

# Candidate Packet



**Office of the City Secretary**

**May 2, 2026**

**GENERAL ELECTION**



January 5, 2026

Dear Candidate:

Thank you for your interest in becoming a candidate for the upcoming General Election for the City of Dickinson. As a courtesy, the City has prepared a packet of information that it hopes will benefit you. Also, while not required, please refer to the Texas Secretary of State's election section at <https://www.sos.state.tx.us/index.shtml> and the Texas Ethics Commission at <https://www.ethics.state.tx.us/> for more comprehensive information.

The attached material is the following information and forms for the 2026 General Election in the City of Dickinson:

- Application to Place Name on City Officers' Election Ballot and Instructions (bilingual) . The loyalty oath is included on this form, and it is to be filed in the City Secretary's office.
- Appointment of a Campaign Treasurer by a Candidate (Form CTA).  
Form CTA-Instruction Guide at [https://www.ethics.state.tx.us/data/forms/coh/CTA\\_ins.pdf](https://www.ethics.state.tx.us/data/forms/coh/CTA_ins.pdf)  
(If you have not already done so, this form is to be filed in the City Secretary's office at the same time as the preceding Application to Place Name on City Officers' Election Ballot and Instructions).
- Candidate/Officeholder Campaign Finance Report (Form C/OH) with schedules.
- Candidate/Officeholder Report: Final Report (Form C/OH - FR).
- Texas Ethics Commission Filing dates
- Code of Fair Campaign Practices (Form CFCP).  
Chapter 258, Election Code Fair Campaign Practices Act by the Texas Ethics Commission. Please log on to <Http://www.ethics.state.tx.us/statutes/ch258.htm> to view information.
- Local Government Officer Conflicts Disclosure Statement (Form CIS).
- Certificate of Withdrawal (Form AW3-16) by the Secretary of State; Section 145.001, Texas Election Code.
- Candidate Authorization Form to Release E-Mail Address

The *Texas Election Code and Rules* (Title 15) by the Texas Ethics Commission is important and pertains to *Regulating Political Funds and Campaigns*. This information pertains to the filing requirements of campaign expenditure reports. Please read carefully.

- Please log on to <https://statutes.capitol.texas.gov/Docs/EL/htm/EL.255.htm> to view information.

The Application for a Place on the Ballot must be completed, signed, notarized, and filed during the filing period that is specified by state law. For this election, **the first day to file for a place on the ballot is Wednesday, January 14, 2026 and the last day to file is Friday, February 13, 2026 at 5:00 p.m.** Please note that each application must be carefully reviewed to determine whether the application complies with the Election Code requirements as to content. Any defective applications will be rejected, and a new application must be submitted in its place. Because state law prohibits the acceptance of late applications, I strongly encourage you to file your Application for a Place on the Ballot as soon as practicable to allow sufficient time for this review.

It is the duty of the candidate to become familiar with the laws applicable to campaigns for office. The candidates may request the City Secretary to advise them when reports are due. Still, the duty of the City Secretary is limited to accepting and filing the various applications, affidavits, and statements and noting the date and time of filing thereon. The City Secretary is not required to judge or comment upon the timeliness, accuracy, or sufficiency of reports filed. The City Secretary does not verify residency, investigate residential claims, or audit financials. Contact the Texas Secretary of State for information on handling claims associated with any of these items. Also, please remember these documents are public records and open for inspection by anyone. We hope this information is informative and beneficial. If you have further questions, please do not hesitate to contact this office.

Again, thank you for your interest.



