

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: 1

2 CANDIDATE NAME
MS / MRS / MR FIRST MI
Don
NICKNAME LAST SUFFIX
Ryan

OFFICE USE ONLY

Filer ID #

Date Received **RECEIVED**
JUL 19 2021
BY: AK

Date Hand-delivered or Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
12706 Timberland Trace
Houston TX 77065

4 CANDIDATE PHONE
AREA CODE PHONE NUMBER EXTENSION
(281) 894-8650

5 OFFICE HELD (if any)
CFISD Board Position 6

6 OFFICE SOUGHT (if known)
CFISD Board Position 6

7 CAMPAIGN TREASURER NAME
MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Julie A. Ryan

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE
12706 Timberland Trace Houston TX 77065

9 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(281) 894-8650

10 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.

Don Ryan
Signature of Candidate

7-19-2021
Date Signed

GO TO PAGE 2

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE November 2nd 2021 **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.) <u>CFISD Board Member - Position 6</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>W. Don Ryan</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Don Ryan</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>12706 Timberland Trace</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)
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CITY <u>Houston</u>	STATE <u>TX</u>	ZIP <u>77065</u>	CITY	STATE	ZIP
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PUBLIC EMAIL ADDRESS (If available) <u>dryan@cyfairinsurance.com</u>	OCCUPATION (Do not leave blank) <u>owner of Cy-Fair Insurance Group.</u>	DATE OF BIRTH	VOTER REGISTRATION VUID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>58</u> year (s) <u>7</u> month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ ____ year (s) ____ month(s)

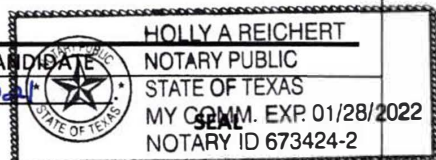
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

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

"I, (name) Don Ryan of Harris County, Texas, being a candidate for the office of CFISD Board - Position 6, 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 Don Ryan
 SIGNATURE OF CANDIDATE



Sworn to and subscribed before me at CFISD Instructional Support Center this the 19th day of July, 2021
[Signature]
 Signature of Officer Administering Oath⁴ Title of Officer Administering Oath
Notary Public

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007) 7/19/21 Date Received [Signature] Signature of Secretary

Voter Registration Status Verified

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

RECEIVED

JUL 19 2021

BY: JK

1 Name of Local Government Officer

Don Ryan

2 Office Held

CFISD Board Position 6

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

N/A

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

N/A

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted N/A Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

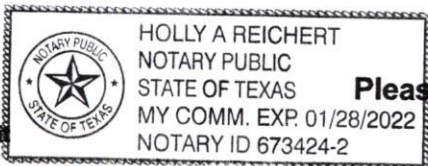
(attach additional forms as necessary)

6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Don Ryan

Signature of Local Government Officer



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Don Ryan this the 19th day of July

2021 to certify which, witness my hand and seal of office.

Holly A. Reichert

Holly A. Reichert

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(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 Local Government Officer (Declarant)

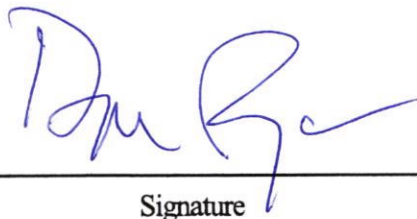
CODE OF FAIR CAMPAIGN PRACTICES

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 untrammelled 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

7-19-2021

Date