ALL INFORMATION IS REQUIRED TO BE PR	OVIDED UNLE	SS INDICATED OP	TIONAL				1/201/
APPLICATION FOR A PLACE ON THE VIIIage 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 num	ber or other d	istinguishing nun	nber, if anv.)	ior the office indi		ICATE TERM	
					1111	· · · - · · - · · - · · · · · · · ·	
Alderman				FULL			
FULL NAME (First, Middle, Last)			UNEXPIRED				
, , , , ,			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT				
John FRANKlin Cole			John F. Cole				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Bo			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)				
Route. If you do not have a residence a at which you receive personal mail and k			1				
		idence.	١.			. 0	٨
			1420 OLD MIII Road				
1420 OLD MIII	Roa	d					
1120 020	, -0 - 0						
CITY	STATE	ZIP	CITY			STATE	ZIP
Salado	TX	76571	Sala	10		TX	76571
PUBLIC EMAIL ADDRESS (If available)		ATION (Do not le		DATE OF BIRTH			
	Rali	ALION (DO HOLLE	ave blankj	DATE OF BIRTH		NUMBER (O	STRATION VUID
if cole 1420 egmail	our cab.	al Janela	110.11	10 123	11953		
TELEPHONE CONTACT INFORMATION (C	Optional)	LENGT	H OF CONTIN	NUOUS RESIDENC	E AS OF D	ATE APPLICAT	ION SWORN
Home:					IN TE	TERRITORY FROM WHICH THE	
Work:			all		OF	FICE SOUGHT	
WOIN.			24 ve	ear (s)		24 year	(5)
Cell: 254702 4297			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) John F. Cole who being by me							
Before me, the undersigned authority, on this day personally appeared (name) John F. (ole who being by me here and now duly sworn, upon oath says:							
"I, (name) John F. Cole of Bell Course Force of							
County, Texas, Deing a							
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."							
V 1 01							
A Make F. Coh							
				SIGNATURE	OF CANDID	ATE	
Sworn to and subscribed before me at Hunisipal Buildinghis the day of Fabruary CARA MCPARTLAND							
	-11(7)-C3,10					Notary Public,	
Cara Meteriland		_ No	tory Puk	olic 113	OF TELL	Comm. Expire Notary ID 1	5 07-06-2023
Signature of Officer Administering Oath		Title o	of Officer Adm	ninistering Oali			2-7001170
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007) Eshquary 4, 2021 ("ara Yuc Part land")							
/		ceived 11:500		Signature of Secre	atary	week	
Voter Registration Status Verified		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9.10.00.0 01 20011	o car y		

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY
IAVINE	MR. John F	Filer ID #
	NICKNAME LAST SUFFIX	Date Received.
	Cole	ILI SO Q. M.
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE: ZIP CODE	FEB 0 4 2021
	1420 old mill Rd.	By Granle articles
	Salado TX. 76571	February 4, 2021
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$
	(254) 702 4297	Date Processed
5 OFFICE	,	February 4, 2021
HELD (If any)	AlderMAN	Fabruary 4, 2021
6 OFFICE SOUGHT (il known)	Alderman Village of Sala	
7 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI NICKNALAE	LAST SUFFIX
NAME	MR John F. Cole	
8 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #. CITY:	STATE: ZP CODE
TREASURER STREET		
ADDRESS (residence or business)	1420 OLD Mill Rd. Salad	oTX, 76571
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	•
PHONE	(254) 702 4297	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions
	Note F Col-	-1 2 20 01
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	John F. Cole					
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING					
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••					
	The modified reporting option is valid for one election cycle only (An election cycle includes a primary election, a general election, and any related runoffs.)					
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••					
	I do not intend to accept more than \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.					
	Year of election(s) or election cycle to which declaration applies Signature of Candidate					

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

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

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

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