2-26 Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code 09/2021

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

APPLICATION FOR A PLACE O	N THE		Village o	f Salado	STANCE L	GENE	RAL ELECTIC	ON BALLOT	
O: City Secretary/Secretary of Board request that my name be placed on the	above-nam		(name of		e for the office	Indicated b	elow.		
OFFICE SOUGHT (Include any place numb	10 1 1 1011								
Alderman					X FULL		UNEXPIRE	D	
ULL NAME (First, Middle, Last)				PRINT NAME AS YOU WANT IT TO APPEAR ON TH					
Lennox Jeffrey Alfred				Lennox J. Alfred					
PERMANENT RESIDENCE ADDRESS (Do not I you do not have a residence address, describe lo 2811 Chisholm Trail			Il Route, If		AILING ADDRE		(Address for whi	ch you receive	
CITY	STATE	ZIP		CITY	1/ 1/5		STATE	ZIP	
Salado	TX	76	571						
PUBLIC EMAIL ADDRESS (Optional) (Address thich you receive campaign related emails, if available.	.)		Do not lea	e blank)	DATE OF BIR	ГН	VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional)		
lennoxa1020@gmail.com	Re	al Estate	Broker		03 / 09	/ 09 / 1957			
ELEPHONE CONTACT INFORMATION (Opt	tional)								
lome:		ffice:				Cell:	254-535-53		
ELONY CONVICTION STATUS (You MUST	Carlotte Company of the Company of t	245.75	_					ION WAS SWORN	
I have not been finally convicted of a	felony.		IN.	HE STATE	DF TEXAS			PRECINCT FROM	
_	I have been finally convicted of a felony, but I have been			35	year(s)	WHICH TH	HE OFFICE SOUGHT IS ELECTED  _17_year(s)		
pardoned or otherwise released from the resulting							TI Acquisi		
	disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.3			_5 month		6_ month(s)		nonth(s)	
efore me, the undersigned authority, on t leing by me here and now duly sworn, upo 1, (name of candidate) <u>Lennox J. Alf</u>	on oath says:	nally app		ne of candi			Coun	, who ty, Texas,	
peing a candidate for the office of		man						e Constitution and	
laws of the United States and of the State of this state. I have not been determined by mentally incapacitated without the right to any prior felony conviction, and if so convict any such final felony conviction. I am awai status constitutes a Class B misdemeanor.	a final judgm vote. I am a ted, must pro re that know	nent of a d aware of t ovide provingly proving	tourt exercine nepotic of that I haviding falso e foregoin	elsing proba im law, Cha ive been pa e informatie g statement	te jurisdiction to opter 573, Gove redoned or othe in on the appli is included in m	o be totally of the control of the c	mentally incapa i. I am aware to id from the resulting my possible	citated or partially hat I must disclose elting disabilities o elfelony conviction	
					E OF CANDID	_			
Sworn to and subscribed before me this the		of C	inu	ary.	2023 by	/enr	nox J.	Alfred	
Alexander Cantin	(day)	)	(month)	J	(year)	ANT THE	CALE HEAVE	AITANE	
Signature of Officer Authorized to Adminis	er Oath <sup>4</sup>			DeG	nted Name o	300	NOW PU		
				P ( 11				McO Ware of I	
Denstre March				PIII	113	3	🐔 Comm. Ex	rei Oatti.	
Deputy Cleark				Ptil	Notarial	OF OF		pires 10-06-2	
itle of Officer Authorized to Administer O						di di	Notary	pires 10-06-26 ID 13400203	
itle of Officer Authorized to Administer Of OBE COMPLETED BY FILING OFFICER:	THIS APPLIC			ANIED BY	THE REQUIRED	FILING FEE	Notary	pires 10-06-20 ID 13400203	
Title of Officer Authorized to Administer Or TO BE COMPLETED BY FILING OFFICER: CASH CHECK MONEY ORDER	THIS APPLIC	S CHECK	OR 🗆 PE	ANIED BY	THE REQUIRED	FILING FEE G FEE.	Notary (If Applicable)	pires 10-06-20 ID 13400203 PAID BY:	
Title of Officer Authorized to Administer Of TO BE COMPLETED BY FILING OFFICER:  CASH CHECK MONEY ORDER  This document and 5 12 filing fee	THIS APPLIC CASHIER: e or a nomin	S CHECK ( atlng pet	OR 🗆 PE	ANIED BY TITION IN I	THE REQUIRED IEU OF A FILIN s received.	FILING FEE G FEE. Vote	Notary (If Applicable) r Registration S	pires 10-06-20 ID 13400203 PAID BY:	
Title of Officer Authorized to Administer O: TO BE COMPLETED BY FILING OFFICER: CASH CHECK MONEY ORDER This document and S C C filing fee	THIS APPLIC CASHIER: e or a nomin	S CHECK ( atlng pet	OR PE	ANIED BY TITION IN I	THE REQUIRED	FILING FEE G FEE. Vote	Notary (If Applicable) r Registration S	pires 10-06-2 ID 13400203	

APPOINTM BY A CANI	ENT OF A CAMPAIGN TREADIDATE	ASURER	FC	ORM CTA PG 1	
Sec	CTA Instruction Guide for detailed instructions.	ade Marillo Ma	1 Total pages filed:		
CANDIDATE	MS / MRS / MR FIRST	Mi	OFFICE U	SE ONLY	
NAME	Mr. Lennox	J	Filer ID #		
	NICKNAME LAST  Alfred	SUFFIX	Cate Received	EIVE	
CANDIDATE MAILING ADDRESS	ADDRESS /PO BOX: APT / SUITE #. CITY: ST  2811 Chisholm Trail Salado, TX 765	ATE; ZIP CODE	Cara A	27 2023 Le Parse Journal de la 23	
CANDIDATE PHONE	AREA CODE PHONE NUMBER EX  (254 ) 535-5382	CTENSION		2023	
OFFICE HELD (if any)	None		Dale Imaged	aoa3	
OFFICE SOUGHT (if known)	Alderman				
CAMPAIGN TREASURER NAME	Ms. Darlene R.	CKNAME	Alfred	SUFFIX	
CAMPAIGN TREASURER STREET ADDRESS (residence or business)		Salado	STATE: Z	76571	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EX ( 254 ) 624-4685	XTENSION			
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapte	er 573 of the T	exas Governme	ent Code.	
	I am aware of my responsibility to file tir the Election Code.	nely reports a	s required by ti	tle 15 of	
	I am aware of the restrictions in title 15 o from corporations and labor organization			outions 223_	
	Signature of Candidate	A.g.a.aaaaa. 6x4146471	Date Signed	- 4: 5	
	GO TO PAGE 2				

## FORM CTA **CANDIDATE MODIFIED** PG 2 REPORTING DECLARATION 11 CANDIDATE NAME Lennox J. Alfred 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION **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 runolfs.) 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. 2023 Signature of Candidate Year of election(s) or election cycle to which declaration applies 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