

All information is required to be provided unless indicated as optional.

APPLICATION FOR A PLACE ON THE KISD Board of Trustees **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.)

KISD Trustee, Place 2

FULL NAME (First, Middle, Last) <u>Karina Davis</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>Karina Davis</u>
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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>8800 Sun Haven Way</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>same -</u>
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CITY <u>Ft Worth</u>	STATE <u>TX</u>	ZIP <u>76244</u>	CITY <u>same -</u>	STATE	ZIP
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PUBLIC EMAIL ADDRESS (If available) <u>karina.davis@kellerisd.net</u>	OCCUPATION (Do not leave blank) <u>Compensation Benefits Mgr</u>	DATE OF BIRTH <u>07/22/69</u>	VOTER REGISTRATION VOID NUMBER (Optional) ¹
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE <u>30</u> year (s) ____ month(s)	IN TERRITORY ELECTED FROM <u>6</u> year (s) ____ month(s)
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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) Karina Davis, who being by me here and now duly sworn, upon oath says:

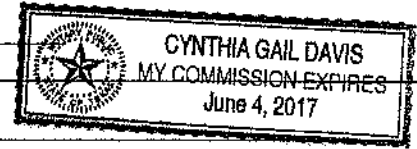
"I, (name) Karina Davis of Tarrant County, Texas, being a candidate for the office of KISD Trustee Place 2, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution 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 K Davis
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 5:50pm, this the 27th day of January, 2016.

Cynthia Gail Davis Signature of Officer Administering Oath²
Notary Public 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 <input checked="" type="radio"/> FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
<p><i>Karina Davis</i></p>		Acct. #
<p><i>Davis</i></p>		Date Received
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Postmarked
<p><i>8800 Sun Haven Way 17 North, TX 76244</i></p>		Date Processed
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Imaged
<p><i>()</i></p>		
5 OFFICE HELD (if any)	<i>KISD Trustee Place 2</i>	
6 OFFICE SOUGHT (if known)	<i>KISD Trustee Place 2</i>	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX	
<p><i>self</i></p>		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
<p><i>same as above</i></p>		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
<p><i>()</i></p>		
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>[Signature]</i> _____ <i>1/27/14</i> _____ Signature of Candidate Date Signed</p>	

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

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.

2016

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.