

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 2017 KISD BOARD OF TRUSTEE 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.

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|---|---|
| OFFICE SOUGHT (include any place number or other distinguishing number, if any.) <u>KELLER ISD BOARD OF TRUSTEE, PLACE 5</u> | INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |
|---|---|

| | |
|---|---|
| FULL NAME (First, Middle, Last) <u>SHERRY BETH SIMON</u> | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>SHERRY SIMON</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>5564 EASTWEDGE DRIVE</u> | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>5564 EASTWEDGE DRIVE</u> |
|---|---|

| | | | | | |
|---------------------------|--------------------|---------------------|---------------------------|--------------------|---------------------|
| CITY <u>FORT WORTH</u> | STATE <u>TX</u> | ZIP <u>76137</u> | CITY <u>FORT WORTH</u> | STATE <u>TX</u> | ZIP <u>76137</u> |
|---------------------------|--------------------|---------------------|---------------------------|--------------------|---------------------|

| | | | |
|---|---|-----------------------------|--|
| PUBLIC EMAIL ADDRESS (If available) [REDACTED] | OCCUPATION (Do not leave blank) <u>REGISTERED/LICENSED DIETITIAN</u> | DATE OF BIRTH [REDACTED] | VOTER REGISTRATION VOID NUMBER (Optional) ² |
|---|---|-----------------------------|--|

| | | |
|---|---|---|
| TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: <u>617-703-9068</u> | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN | |
| | IN STATE | IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ |
| | <u>16</u> year(s) <u>4</u> month(s) | <u>16</u> year(s) <u>4</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) SHERRY B SIMON, who being by me here and now duly sworn, upon oath says:

"I, (name) SHERRY B SIMON, of TARRANT County, Texas, being a candidate for the office of KELLER ISD BOARD OF TRUSTEES, 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 Sherry Simon
 (SIGNATURE OF CANDIDATE)

Sworn to and subscribed before me at 3:00 pm this the 9 day of Feb

Scherrie W. Stevens
 Signature of Officer Administering Oath⁴

Notary
 Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)

Date Received _____ 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 | Acct. # | | | | |
| 3 CANDIDATE MAILING ADDRESS | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | Date Received | |
| 4 CANDIDATE PHONE | | AREA CODE | PHONE NUMBER | EXTENSION | | Date Hand-delivered or Postmarked | | |
| 5 OFFICE HELD (if any) | | NONE | | | | | Date Processed | |
| 6 OFFICE SOUGHT (if known) | | KELER ISD BOARD OF TRUSTEES, PLACE 5 | | | | | | |
| 7 CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI | NICKNAME | LAST | SUFFIX | Date Imaged | |
| | MRS. JUDY C BUCHHOLZ | | | | | | | |
| 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> <p><i>Sherry Simon</i> Signature of Candidate</p> <p>2/9/17 Date Signed</p> | | | | | | |

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

Date Hand-delivered or Postmarked

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

MRS.
NICKNAME

SHERRY
LAST

B
SUFFIX (SR., JR., III, etc.)

SIMON

**4 TELEPHONE NUMBER
OF CANDIDATE**
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817) 703-9068

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET/PO BOX;

APT./SUITE#;

CITY;

STATE;

ZIP CODE

5564 EASTWEDGE DR FORT WORTH, TX 76137

**6 OFFICE SOUGHT
BY CANDIDATE**
(PLEASE TYPE OR PRINT)

KELLER ISD BOARD OF TRUSTEES, PLACE 5

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

MI

MRS.
NICKNAME

JUDY
LAST

C
SUFFIX (SR., JR., III, etc.)

BUCHHOLZ

GO TO PAGE 2