

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 5, 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.) ALDERMAN

INDICATE TERM  
 FULL  
 UNEXPIRED

FULL NAME (First, Middle, Last) CHAD MARTIN PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT<sup>1</sup> CHAD MARTIN

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.) 200 ROYAL VIEW RD.

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) 200 ROYAL VIEW RD.

|                       |                    |                     |                       |                    |                     |
|-----------------------|--------------------|---------------------|-----------------------|--------------------|---------------------|
| CITY<br><u>SALADO</u> | STATE<br><u>TX</u> | ZIP<br><u>76571</u> | CITY<br><u>SALADO</u> | STATE<br><u>TX</u> | ZIP<br><u>76571</u> |
|-----------------------|--------------------|---------------------|-----------------------|--------------------|---------------------|

PUBLIC EMAIL ADDRESS (If available) CHAD.MARTIN@VA.GOV OCCUPATION (Do not leave blank) CHEF, PROSTHETICS & SENSORY AIDS, VET. AFFAIRS DATE OF BIRTH 06/30/1980 VOTER REGISTRATION VOID NUMBER (Optional)<sup>2</sup> 1209009055

TELEPHONE CONTACT INFORMATION (Optional)  
 Home: \_\_\_\_\_  
 Work: 254-743-2161  
 Cell: 540-379-9158

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

|                                                   |                                                                                                            |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| IN STATE<br><u>4</u> year(s)<br><u>0</u> month(s) | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup><br><u>3</u> year(s)<br><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.

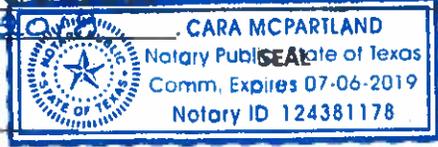
Before me, the undersigned authority, on this day personally appeared (name) CHAD MARTIN, who being by me here and now duly sworn, upon oath says:

"I, (name) CHAD MARTIN of BELL County, Texas, being a candidate for the office of ALDERMAN, 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** [Signature]  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:15 p.m. this the 15<sup>th</sup> day of Feb. 2018 CARA MCPARTLAND  
[Signature] Notary Public  
 Signature of Officer Administering Oath<sup>4</sup> Title of Officer Administering Oath

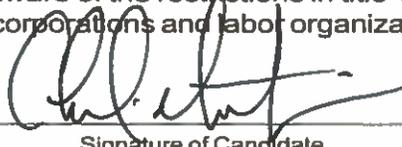


TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  
 (See Section 1.007) Feb. 15, 2018 [Signature]  
 Date Received 4:15 p.m. Signature of Secretary

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 / MR                                                                                                                                                                                                                                                                                                                   | FIRST          | MI        | OFFICE USE ONLY                                                                                               |               |                                   |  |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                        | LAST           | SUFFIX    | Filer ID #                                                                                                    | Date Received |                                   |  |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX;                                                                                                                                                                                                                                                                                                               | APT / SUITE #; | CITY;     | STATE;                                                                                                        | ZIP CODE      | Date Hand-delivered or Postmarked |  |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                       | PHONE NUMBER   | EXTENSION | Receipt #                                                                                                     | Amount \$     | Date Processed                    |  |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                                 |                |           |                                                                                                               |               | Date Imaged                       |  |
| 6 OFFICE SOUGHT (if known)                                  | ALDERMAN                                                                                                                                                                                                                                                                                                                        |                |           |                                                                                                               |               |                                   |  |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/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      |                                   |  |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE                                                                                                                                                                                                                                                                                                                       | PHONE NUMBER   | EXTENSION |                                                                                                               |               |                                   |  |
| 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> |                |           |                                                                                                               |               |                                   |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                 |                |           | <br>Signature of Candidate |               | 2/14/18<br>Date Signed            |  |

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**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

CHAD MARTIN

**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. \*\***

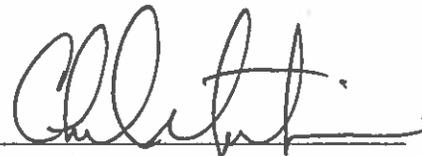
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs )

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

I do not intend to accept more than \$500 in political contributions or  
make more than \$500 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.

2018

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 [reasappoint@ethics.state.tx.us](mailto:reasappoint@ethics.state.tx.us) or  
Fax this form to (512) 463-8808 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/whatsnew/NewFilersGettingStarted.html>