


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

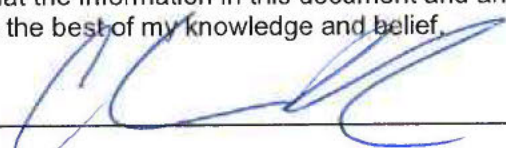
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD School Board</u> GENERAL ELECTION BALLOT							
TO: City Secretary/Secretary of Board (name of election)							
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>Keller ISD Trustee Place 6</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED			
FULL NAME (First, Middle, Last) <u>Charles Robert Randklev</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Charles Randklev</u>				
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.) [REDACTED]			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) [REDACTED]				
[REDACTED]		STATE [REDACTED]	ZIP [REDACTED]	CITY [REDACTED]	STATE [REDACTED]		
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>Charles.Randklev@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Scientist</u>		DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VOID NUMBER² (Optional)		
TELEPHONE CONTACT INFORMATION (Optional) Home: [REDACTED] Office: [REDACTED] Cell: [REDACTED]							
FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <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		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN <table border="1"><tr><td>IN THE STATE OF TEXAS <u>28</u> year(s) ____ month(s)</td><td>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>21</u> year(s) ____ month(s)</td></tr></table>				IN THE STATE OF TEXAS <u>28</u> year(s) ____ month(s)	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>21</u> year(s) ____ month(s)
IN THE STATE OF TEXAS <u>28</u> year(s) ____ month(s)	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>21</u> year(s) ____ 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 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) <u>Charles Randklev</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Charles Randklev</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board Place 6</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."							
X <u>[Signature]</u> SIGNATURE OF CANDIDATE							
Sworn to and subscribed before me this the <u>17th</u> day of <u>January</u> , <u>2024</u> , by <u>Charles Randklev</u> . (day) (month) (year) (name of candidate)							
<u>Catherine Whitel</u> Signature of Officer Authorized to Administer Oath ⁴ <u>Notary</u> Title of Officer Authorized to Administer Oath			<u>Catherine Whitel</u> Printed Name of Officer Authorized to Administer Oath 				
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <u>N/A</u> <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. This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>N/A</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified							
<u>01/17/2024</u> Date Received		<u>01/18/2024</u> Date Accepted		<u>Catherine Whitel</u> Signature of Filing Officer or Designee			

REQUEST FOR CONFIDENTIALITY FOR CANDIDATES UNDER TEXAS GOVERNMENT CODE

Pursuant to Section 552.1175 of the Texas Government Code, if you are one of the qualifying individuals listed in Step 2 below, you may request that information from your candidate application which identifies your home address, home telephone number, emergency contact information, date of birth, social security number, or whether you have family members be restricted from public access. By completing and submitting this form to the filing authority with whom you filed your candidate application, you are requesting the confidentiality of the information as stated above. You must attach a photocopy of documentation showing that you are eligible for confidentiality. If you want to rescind this confidentiality request, you must do so in writing to the filing authority with whom you filed your candidate application.

Step 1: Identify Candidate Requesting Confidentiality	Name <u>Charles Randolph</u>	Date of Birth [REDACTED]
	Residence Address (number and street) [REDACTED]	
	City [REDACTED]	
	VUID Number (Optional)	County of Residence [REDACTED]
Step 2: Qualification (check one)	<input type="checkbox"/> Current or honorably retired peace officers, as defined by Article 2.12, Code of Criminal Procedure, or special investigators as described by Article 2.122, Code of Criminal Procedure; <input type="checkbox"/> Current or honorably retired county jailers as defined by §1701.001, Occupations Code; <input type="checkbox"/> Current or former employees of the Texas Department of Criminal Justice or of the predecessor in function of the department or any division of the department; <input type="checkbox"/> Commissioned security officers as defined by §1702.002, Occupations Code; <input type="checkbox"/> A current or former district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters; <input type="checkbox"/> A current or former employee of a district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters; <input type="checkbox"/> Officers and employees of a community supervision and corrections department established under Chapter 76 who perform a duty described by §76.004(b), Government Code; <input type="checkbox"/> Criminal investigators of the U.S. as described by Article 2.122(a), Code of Criminal Procedure; <input type="checkbox"/> Current or honorably retired police officers and inspectors of the United States Federal Protective Service; <input type="checkbox"/> Current and former employees of the office of the attorney general who are or were assigned to a division of that office the duties of which involve law enforcement or are performed under Chapter 231, Family Code; <input type="checkbox"/> Current or former juvenile probation and detention officers certified by the Texas Juvenile Justice Department, or the predecessors in function of the department, under Title 12, Human Resources Code; <input type="checkbox"/> Current or former employees of a juvenile justice program or facility, as defined by §261.405, Family Code;	

