# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

## FORM CTA PG 1

| -,-          | See  | 1 Total pages filed:  |                                   |             |  |  |
|--------------|--|---|-----------------------------------|-------------|--|--|
| 2            | CANDIDATE                                  | MS/MRS/MR FIRST MI  | OFFICE USE ONLY                   |             |  |  |
|              | NAME                                       | NICKNAME LAST SUFFIX  | FilerID#                          |             |  |  |
|              |  | 35,17   | Date Received                     |             |  |  |
|              |  | DOC DANTLOR   |                                   |             |  |  |
| 3            | CANDIDATE<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |                                   |             |  |  |
|              |  | ma6 volis Tx 77354  | Date Hand-delivered or Postmarked |             |  |  |
| 4            | CANDIDATE<br>PHONE                         | AREA CODE PHONE NUMBER EXTENSION  | Recelpt#                          | Amount \$   |  |  |
|              |  | (281) 755-3241  | Date Processed                    | J           |  |  |
| 5            | OFFICE<br>HELD<br>(if any)                 | Pos 2 Ciry Counil   | Date Imaged                       | ,           |  |  |
| 6            | OFFICE<br>SOUGHT<br>(If known)             | Pos 2 Ciry Council  |                                   |             |  |  |
| 7            | CAMPAIGN<br>TREASURER<br>NAME              | MS/MRS/MR FIRST MI NICKNAME   | LAST                              | SUFFIX      |  |  |
|              |  | MATTHA DOC' DAN   |                                   |             |  |  |
| 8            | CAMPAIGN<br>TREASURER<br>STREET<br>ADDRESS | STREET ADDRESS; APT/SUITE#; CITY;   | STATE;                            | ZIP CODE    |  |  |
| (1           | residence or business)                     | MAGNOlia TX 77354   |                                   |             |  |  |
| 9            | CAMPAIGN<br>TREASURER                      | AREA CODE PHONE NUMBER EXTENSION  | , , ,                             | ··········· |  |  |
|              | PHONE                                      | (281) 755-3241  |                                   |             |  |  |
| 10           | CANDIDATE<br>SIGNATURE                     | I am aware of the Nepotism Law, Chapter 573 of the Te   | exas Governr                      | nent 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. |                                   |             |  |  |
|              |  |   | 1.11                              | 2.          |  |  |
|              |  | Signature of Candidate  | Date Signs                        |             |  |  |
| 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 untrammeled 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

### APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT FOR A FEDERAL OFFICE

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

| APPLICATION FOR A PLACE ON THE Republican PARTY GENERAL PRIMARY BALLOT   |                  |          |              |                   |                                     |                             |                                   |                  |
|--|------------------|----------|--------------|-------------------|-------------------------------------|-----------------------------|-----------------------------------|------------------|
| (Democratic or Republican)  To: State Chair (Statewide or District Offices with territory in more than one county) or County Chair (District Offices with territory in a single county) I request that my name be placed on the above-named official primary ballot as a candidate for election to the office indicated below.   |                  |          |              |                   |                                     |                             |                                   |                  |
| OFFICE SOUGHT (Include any place n   | umber or other o | listing  | guishing nur | nber, if anγ.)    |                                     |                             |                                   |                  |
| MOGNO!: a (FULL NAME (First, Middle, Last)   | Ciry (           | <u> </u> | una!         | Posir             | 1012                                |                             |                                   |                  |
| FULL NAME (First, Middle, Last)  |                  |          |              | !                 |                                     |                             |                                   |                  |
| MATTHEN Durhon   |                  |          |              | mann              | Hen "DO                             | C"                          | DANTZ                             | ren              |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Bo<br>Route. If you do not have a residence address, describe lo<br>residence.)   |                  |          |              | campaign re       | LING ADDRESS (<br>elated correspond | <b>Optiona</b><br>dence, if | I) (Address at w<br>f available.) | hich you receive |
| ,  |                  |          |              | 102               | MAGN                                | rolia                       | Colon                             | CT               |
| CITY   | STATE            | ZIP      |              |                   |                                     |                             | STATE                             | ZIP              |
| MAGNO)-4   | 7×               | 7        | 7354         | MAG.              | Molla                               |                             | TY                                | 77384            |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)   |                  |          | leave blar   |                   |                                     | STRATION VUID<br>Optional)  |                                   |                  |
| TELEPHONE CONTACT INFORMATION  | N (Optional)     |          |              |                   |                                     |                             | THIS APPLICATION                  | ION WAS SWORN    |
| Home:  |                  |          | IN           | THE STATE OF      | FTEXAS                              |                             | PRECINCT FROM<br>OFFICE SOUGHT    |                  |
| Work:  |                  |          |              | 23                | year (s)                            |                             | 23 year (s)                       | 13 LLECTED       |
| Cell: 281.755-3241   |                  |          |              | 4                 | // month(s) // month(s)             |                             |                                   | 5)               |
| *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) MATTHUE DENTED, who being by me here and now duly sworn, upon oath says:   |                  |          |              |                   |                                     |                             |                                   |                  |
| "I, (name of candidate)  | Man DA1          | 150      | 2            | _ of <u> </u>     | Snzgom                              | ery                         | Count                             | ty, Texas,       |
| being a candidate for the office of Pos 2 mag roll. County, Texas,  being a candidate for the office of Pos 2 mag roll. County, Texas,  being a candidate for the office of Pos 2 mag roll. County, Texas,  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 further swear that the foregoing statements included in my application are in all things true and correct." |                  |          |              |                   |                                     |                             |                                   |                  |
|  |                  |          | X            |                   |                                     | $\supset$                   |                                   |                  |
|  |                  |          | ****         | SIGNATURE (       | OF CANDIDATE                        |                             |                                   |                  |
| Sworn to and subscribed before me this   | s the day        | of       | -            |                   | , by                                |                             |                                   |                  |
|  | (day)            |          | (month)      | (                 | (year)                              | 1                           | (name of candid                   | ate)             |
|  |                  |          |              |                   |                                     |                             |                                   | ····             |
| Signature of Officer Authorized to Administer Oath <sup>3</sup> Printed Name of Officer Authorized to Administer Oath  |                  |          |              |                   | nister Oath                         |                             |                                   |                  |
|  |                  |          |              | Notarial or Offic | ial Seal                            |                             |                                   |                  |
| Title of Officer Authorized to Administer Oath   |                  |          |              |                   |                                     |                             |                                   |                  |
| TO BE COMPLETED BY STATE OR COUNTY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE: (See Section 1.007)  CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE. Voter Registration Status Verified  |                  |          |              |                   |                                     |                             |                                   |                  |
| This document and \$ filing fee or a nominating petition of pages received.  |                  |          |              |                   |                                     |                             |                                   |                  |
| This document and y ming ree of a nominating period of pages received.   |                  |          |              |                   |                                     |                             |                                   |                  |
| Data Resolved  | /                | _        |              |                   |                                     | ^                           |                                   |                  |
| Date Received Date Acc   | eptea            |          |              | Sl                | gnature of State                    | or Cour                     | ity Chair or Des                  | ignee            |



