

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE 2018 SALADO GENERAL ELECTION BALLOT
 TO: City Secretary/Secretary of Board

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>MAYOR</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
--	---

FULL NAME (First, Middle, Last) <u>DAVID TIMOTHY WILLIAMS</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>DAVID WILLIAMS</u>
--	---

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>6616 INDIAN TRAIL</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>P.O. Box 966</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 (if available) <u>WILLIAMSDTW@GMAIL.COM</u>	OCCUPATION (Do not leave blank) <u>RETIRED</u>	DATE OF BIRTH <u>1/4/55</u>	VOTER REGISTRATION VUID NUMBER (Optional) ² <u>1205006542</u>
---	---	--------------------------------	---

TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³
	<u>4</u> year (s) <u>2</u> month(s)	<u>4</u> year (s) <u>2</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 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.

Before me, the undersigned authority, on this day personally appeared (name) DAVID TIMOTHY WILLIAMS, who being by me here and now duly sworn, upon oath says:

"I, (name) DAVID TIMOTHY WILLIAMS, of BELL County, Texas, being a candidate for the office of MAYOR OF SALADO, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct."

X David Williams
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 9:08 a.m. this the 15th day of Feb., 2018

Cara McPartland
 Signature of Officer Administering Oath⁴

Notary Public
 Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)
Feb. 1, 2018
 Date Received 9:08 a.m.
Cara McPartland
 Signature of Secretary

Voter Registration Status Verified

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 <input checked="" type="checkbox"/> MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	OFFICE USE ONLY
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Filer ID #		
5 OFFICE HELD (if any)						Date Received
6 OFFICE SOUGHT (if known)						Date Hand-delivered or Postmarked
7 CAMPAIGN TREASURER NAME	MS/MRS <input checked="" type="checkbox"/> MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	Receipt #
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed		
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>					Amount \$
						Date Imaged
						Signature of Candidate
						Date Signed

GO TO PAGE 2