


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

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL. Failure to provide required information may result in rejection of application.


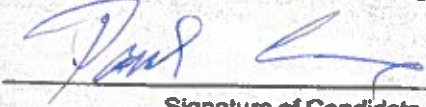
APPLICATION FOR A PLACE ON THE <u>May 4, 2024</u> GENERAL ELECTION BALLOT	
TO: City Secretary/Secretary of Board (name of election)	
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.	
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>SALADO BOARD OF ALDERMEN</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
FULL NAME (First, Middle, Last) <u>PAUL S. COX</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>PAUL S. COX</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>2716 WINNERS CIRCLE DR.</u>	PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) —
CITY <u>SALADO</u>	STATE <u>TX</u>
ZIP <u>76571</u>	CITY —
STATE —	ZIP —
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>PCOXI@EMBARQMAIL.COM</u>	OCCUPATION (Do not leave blank) <u>RETIRED</u>
DATE OF BIRTH <u>4/24/1945</u>	VOTER REGISTRATION VUID NUMBER? (Optional)
TELEPHONE CONTACT INFORMATION (Optional)	
Home: —	Office: —
Cell: <u>254-563-6208</u>	
FELONY CONVICTION STATUS (You MUST check one)	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN
<input type="checkbox"/> I have not been finally convicted of a felony.	IN THE STATE OF TEXAS
<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>	<u>70<sup>+</sup></u> year(s)
	— month(s)
	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
	<u>17</u> year(s)
	— 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 (name of candidate) <u>PAUL S. COX</u> , who being by me here and now duly sworn, upon oath says:	
"I, (name of candidate) <u>PAUL S. COX</u> , of <u>BELL</u> County, Texas, being a candidate for the office of _____, 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>[Signature]</u> SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me this the <u>30<sup>th</sup></u> day of <u>January</u> <u>2024</u> by <u>Paul S. Cox</u> (name of candidate)	
<u>[Signature]</u> Signature of Officer Authorized to Administer Oath*	<u>[Signature]</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 THE REQUIRED FILING FEE (If Applicable) PAID 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. This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified	
<u>01/22/2024</u> Date Received	<u>01/22/2024</u> (See Section 1.007) Date Accepted
<u>[Signature]</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	FIRST MI PAUL S	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX COX		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2716 WINNERS CIRCLE DR SALADO, TX 76571	Date Received  Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 563-6208	Receipt \$	Amount \$
5 OFFICE HELD (if any)	BOARD OF ALDERMAN	Date Processed	
6 OFFICE SOUGHT (if known)	BOARD OF ALDERMAN	Date Imaged	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME SHIRLEY K. COX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 2716 WINNERS CIRCLE DR. SALADO, TX 76571		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 760-8443		
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		
		1-22-2024 Date Signed	

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

**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 \$1,010 in political contributions or  
make more than \$1,010 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.

*2024*

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

*[Handwritten 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](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>**