

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 2, 2020 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.)  <b>ALDERMAN</b>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <b>DONALD GUSTAVE KRAUSE</b>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <b>DONALD KRAUSE</b>
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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.) <b>1409 ELIZABETH CIRCLE SALT</b>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <b>1409 ELIZABETH CIRCLE</b>
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CITY <b>SALADO</b>	STATE <b>TX</b>	ZIP <b>76571</b>	CITY <b>SALADO</b>	STATE <b>TX</b>	ZIP <b>76571</b>
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PUBLIC EMAIL ADDRESS (if available) <b>DONALD.G.KRAUSE@GMAIL.COM</b>	OCCUPATION (Do not leave blank) <b>RETIRED</b>	DATE OF BIRTH <b>12/13/1947</b>	VOTER REGISTRATION VOID NUMBER (Optional) <sup>2</sup> <b>2187292924</b>
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TELEPHONE CONTACT INFORMATION (Optional) Home: <b>254-598-1415</b> Work: Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <b>8</b> year (s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <b>2</b> year (s)
	<b>7</b> month(s)	<b>6</b> 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) DONALD KRAUSE, who being by me here and now duly sworn, upon oath says:

"I, (name) DONALD KRAUSE of BELL County, Texas, being a candidate for the office of ALDERMAN, 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.

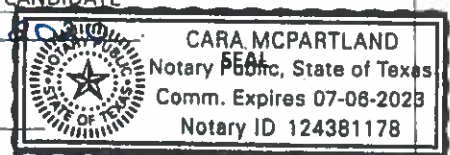
I further swear that the foregoing statements included in my application are in all things true and correct."

**X** *Donald Krause*  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Municipal Bldg, this the 3rd day of February, 2020 at 2:30 p.m.

*Cara McPartland*  
 Signature of Officer Administering Oath<sup>4</sup>

Notary Public  
 Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  
 (See Section 1.007)  
February 3, 2020 Date Received 2:30 p.m.  
*Cara McPartland* Signature of Secretary

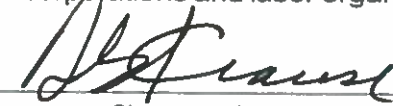
Voter Registration Status Verified

# 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			
	NICKNAME	LAST	SUFFIX			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
5 OFFICE HELD (if any)						
6 OFFICE SOUGHT (if known)	ALDERMAN					
7 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	MS SUSAN R BRADSHAW					
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE
	1409 ELIZABETH CIRCLE SALADO, TEXAS 76571					
9 CAMPAIGN TREASURER PHONE	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					02/03/2020 _____ Date Signed
	GO TO PAGE 2					

**OFFICE USE ONLY**

Filer ID #

Date Received: **RECEIVED**  
2:30 p.m.  
FEB 03 2020  
BY *Cara McPeters*  
City Secretary

Date Hand-delivered or Postmarked  
February 3, 2020

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed  
February 3, 2020

Date Imaged  
February 3, 2020

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

DONALD G KRAUSE

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. \*\***

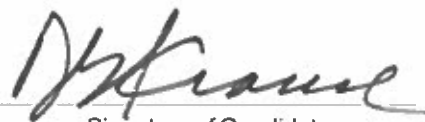
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$900 in political contributions or  
make more than \$900 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.

2020

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:  
<http://204.65.203.6/filinginfo/QuickFileAReport.php>