Claude Allen Oliver

City Secretary

Dickinson City Hall

4403 Hwy 3

Dickinson, TX 77539

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

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

<b>APPLICATION FOR A PLACE ON THE _____ GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board _____ (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
<b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)				<b>INDICATE TERM</b> <input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
<b>FULL NAME</b> (First, Middle, Last)			<b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b>		
<b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)			<b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)		<b>OCCUPATION (Do not leave blank)</b>	<b>DATE OF BIRTH</b> / /	<b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b>	
<b>TELEPHONE CONTACT INFORMATION (Optional)</b> Home: _____ Office: _____ Cell: _____					
<b>FELONY CONVICTION STATUS (You MUST check one)</b>		<b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b>			
<input type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>		<b>IN THE STATE OF TEXAS</b> _____ year(s) _____ month(s)		<b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b> _____ year(s) _____ month(s)	
<b>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</b>					
<b>Check the Box Below:</b> <input type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) _____, who being by me here and now duly sworn, upon oath says: "I, (name of candidate) _____, of _____ County, Texas, Being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.					
<b>X</b> _____ SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the _____ day of _____, _____, by _____. (day) (month) (year) (name of candidate)					
Signature of Officer Authorized to Administer Oath <sup>4</sup>			Printed Name of Officer Authorized to Administer Oath		
_____			Notarial or Official Seal		
Title of Officer Authorized to Administer Oath					
<b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE. This document and \$_____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> <b>Voter Registration Status Verified</b>					
_____/_____/_____ Date Received		_____/_____/_____ Date Accepted		(See Section 1.007) _____ Signature of Filing Officer or Designee	

## INSTRUCTIONS

An application for a place on the general election for a city, school district or other political subdivision, may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields of the application **must** be completed unless specifically marked optional.

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

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

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. When a candidate signs the application, it is an acknowledgment that the candidate is aware of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

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

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

## FOOTNOTES

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

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

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

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

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

Executive Pardon under Texas Code of Criminal Procedure 48.01

Restoration of Rights under Texas Code of Criminal Procedure 48.05

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list of persons authorized to administer oaths.

**SOLICITUD DE INSCRIPCIÓN PARA UN LUGAR EN LA BOLETA DE UNA ELECCIÓN GENERAL  
 PARA UNA CIUDAD, DISTRITO ESCOLAR U OTRA SUBDIVISIÓN POLÍTICA**

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

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



# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

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

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

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

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

I do not intend to accept more than \$1,140 in political contributions or make more than \$1,140 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

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

\_\_\_\_\_  
Signature of Candidate

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

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST MI ..... NICKNAME LAST SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( )		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI ..... NICKNAME LAST SUFFIX	Date Received	Date Hand-delivered or Date Postmarked
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION ( )		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month / Day / Year      THROUGH      Month / Day / Year		
<b>11 ELECTION</b>	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	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known)	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b>		<b>16</b> Filer ID (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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.

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> 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.

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

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

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

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

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

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

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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

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

# 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b>	<b>3 FILER ID (Ethics Commission Filers)</b>
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<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	\$
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<b>5 CREDIT CARD ISSUER</b>	Name of financial institution
-----------------------------	-------------------------------

<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
------------------	--------------------------	------------------------------	-------------------------------------

<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
----------------	----------------	--

<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
--------------	----------------	--

<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
----------------	--------------------------	------------------------------	-------------------------------------

<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code
--------------	----------------	--

<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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**

# 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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
<b>PURPOSE OF EXPENDITURE</b>	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**





# 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> 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		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> 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		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	
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		
<b>Dates of travel</b>	<b>Name of person(s) traveling</b>	
	<b>Departure city or name of departure location</b>	
	<b>Destination city or name of destination location</b>	
<b>Means of transportation</b>	<b>Purpose of travel (including name of conference, seminar, or other event)</b>	

**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



**TEXAS ETHICS COMMISSION**  
**2026 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 2026 are May 2 and November 3.

Candidates and officeholders must file semiannual reports (due on January 15, 2026, and July 15, 2026). 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 2026 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 2026 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
Thursday, January 15, 2026	<b>January semiannual</b> [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 \$1,110 in contributions or expenditures for the reporting period) [FORM GPAC] (all GPACs) [FORM SPAC] (all SPACs)	July 1, 2025, <i>or</i>  the date of campaign treasurer appointment, <i>or</i>  the day after the date the last report ended.	December 31, 2025
Thursday, January 15, 2026	<b>Annual report of unexpended contributions</b> [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)	January 1, 2025, <i>or</i>  the day after the date the final report was filed.	December 31, 2025

**REPORTS DUE BEFORE THE MAY 2, 2026, UNIFORM ELECTION**

Thursday, April 2, 2026  <b>NOTE: This report must be received by the appropriate filing authority no later than April 2, 2026.</b>	<b>30th day before the May 2, 2026, uniform election</b>  [FORM C/OH] (all local candidates who have an opponent on the ballot in the May 2 election and who do not file on the modified reporting schedule)  [FORM GPAC] (all GPACs that are involved in the May 2 election)  [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 May 2 election)	January 1, 2026, <i>or</i>  the date of campaign treasurer appointment, <i>or</i>  the day after the date the last report ended.	March 23, 2026
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**NOTE:** A political committee must file pre-election reports if the committee is involved in 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.

