only for the *first* report filed after filing a campaign treasurer appointment. For officeholders recently appointed to an elective office, the beginning date for the first report will be the date the officeholder took office, provided that he or she was not already filing as an officeholder or candidate at the time of the appointment. (*NOTE: If you are ever confused about the beginning date for a required report, remember this rule: **There should never be gaps between reporting periods and, generally, there should not be overlaps.***)

COLUMN IV: ENDING DATE OF PERIOD COVERED - This column sets out the ending date of the time period covered by the report. The report must include reportable activity occurring on the ending date.

Please consult the CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH LOCAL FILING AUTHORITIES or the CAMPAIGN FINANCE GUIDE FOR POLITICAL COMMITTEES for further information.

<u>COLUMN I</u> DUE DATE	<u>COLUMN II</u> TYPE OF REPORT (WHO FILES)	<u>COLUMN III</u> BEGINNING DATE OF PERIOD COVERED	<u>COLUMN IV</u> ENDING DATE OF PERIOD COVERED
-------------------------------------------	------------------------------------------------------------------	-------------------------------------------------------------------------	-------------------------------------------------------------------------

REPORTS DUE BEFORE THE NOVEMBER 2, 2021, UNIFORM ELECTION

<p>Monday, October 4, 2021</p> <p><i>Deadline is extended because of weekend.</i></p> <p>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than October 4, 2021.</p>	<p>30th day before the November 2, 2021, uniform election</p> <p>[FORM C/OH] (all local candidates who have an opponent on the ballot in the November 2 election and who do not file on the modified reporting schedule)</p> <p>[FORM GPAC] (all GPACs that are involved with the November 2 election)</p> <p>[FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that supported or opposed an opposed candidate or a measure in the November 2 election)</p>	<p>July 1, 2021, <i>or</i></p> <p>the date of campaign treasurer appointment, <i>or</i></p> <p>the day after the date the last report ended.</p>	<p>September 23, 2021</p>
<p>Monday, October 25, 2021</p> <p>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than October 25, 2021.</p>	<p>8th day before the November 2, 2021, uniform election</p> <p>[FORM C/OH] (all local candidates who have an opponent on the ballot in the November 2 election and who do not file on the modified reporting schedule)</p> <p>[FORM GPAC] (all GPACs that filed a “30th Day Before Election Report” or that are involved with the November 2 election)</p> <p>[FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that filed a “30th Day Before Election Report” or that supported or opposed an opposed candidate or a measure in the November 2 election)</p>	<p>September 24, 2021, <i>or</i></p> <p>the date of campaign treasurer appointment, <i>or</i></p> <p>the day after the date the last report ended.</p>	<p>October 23, 2021</p> <p>NOTE: Daily pre-election reports of contributions accepted and direct campaign expenditures made after October 23, 2021, may be required. Please consult the Campaign Finance Guide for further information.</p>

NOTE: A political committee must file pre-election reports if the committee is involved with the election during each pre-election reporting period. **A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period.** The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule.

<u>COLUMN I</u> DUE DATE	<u>COLUMN II</u> TYPE OF REPORT (WHO FILES)	<u>COLUMN III</u> BEGINNING DATE OF PERIOD COVERED	<u>COLUMN IV</u> ENDING DATE OF PERIOD COVERED
<p>Tuesday, January 18, 2022</p> <p><i>Deadline is extended because of weekend and holiday.</i></p>	<p>January semiannual</p> <p>[FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$930 in contributions or expenditures for the reporting period)</p> <p>[FORM GPAC] (all GPACs)</p> <p>[FORM SPAC] (all SPACs)</p>	<p>July 1, 2021, <i>or</i></p> <p>the date of campaign treasurer appointment, <i>or</i></p> <p>the day after the date the last report ended.</p>	<p>December 31, 2021</p>
<p>Tuesday, January 18, 2022</p> <p><i>Deadline is extended because of weekend and holiday.</i></p>	<p>Annual report of unexpended contributions</p> <p>[FORM C/OH-UC] (former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)</p>	<p>January 1, 2021, <i>or</i></p> <p>the day after the date the final report was filed.</p>	<p>December 31, 2021</p>

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
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	Date Received		
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	()		
5 OFFICE HELD (if any)			Receipt #
			Amount \$
6 OFFICE SOUGHT (if known)			Date Processed
			Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI NICKNAME LAST SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	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 \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

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

Signature of Candidate

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 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>

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	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 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 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____		
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	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 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

If the requested information is not applicable, **DO NOT** include this page in the report.

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#: _____)	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, **DO NOT** include this page in the report.

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

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT include this page in the report.**

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 <input type="checkbox"/> 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 <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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

If the requested information is not applicable, **DO NOT** include this page in the report.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

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

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT** include this page in the report.

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 (\$)	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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

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

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

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

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