

# 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>SALADO VILLAGE ALDERMAN</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>ALDERMAN</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>GAIL MARTIN ALLARD II</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>GAIL ALLARD</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>1308 SALADO OAKS DR</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>1308 SALADO OAKS DR</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>BUSINESS OWNER</u>	DATE OF BIRTH <u>07 / 10 / 1979</u>		VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional)
TELEPHONE CONTACT INFORMATION (Optional)					
Home:		Office:		Cell: <u>254 624 1979</u>	
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>27</u> year(s) _____ month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>211</u> year(s) _____ month(s)		
This Box Must ONLY be Completed by Candidates for School District Board of Trustees					
Check the Box Below:					
<input type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*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>GAIL ALLARD</u> and now duly sworn, upon oath says: "I, (name of candidate) <u>GAIL ALLARD</u> , of <u>BELL</u> County, Texas, Being a candidate for the office of <u>ALDERMAN</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.					
Sworn to and subscribed before me this the <u>9</u> day of <u>FEBRUARY</u> , <u>2024</u> , by <u>GAIL ALLARD</u>			SIGNATURE OF CANDIDATE		
(day) (month) (year)			(name of candidate)		
Signature of Officer Authorized to Administer Oath			Printed Name of Officer Authorized to Administer Oath		
<u>Leticia Gauna</u>			<u>Leticia Gauna</u>		
Title of Officer Authorized to Administer Oath			LETICIA GAUNA Notary Public, State of Texas Comm. Expires 03-24-2029 Notary ID: 91037028		
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					
This document and \$ _____ filing fee or a nominating petition of _____ pages received.			<input checked="" type="checkbox"/> Voter Registration Status Verified		
Date Received <u>2 / 9 / 24</u>		Date Accepted <u>2 / 10 / 24</u>		(See Section 1.007)	
			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

FIRST

MI

~~MR~~ MR

~~JENNIFER~~ GAIL

MA

NICKNAME

LAST

SUFFIX

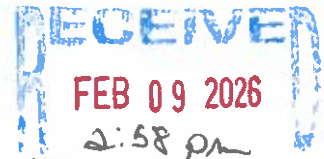
ALLARD

II

OFFICE USE ONLY

Filer ID #

Date Received



Date Hand-delivered or Postmarked

2/9/26

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1308 SALADO OAK DR SALADO TX 76571

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254) 254 624 1979

5 OFFICE  
HELD  
(if any)

P/2

6 OFFICE  
SOUGHT  
(if known)

ALDERMAN

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS JENNIFER C ALLARD

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS

APT / SUITE #

CITY

STATE

ZIP CODE

1308 SALADO OAKS DR SALADO TX 76571

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254) 624 1252

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

2.9.2026

Date Signed

GO TO PAGE 2

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

## OFFICE USE ONLY

Date Received

RECEIVED  
FEB 09 2026  
2:58 PM

Date Hand-delivered or Postmarked

2/9/24

Date Processed

Date Imaged

1 ACCOUNT NUMBER  
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2

3 NAME OF CANDIDATE  
(PLEASE TYPE OR PRINT)

TITLE (Dr. Mr. Ms. etc.)

FIRST

MI

MR

GAIL

M

NICKNAME

LAST

SUFFIX (SR, JR, III, etc.)

ALVARO

II

4 TELEPHONE NUMBER OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(254)

629 1979

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX

APT / SUITE #

CITY

STATE

ZIP

1308 SALADO OAKS DR

SALADO TX

76571

6 OFFICE SOUGHT BY CANDIDATE  
(PLEASE TYPE OR PRINT)

ALDERMAN

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER  
(PLEASE TYPE OR PRINT)

TITLE (Dr. Mr. Ms. etc.)

FIRST

MI

MRS

JENNIFER

C

NICKNAME

LAST

SUFFIX (SR, JR, III, etc.)

ALVARO

GO TO PAGE 2

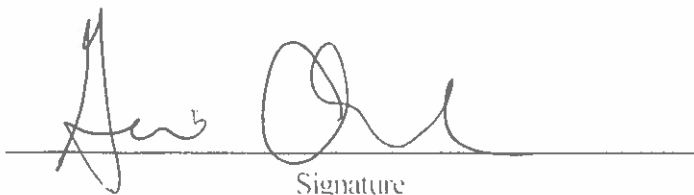
## CODE OF FAIR CAMPAIGN PRACTICES

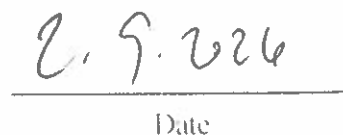
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
Signature

  
Date

# 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. ••

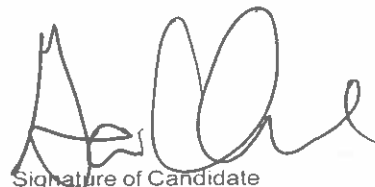
•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$1,140 in political contributions or  
make more than \$1,140 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.

GENERAL ELECTION  
ALDERMAN

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: DO NOT 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>