<b><u>COLUMN I</u></b> <b>DUE DATE</b>	<b><u>COLUMN II</u></b> <b>TYPE OF REPORT (WHO FILES)</b>	<b><u>COLUMN III</u></b> <b>BEGINNING DATE OF PERIOD COVERED</b>	<b><u>COLUMN IV</u></b> <b>ENDING DATE OF PERIOD COVERED</b>
<p><b>Friday, April 24, 2026</b></p> <p><b>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than April 24, 2026.</b></p>	<p><b>8th day before May 2, 2026, uniform election</b></p> <p>[FORM C/OH] (all local candidates who have an opponent on the ballot in the May 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 in the May 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 May 2 election)</p>	<p>March 24, 2026, <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>April 22, 2026</p> <p><b>NOTE:</b> Daily pre-election reports of contributions accepted and direct campaign expenditures made after April 22, 2026, may be required. Please consult the Campaign Finance Guide for further information.</p>
<p><b>Wednesday, July 15, 2026</b></p>	<p><b>July semiannual</b></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 \$1,140 in contributions or expenditures for the reporting period)</p> <p>[FORM GPAC] (all GPACs)</p> <p>[FORM SPAC] (all SPACs)</p>	<p>January 1, 2026, <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>June 30, 2026</p>
<p><b>NOTE:</b> A political committee must file pre-election reports if the committee is involved in the election during each pre-election reporting period. <b>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.</b> 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.</p>			

<b><u>COLUMN I</u></b> <b>DUE DATE</b>	<b><u>COLUMN II</u></b> <b>TYPE OF REPORT (WHO FILES)</b>	<b><u>COLUMN III</u></b> <b>BEGINNING DATE OF PERIOD COVERED</b>	<b><u>COLUMN IV</u></b> <b>ENDING DATE OF PERIOD COVERED</b>
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**REPORTS DUE BEFORE THE NOVEMBER 3, 2026, UNIFORM ELECTION**

<p><b>Monday, October 5, 2026</b></p> <p><i>Deadline is extended because of weekend.</i></p> <p><b>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than October 5, 2026.</b></p>	<p><b>30th day before the November 3, 2026, uniform election</b></p> <p>[FORM C/OH] (all local candidates who have an opponent on the ballot in the November 3 election and who do not file on the modified reporting schedule)</p> <p>[FORM GPAC] (all GPACs that are involved in the November 3 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 3 election)</p>	<p>July 1, 2026, <u>or</u></p> <p>the date of campaign treasurer appointment, <u>or</u></p> <p>the day after the date the last report ended.</p>	<p>September 24, 2026</p>
<p><b>Monday, October 26, 2026</b></p> <p><b>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than October 26, 2026.</b></p>	<p><b>8th day before the November 3, 2026, uniform election</b></p> <p>[FORM C/OH] (all local candidates who have an opponent on the ballot in the November 3 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 in the November 3 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 3 election)</p>	<p>September 25, 2026, <u>or</u></p> <p>the date of campaign treasurer appointment, <u>or</u></p> <p>the day after the date the last report ended.</p>	<p>October 24, 2026</p> <p><b>NOTE: Daily pre-election reports of contributions accepted and direct campaign expenditures made after October 24, 2026, may be required. Please consult the Campaign Finance Guide for further information.</b></p>

**NOTE:** A political committee must file pre-election reports if the committee is involved in 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.