### CANDIDATE AUTHORIZATION TO RELEASE E-MAIL ADDRESS

Candidate for the City of Magnolia General Election

Candidate Name: MASTHEW" DC " DANTZER

- The "Application for a Place on the City of Magnolia General Election Ballot" form includes a box to list a candidate's email address.
- Please note that disclosing your email address on that form is optional.
- The Application is subject to release as an open record under the Public Information Act; however, personal email addresses are considered confidential.

By signing this authorization, you are indicating your approval to release your email address if it was included on the Application form.

Acknowledge and approved to release:

Signature of Candidate

Date: 2-23

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

| 11 CANDIDATE<br>NAME                    |   |  |  |  |
|---|---|--|--|--|
| 12 MODIFIED<br>REPORTING<br>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. |  |  |  |
|   | 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 <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

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/QuickFileAReport.php

#### AMENDMENT:

#### CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA
PG 2

13 CANDIDATE NAME NEW 14 MODIFIED REPORTING COMPLETE THIS SECTION ONLY IF YOU ARE **DECLARATION** 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 \$930 in political contributions or make more than \$930 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. of election(s) or election cycle to Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

which declaration applies

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

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/QuickFileAReport.php

# CODE OF FAIR CAMPAIGN PRACTICES

# FORM CFCP COVER SHEET

| Dummant to all t 050 - C   | OFFICE USE ONLY  |   |  |  |  |
|--|--|---|--|--|--|
| Pursuant to chapter 258 of a political committee is encored Campaign Practices. The Cauthority upon submission form. Candidates or policurrent campaign treasurer 1997, may subscribe to the Subscription to the Code of | Date Received  Date Hand-delivered or Postmarked  Date Processed |   |  |  |  |
| Suester sprior to the Couc o   | , I an Compuign I raciocos is voiamary.                          | Date Imaged   |  |  |  |
| 1 ACCOUNT NUMBER   | 2 TYPE OF FILER  |   |  |  |  |
| (Ethics Commission Filers)   | CANDIDATE PO   | DLITICAL COMMITTEE  |  |  |  |
|  |  | illing for a political committee, complete<br>xes 7 and 8, then read and sign page 2. |  |  |  |
| 3 NAME OF CANDIDATE  | TITLE (Dr., Mr., Ms., etc.) FIRST                                | MI  |  |  |  |
| (PLEASE TYPE OR PRINT)   | MASSHEY  |   |  |  |  |
|  | NICKNAME LAST  | SUFFIX (SR., JR., III, etc.)  |  |  |  |
|  | DOC DANTZOR  |   |  |  |  |
| 4 TELEPHONE NUMBER<br>OF CANDIDATE   | AREA CODE PHONE NUMBER   | EXTENSION   |  |  |  |
| (PLEASE TYPE OR PRINT)   | (281) 755- 3241  |   |  |  |  |
| 5 ADDRESS OF CANDIDATE   | STREET/PO BOX; APT/SUITE#; CITY;                                 | STATE; ZIP CODE   |  |  |  |
| (PLEASE TYPE OR PRINT)   | 102 magnolis Colons<br>MAGNOLIA DY 77                            | 34  |  |  |  |
| 6 OFFICE SOUGHT  | magnowa 14 1   | 539   |  |  |  |
| BY CANDIDATE   |  |   |  |  |  |
| (PLEASE TYPE OR PRINT)   | Postion 2 Mag.   | volis City Count  |  |  |  |
| 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)   |  |   |  |  |  |
| 8 NAME OF CAMPAIGN   | TITLE (Dr., Mr., Ms., etc.) FIRST                                | М   |  |  |  |
| TREASURER (PLEASE TYPE OR PRINT)   | marna  |   |  |  |  |
| (FLLAGE TIPE OR PAINT)   | NICKNAME LAST  | SUFFIX (SR., JR., III, etc.)  |  |  |  |
|  | DOC DANTEM   |   |  |  |  |
| GO TO PAGE 2   |  |   |  |  |  |