

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE Walker County App. Dist **GENERAL ELECTION BALLOT**
 TO: City Secretary/Secretary of Board
November 6, 2018

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>WCHD Manager</u>	INDICATE TERM
	<input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED

FULL NAME (First, Middle, Last) <u>Jerry S Harrison</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Jerry Harrison</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>120 Autumn Way Huntsville TX 77320</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>120 Autumn Way Huntsville TX 77320</u>
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CITY <u>Huntsville</u>	STATE <u>TX</u>	ZIP <u>77320</u>	CITY <u>Huntsville</u>	STATE <u>TX</u>	ZIP <u>77320</u>
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PUBLIC EMAIL ADDRESS (If available)	OCCUPATION (Do not leave blank) <u>Salesman</u>	DATE OF BIRTH <u>05/19/1988</u>	VOTER REGISTRATION VOID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: <u>936-295-0315</u> Work: <u>936-295-5747</u> Cell: <u>936-662-6477</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>70</u> year(s) ____ month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>70</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 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) Jerry Harrison, who being by me here and now duly sworn, upon oath says:

"I, (name) Jerry Harrison of Walker County, Texas, being a candidate for the office of Manager WCHD, 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.

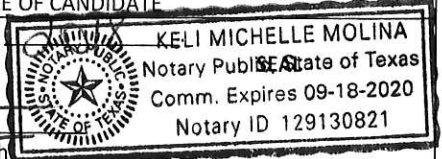
I further swear that the foregoing statements included in my application are in all things true and correct."

X Jerry S Harrison
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Huntsville TX, this the 7th day of August, 2018.

Keli M. Molina
 Signature of Officer Administering Oath⁴

Notary Secretary
 Title of Officer Administering Oath



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


8-7-2018
 Date Received

Keli Molina
 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
2 CANDIDATE NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Jerry</i> MI: _____ NICKNAME: _____ LAST: <i>Larrison</i> SUFFIX: _____	OFFICE USE ONLY
		Filer ID # _____ Date Received: <i>8-7-18</i> Date Hand-delivered or Postmarked: _____
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>140 Autumn Way Huntsville TX 77320</i>	Date Hand-delivered or Postmarked: <i>Keli Melan</i>
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936) 295-0315</i>	Receipt # _____ Amount \$ _____ Date Processed _____
5 OFFICE HELD (if any)	<i>Secretary - WCHD</i>	Date Imaged _____
6 OFFICE SOUGHT (if known)	<i>Manager - WCHD</i>	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX <i>Mrs. Barbara Larrison</i> <i>Mr. Jerry Larrison</i>	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>140 Autumn Way Huntsville TX 77320</i>	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(936)-295-0315</i>	
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. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  _____ Signature of Candidate </div> <div style="text-align: center;"> <i>8-7-18</i> _____ Date Signed </div> </div>	

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

Jenny Larrison

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.

2018

Year of election(s) or election cycle to
which declaration applies

Jenny Larrison

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 treasappoint@ethics.state.tx.us or

Fax this form to (512) 463-8808 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/whatsnew/NewFilersGettingStarted.html>