

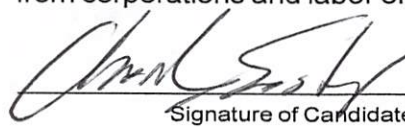


APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

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>November 7, 2023</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.) Council Member, Ward 3		INDICATE TERM ☒ FULL ☐ UNEXPIRED	
FULL NAME (First, Middle, Last) Charles Ellis Easley		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Charles "Chuck" Easley	
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.) 606 Pine Bluff St		PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)	
CITY Cleburne	STATE Texas	ZIP 76031	CITY
STATE	ZIP	CITY	STATE
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) Contractor-Carpenter	DATE OF BIRTH [REDACTED]
		VOTER REGISTRATION VOID NUMBER² (Optional) 1034769697	
TELEPHONE CONTACT INFORMATION (Optional) Home: (817) 526-1723 Office: Cell: (817) 996-6356			
FELONY CONVICTION STATUS (You MUST check one) ☒ I have not been finally convicted of a felony. ☐ 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 IN THE STATE OF TEXAS 51 year(s) 3 month(s)	
		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 16 year(s) 10 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 Ellis Easley</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Charles Easley</u> , of <u>Johnson</u> County, Texas, being a candidate for the office of <u>Council Member, Ward 3</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 SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me this the <u>2nd</u> day of <u>August</u> , <u>2023</u> , by <u>Charles Easley</u> (day) (month) (year) (name of candidate)			
 Signature of Officer Authorized to Administer Oath ⁴			
<u>Notary</u> Title 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: ☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE. This document and \$ _____ filing fee or a nominating petition of _____ pages received. ☐ Voter Registration Status Verified			
_____/_____/_____ Date Received		(See Section 1.007) _____ Signature of Filing Officer or Designee	
_____/_____/_____ Date Accepted			

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

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	Filer ID #	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received	
		Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt #	Amount \$
		Date Processed	
5 OFFICE HELD (if any)		Date Imaged	
6 OFFICE SOUGHT (if known)			
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
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.		
	 Signature of Candidate <u>8-11-23</u> Date Signed 		

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CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

Charles Ellis Esquivel

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 \$1,010 in political contributions or
make more than \$1,010 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.

2023

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

Charles Ellis Esquivel

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 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/filinginfo/QuickFileAReport.php>

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:

Seven

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Amount \$	
9 REPORT TYPE	Date Processed				
10 PERIOD COVERED	Date Imaged				
11 ELECTION	ELECTION DATE				
12 OFFICE	OFFICE HELD (if any)				
13 OFFICE SOUGHT (if known)	City Council, Ward III				
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	COMMITTEE ADDRESS				
	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Charles (Chuck) E. Easley</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>670.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>828.27</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Charles Easley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Charles Easley, and my date of birth is 05-20-72.

My address is 606 Pine Bluff (street), Osborne (city), TX (state), 76021 (zip code), _____ (country).

Executed in Johnson County, State of Texas, on the 02 day of 11 (month), 20 23 (year).

Charles Easley
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 20.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 828.27
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: TWO	
2 FILER NAME Charles (Chuck) E. Easley				3 Filer ID (Ethics Commission Filers)	
4 Date 8/14/23	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Greg Shelton			7 Amount of contribution (\$) 100.00	
6 Contributor address; _____ [REDACTED]			City; State; Zip Code Cleburne Tx 76031		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 8/14/23	Full name of contributor ☐ out-of-state PAC (ID#: _____) Richard Bathe			Amount of contribution (\$) 50.00	
Contributor address; _____ [REDACTED]			City; State; Zip Code Keene Tx 76059		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/14/23	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rick Neighbors			Amount of contribution (\$) 100.00	
Contributor address; _____ [REDACTED]			City; State; Zip Code Keene TX 76059		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/14/23	Full name of contributor ☐ out-of-state PAC (ID#: _____) William D. Gorman			Amount of contribution (\$) 50.00	
Contributor address; _____ [REDACTED]			City; State; Zip Code Cleburne Tx 76031		
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.					

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: TWO	
2 FILER NAME Charles (Chuck) Easley		3 Filer ID (Ethics Commission Filers)	
4 Date 8/18/23	5 Full name of contributor ☐ out-of-state PAC (ID#: Louis Spayer	7 Amount of contribution (\$) 200.00	
6 Contributor address; City; State; Zip Code [REDACTED] Keene TX 76059			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 8/18/23	Full name of contributor ☐ out-of-state PAC (ID#: Donald Beeson	Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code [REDACTED] Keene TX 76059			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/22/23	Full name of contributor ☐ out-of-state PAC (ID#: Richard Bothe	Amount of contribution (\$) 50.00	
Contributor address; City; State; Zip Code [REDACTED] Keene TX 76059			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:	Amount of contribution (\$)	
	Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: ONE	
2 FILER NAME Charles (Chuck) E. EASLEY				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 8/18/23	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Donald Beeson			8 Amount of Contribution \$ 2000	9 In-kind contribution description Voting list from County
7 Contributor address; City; State; Zip Code Keene Tx 76059			☐ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)				13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Charles (Chuck) E. Eadey</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>08-23-23</i>		5 Payee name <i>Signs of Success</i>			
6 Amount (\$) <i>527.00</i>		7 Payee address; <i>909 E. Henderson</i>		City; <i>Claburne TX</i>	State; Zip Code <i>76031</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>yard signs</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>9-30-23</i>		Payee name <i>AMAZON.COM</i>			
Amount (\$) <i>45.27</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>card stock for mailing advertising</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>10-2-23</i>		Payee name <i>U.S. Post Office</i>			
Amount (\$) <i>306.00</i>		Payee address;		City;	State; Zip Code <i>Keene TX 76059</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Postage for advertising mail</i>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED