

**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 OPTIONAL¹. Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>ALLEN - VILLE OF SALADO, TX</u> GENERAL ELECTION BALLOT			
<p>TO: City Secretary/Secretary of Board <u>(name of election)</u> I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.</p>			
<p>OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>BOARD OF ALDERMEN</u> INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED</p>			
<p>FULL NAME (First, Middle, Last) <u>JAMES MICHAEL McDougal</u> PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>MICHAEL McDougal</u></p>			
<p>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>2201 CUSHION TRAIL</u></p>		<p>PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)</p>	
CITY <u>SALADO</u>	STATE <u>TX</u>	ZIP <u>76571</u>	CITY
STATE <u>TX</u>	ZIP <u>76571</u>		STATE
<p>PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)</p>		OCCUPATION (Do not leave blank) <u>RETIRED</u>	DATE OF BIRTH <u>12-29-41</u>
			VOTER REGISTRATION VUID NUMBER ² (Optional)
<p>TELEPHONE CONTACT INFORMATION (Optional)</p> <p>Home: <u>N/A</u> Office: <u>N/A</u> Cell <u>(254) 563-5757</u></p>			
<p>FELONY CONVICTION STATUS (You MUST check one)</p> <p><input checked="" type="checkbox"/> I have not been finally convicted of a felony.</p> <p><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.³</p>		<p>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</p> <p>IN THE STATE OF TEXAS <u>45</u> year(s) <u>—</u> month(s)</p> <p>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>19</u> year(s) <u>—</u> month(s)</p>	
<p>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</p> <p>Check the Box Below:</p> <p><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.</p>			
<p>*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.</p>			
<p>Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>James M. McDougal</u>, who being by me here and now duly sworn, upon oath says:</p> <p>"I, (name of candidate) <u>James M. McDougal</u>, of <u>SALADO, TX + BELL</u> County, Texas, Being a candidate for the office of <u>BOARD OF ALDERMEN</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.</p>			
<p><u>X</u> <u>JD</u> SIGNATURE OF CANDIDATE</p>			
<p>Sworn to and subscribed before me this <u>3rd</u> day of <u>February</u>, <u>2026</u>, by <u>Michael McDougal</u> (name of candidate)</p>			
<p><i>Manuela Smith</i> Signature of Officer Authorized to Administer Oath⁴</p>			
<p>Manuela Smith My Commission Expires 12/9/2029 Printed Name of Officer Authorized to Administer Oath Notary ID 129647805</p>			
<p>Title of Officer Authorized to Administer Oath</p>			
<p>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</p>			
<p><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.</p>			
<p>This document and \$ _____ filing fee or a nominating petition of _____ pages received.</p>			
<p><input checked="" type="checkbox"/> Voter Registration Status Verified</p>			
Date Received <u>2/6/26</u>	Date Accepted <u>2/10/26</u>	(See Section 1.007)	
		Signature of Filing Officer or Designee <u>John M. McDougal</u>	

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 06 2026

Date Hand-delivered or Postmarked

2/6/26

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)		2 TYPE OF FILER CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/>	
		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 DR. JAMES MICHAEL NICKNAME LAST McDUGAL	
		MI SUFFIX (SR., JR., III, etc.)	
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)		AREA CODE	PHONE NUMBER
		(254)	563-5757
		EXTENSION	
		N/A	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)		STREET / PO BOX:	APT / SUITE #:
		CITY:	
		STATE: ZIP CODE	
		2201 CHISHOLM TRAIL SALADO TX 76571	
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)		ALDERMAN - VILLAGE OF SALADO	
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)		N/A	
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)		TITLE (Dr., Mr., Ms., etc.) FIRST MR. FRANK F NICKNAME LAST N/A COACHMAN	
		MI SUFFIX (SR., JR., III, etc.)	

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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.

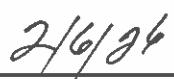
THEREFORE:

- (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

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	OFFICE USE ONLY		
	DR	JAMES	MICHAEL	Filer ID #		
3 CANDIDATE MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received		
	N/A	McDognar		RECEIVED FEB 06 2026		
4 CANDIDATE PHONE	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Date Hand-delivered or Postmarked
	2201 CHATELAIN TRAIL SARASO TX 76571					2/6/26
5 OFFICE HELD (if any)	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
	(254)	563-5757	MA	Amount \$		
6 OFFICE SOUGHT (if known)						Date Processed
						Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	MR.	FRANCIS	G.	"FRANK"	COACHMAN	JR
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:		APT / SUITE #:	CITY:	STATE:	ZIP CODE
	1011 INDIAN TRAIL			SARASO	TX	76571
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(254)	289-1549				
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 Date Signed 2/6/26					

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