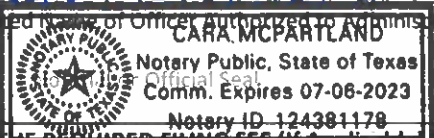


**DECLARATION OF WRITE-IN CANDIDACY FOR CITIES, SCHOOL DISTRICTS AND OTHER POLITICAL SUBDIVISIONS**

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>DECLARATION OF WRITE-IN CANDIDACY FOR</b> <u>Village of Salado</u> (Name of City, School District or Other Political Subdivision)					
TO: Filing Officer					
I declare that I am a write-in candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Mayor</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Linda Mae Reynolds</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE LIST OF DECLARED WRITE-IN CANDIDATES* <u>Linda Reynolds</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>1110 Mill Creek Dr.</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>P.O. Box 64</u>		
CITY <u>Salado</u>	STATE <u>Tx</u>	ZIP <u>76571</u>	CITY <u>Salado</u>	STATE <u>Tx</u>	ZIP <u>76571</u>
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) <u>Retired</u>	DATE OF BIRTH <u>08.18.46</u>	VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional)	
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell:	
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<input checked="" 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>			IN THE STATE OF TEXAS <u>10</u> year(s) <u>8</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>10</u> year(s) <u>8</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 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 <u>Linda M. Reynolds</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name of candidate) <u>Linda M. Reynolds</u> of <u>Bell</u> County, Texas,					
being a candidate for the office of <u>Mayor of Salado</u> , 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."					
X <u>Linda M Reynolds</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>22nd</u> day of <u>February</u> , <u>2022</u> , by <u>Linda M. Reynolds</u> (day) (month) (year) (name of candidate)					
<u>Cara McPartland</u> Signature of Officer Authorized to Administer Oath <sup>4</sup>			<u>Cara McPartland</u> Printed Name of Officer Authorized to Administer Oath		
<u>Notary Public</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY <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. <input checked="" type="checkbox"/> PAID BY:					
This document and \$ <u>n/a</u> filing fee or a nominating petition of <u>n/a</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>2/22/2022</u> Date Received		<u>2/22/2022</u> Date Accepted		<u>Cara McPartland</u> Signature of Filing Officer or Designee	

# 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 <u>0</u> FIRST <u>Linda</u> MI <u>M</u>	OFFICE USE ONLY Filer ID # Date Received <b>RECEIVED</b> 9:05 a.m. FEB 22 2022 <i>By Paralle Portland City Secretary</i> Date Hand-delivered or Post Marked <u>February 22, 2022</u>
	NICKNAME LAST <u>Reynolds</u> SUFFIX	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>P.O. Box 64 Salado Tx 76571</u>	Receipt # _____ Amount \$ _____
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(254) 760 9101</u>	Date Processed <u>February 22, 2022</u>
5 OFFICE HELD (if any)	<u>None</u>	Date Imaged <u>February 22, 2022</u>
6 OFFICE SOUGHT (if known)	<u>Mayor</u>	
7 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>0</u> FIRST <u>Linda</u> MI <u>M</u> NICKNAME LAST <u>Reynolds</u> SUFFIX	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #: CITY: STATE: ZIP CODE <u>1110 Mill Creek Dr. Salado Tx 76571</u>	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(254) 760-9101</u>	
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Linda M Reynolds</u> Signature of Candidate</p> <p><u>Feb. 22, 2022</u> Date Signed</p>	

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

*Linda M. Reynolds*

**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 \$940 in political contributions or make more than \$940 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.

*2022*

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

*Linda M. Reynolds*

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/QuickFileARReport.php>