

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE VILLAGE OF SALADO 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.) <u>SALADO MAYOR</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>JAMES MICHAEL McDOUGAL</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>MICHAEL McDOUGAL</u>
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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.) <u>2201 CHISHOLM TRAIL</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>2201 CHISHOLM TRAIL</u>
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CITY <u>SALADO</u>	STATE <u>TX</u>	ZIP <u>76571</u>	CITY <u>SALADO</u>	STATE <u>TX</u>	ZIP <u>76571</u>
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PUBLIC EMAIL ADDRESS (If available) <u>M-McDOUGAL@HOTMAIL.COM</u>	OCCUPATION (Do not leave blank) <u>RETIRED</u>	DATE OF BIRTH <u>12/29/1941</u>	VOTER REGISTRATION VOID NUMBER (Optional) ² <u>1061622349</u>
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TELEPHONE CONTACT INFORMATION (Optional) Home: <u>(254) 247-0510</u> Work: Cell: <u>(254) 563-5757</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>55</u> year (s) <u>5</u> month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>10</u> year (s) <u>5</u> 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) JAMES MICHAEL McDOUGAL who being by me here and now duly sworn, upon oath says:

"I, (name) JAMES MICHAEL McDOUGAL, of BELL County, Texas, being a candidate for the office of MAYOR, 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]
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Salado, this the 6 day of Feb, 2018

Signature of Officer Administering Oath ⁴ <u>[Signature]</u>	Title of Officer Administering Oath <u>Notary Public</u>	
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TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)

Date Received Feb. 9, 2018 8:37 a.m. Signature of Secretary Cora McPortland

Voter Registration Status Verified

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
JAMES MICHAEL
NICKNAME LAST SUFFIX
NONE MCDONALD NONE

OFFICE USE ONLY

Filer ID #

Date Received

February 9,
2018 at 8:37a.m.
Carayle Portland
City Secretary

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2201 CHISHOLM TRAIL
GALARD TX 76571

Date Hand-delivered or Postmarked 8:37am

February 9, 2018

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION
(254) 563-5757 NONE

Receipt #

Amount \$

Date Processed

February 9, 2018

Date Imaged

February 9, 2018

5 OFFICE
HELD
(if any)

GALARD ACRONYM

6 OFFICE
SOUGHT
(if known)

GALARD MAYOR

7 CAMPAIGN
TREASURER
NAME

MS/MRS MR FIRST MI NICKNAME LAST SUFFIX
MR. CARAY - ROBEASON N/A

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2721 CHISHOLM
TRAIL GALARD TX 76571

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 299-2999 N/A

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

2/9/18

Date Signed

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

JAMES MICHAEL McDONALD

12 MODIFIED
REPORTING
DECLARATION

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

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

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

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

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

2018

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

[Signature]

Signature of Candidate

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

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or
Fax this form to (512) 463-8808 or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

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

For more information about where to file go to:
<https://www.ethics.state.tx.us/whatsnew/NewFilersGettingStarted.html>