<b><u>COLUMN I</u></b> <b>DUE DATE</b>	<b><u>COLUMN II</u></b> <b>TYPE OF REPORT (WHO FILES)</b>	<b><u>COLUMN III</u></b> <b>BEGINNING DATE OF PERIOD COVERED</b>	<b><u>COLUMN IV</u></b> <b>ENDING DATE OF PERIOD COVERED</b>
<b>Friday, January 15, 2027</b>	<p><b>January semiannual</b></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 \$1,140 in contributions or expenditures for the reporting period)</p> <p>[FORM GPAC] (all GPACs)</p> <p>[FORM SPAC] (all SPACs)</p>	<p>July 1, 2026, <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>	December 31, 2026
<b>Friday, January 15, 2027</b>	<p><b>Annual report of unexpended contributions</b></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, 2026, <i>or</i></p> <p>the day after the date the final report was filed.</p>	December 31, 2026



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

## Please complete either option below:

### (1) Affidavit

\_\_\_\_\_  
Signature of Filer

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
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**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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

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

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

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

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

**2 TYPE OF FILER**

CANDIDATE

POLITICAL COMMITTEE

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

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

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

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

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**4 TELEPHONE NUMBER OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

( )

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**6 OFFICE SOUGHT BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN TREASURER**  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**

# CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

## THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

---

Signature

---

Date

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

## FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

### OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

Date Gift Accepted \_\_\_\_\_ Description of Gift \_\_\_\_\_

(attach additional forms as necessary)

### 6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

\_\_\_\_\_  
Signature of Local Government Officer

### 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 Local Government Officer (Declarant)

## LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
- 2. Office Held.** Enter the name of the office held by the local government officer filing this statement.
- 3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an employment or other business relationship with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
- 6. Signature.** Signature of local government officer. Complete this section after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Local Government Officer" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Local Government Officer (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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**Local Government Code § 176.001(2-a):** "Family relationship" means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

**Local Government Code § 176.003(a)(2)(A):**

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

**CERTIFICATE OF WITHDRAWAL**

I, \_\_\_\_\_, a candidate for the office of \_\_\_\_\_, hereby withdraw my candidacy from the \_\_\_\_\_ election. The election is being conducted by \_\_\_\_\_ and is to be held on \_\_\_\_\_.  
(political subdivision/county/party) (date)

\_\_\_\_\_  
Signature of Candidate

"The State of \_\_\_\_\_,

"County of \_\_\_\_\_,

"This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
(date)

\_\_\_\_\_  
(withdrawing candidate)

(Seal)

\_\_\_\_\_  
(Signature of officer)

\_\_\_\_\_  
(Title of officer)

My commission expires: \_\_\_\_\_

*Forma prescrita por la Secretaría de Estado  
Fracción 145.001 del Código Electoral de Tejas*

**CONSTANCIA DE RETIRO DE CANDIDATURA**

*Yo, \_\_\_\_\_, candidato/a al cargo de \_\_\_\_\_, por este medio retiro mi candidatura de la elección \_\_\_\_\_. Dicha elección estará a cargo de \_\_\_\_\_ y se celebrará el \_\_\_\_\_.  
(subdivisión política/condado/partido) (fecha)*

\_\_\_\_\_  
*Firma del/de la Candidato/a*

*"El estado de \_\_\_\_\_,*

*"Condado de \_\_\_\_\_,*

*"El presente instrumento fue reconocido ante mí el \_\_\_\_\_ por \_\_\_\_\_  
(fecha)*

\_\_\_\_\_  
*(persona que retira su candidatura)*

(Seal)

\_\_\_\_\_  
*Firma del/de la Oficial*

\_\_\_\_\_  
*(Título del/de la Oficial)*

*(Mi cargo se vence el): \_\_\_\_\_*



Candidate Authorization Form to Release E-Mail Address:

Candidate for the May 2, 2026 City of Dickinson General Election Candidate Name:

\_\_\_\_\_

- On the “Application for a Place on the City of Dickinson Election Ballot” form there is a box to list the candidate’s e-mail address.
- Listing the e-mail is indicated as an optional item to fill out.
- The application is subject to open records under the Public Information Act,; however, personal e-mails are considered confidential.

By signing this acknowledgement form, the candidate is indicating their approval to release their email address should they include it on the application form.

Acknowledged and Approved to Release :

\_\_\_\_\_

Signature of Candidate

Date: \_\_\_\_\_