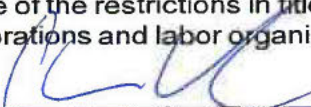
Step 2: Qualification (Continued)	<p><input type="checkbox"/> Current or former employees of the Texas Juvenile Justice Department or the predecessors in function of the department;</p> <p><input type="checkbox"/> Current or former employees of the Texas Civil Commitment Office or of the predecessor in function of the office or a division of the office;</p> <p><input type="checkbox"/> Current or former child protective services caseworker, adult protective services caseworker, or investigator for the Department of Family and Protective Services or a current or former employee of a department contractor performing child protective services caseworker, adult protective services caseworker, or investigator functions for the contractor on behalf of the department;</p> <p><input type="checkbox"/> A firefighter, volunteer firefighter, or emergency medical services personnel as defined by Section 773.003, Health and Safety Code;</p> <p><input type="checkbox"/> Current or former member of the United States Army, Navy, Air Force, Coast Guard, or Marine Corps, an auxiliary service of one of those branches of the armed forces, or the Texas military forces as defined by Section 437.001, Government Code;</p> <p><input type="checkbox"/> Current or former United States attorney, assistant United States attorney, federal public defender, deputy federal public defender, or assistant federal public defender and the spouse or child of the current or former attorney or public defender;</p> <p><input type="checkbox"/> Federal judges and state judges as defined by §1.005, Election Code (and the family member as defined under Section 31.006 of the Finance Code) of a federal or state judge;</p> <p><input checked="" type="checkbox"/> An elected public officer</p>
Step 3: Candidate's Evidence of Status	<p>I have attached a photocopy of documentation showing evidence of my qualification (proof of the qualification claimed above on Step 2).</p>
Step 4: Sign and Date	<p>I certify that the information in this document and any information attached are true and correct to the best of my knowledge and belief.</p> <p>Sign Here ►  Date ► <u>Jan 17 2024</u></p> <p>Making a false statement on this form is a Class A misdemeanor or a state jail felony. Texas Penal Code §37.10</p>
Step 5: Return this form	<p>Return this form to: Candidate Filing Authority</p> <p>_____</p> <p>_____</p> <p>Or fax/email to _____</p>
For Office Use Only	<p>VOID # <u>1510487</u> Documentation received? <input checked="" type="checkbox"/> Yes No</p> <p>Confidentiality Approved? <input checked="" type="checkbox"/> Yes No</p> <p>Signature of Filing Authority <u>Catherine M. Ward</u> Date: <u>01/17/24</u></p> <p>Comments: _____</p>

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

FORM ACTA
PG 1

1 CANDIDATE NAME Charles Randklev	2 FILER ID #	3 Total pages filed: 2
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See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE NAME	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr. Charles NICKNAME LAST SUFFIX Randklev					Date Received	
5 CANDIDATE MAILING ADDRESS	<input type="checkbox"/> NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked
	[REDACTED]						Receipt # Amount \$
6 CANDIDATE PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed		
	[REDACTED]				Date Imaged		
7 OFFICE HELD (if any)	<input type="checkbox"/> NEW	Keller ISD Trustee Place 6					
8 OFFICE SOUGHT (if known)	<input type="checkbox"/> NEW						
9 CAMPAIGN TREASURER NAME	<input type="checkbox"/> NEW	MS / MRS / MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	Mrs. Jennifer Randklev						
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<input type="checkbox"/> NEW	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	[REDACTED]						
11 CAMPAIGN TREASURER PHONE	<input type="checkbox"/> NEW	AREA CODE	PHONE NUMBER	EXTENSION			
	[REDACTED]						
12 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.							
<div><div> Signature of Candidate</div><div>16-Jen-2024 Date Signed</div></div>							

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Charles	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Randklev		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Jennifer	Date Received	
	NICKNAME LAST SUFFIX Randklev		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 23 THROUGH 12 / 31 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff <input checked="" type="checkbox"/> Other Description 5 / 1 / 21 General Special Municipal		
12 OFFICE	OFFICE HELD (if any) Keller ISD Trustee Place 6		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Charles Randklev		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,071.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,071.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

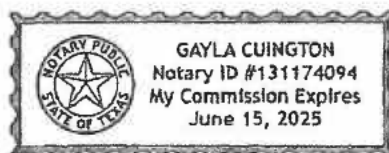
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gayla Cuington this the 16th day of January, 2024, to certify which, witness my hand and seal of office.

Gayla Cuington Gayla Cuington Gayla Cuington
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year).

Signature of Candidate/Officeholder (Declarant)

FORM C/OH
COVER SHEET PG 3

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Charles Randklev		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2023	5 Full name of contributor out-of-state PAC (ID#: Jennifer Randklev 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 2px;"></div>	7 Amount of contribution (\$) 6,071.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		