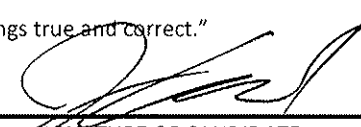

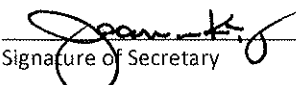
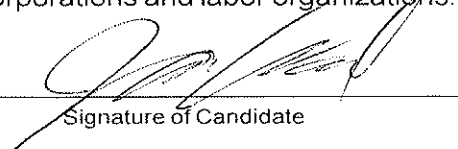


ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>BENBROOK CITY COUNCIL</u> 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>MAYOR, PLACE 1</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>JASON RYAN WARD</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>JASON WARD</u>		
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>113 HAYWOOD DRIVE</u>			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>113 HAYWOOD DRIVE</u>		
CITY <u>BENBROOK</u>	STATE <u>TX</u>	ZIP <u>76126</u>	CITY <u>BENBROOK</u>	STATE <u>TX</u>	ZIP <u>76126</u>
PUBLIC EMAIL ADDRESS (If available) <u>JASON_WARD26@HOTMAIL.COM</u>		OCCUPATION (Do not leave blank) <u>BUSINESS OWNER PAINTING COMPANY</u>	DATE OF BIRTH <u>2 17 1974</u>	VOTER REGISTRATION VUID NUMBER (Optional) ² <u>1010937237</u>	
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: <u>817 504 0196</u>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE <u>47</u> year (s) <u>5</u> month(s)		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>13</u> year (s) <u>5</u> 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) <u>Jason Ward</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>Jason Ward</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Mayor, Place 1</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 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		 SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me at <u>911 Wines St Benbrook, TX 76126</u> , this the <u>19</u> day of <u>July</u> , <u>2021</u> .					
 Signature of Officer Administering Oath ⁴		<u>City Secretary</u> Title of Officer Administering Oath			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)					
		<u>7-19-21</u> Date Received <u>9:15 AM</u>		 Signature of Secretary	
Voter Registration Status Verified <input checked="" type="checkbox"/>					

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	FIRST	MI	OFFICE USE ONLY			
	MR.	JASON	R	Filer ID #			
	NICKNAME	LAST	SUFFIX	Date Received			
		WARD		Date Hand-delivered or Postmarked			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	113 HAYWOOD DRIVE BENBROOK TX 76126						
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	504 0196					
5 OFFICE HELD (if any)	BENBROOK CITY COUNCIL, PLACE 7						Date Imaged
6 OFFICE SOUGHT (if known)	BENBROOK CITY COUNCIL, PLACE 1 - MAYOR						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	MR.	JASON	R		WARD		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
	113 HAYWOOD DRIVE BENBROOK TX 76126						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817)	504 0196					
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> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  _____ Signature of Candidate </div> <div style="text-align: center;"> 7/17/21 _____ Date Signed </div> </div>						
GO TO PAGE 2							

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

JASON WARD

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. ****

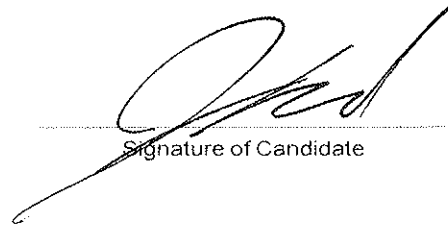
**** The modified reporting option is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

**** Candidates for the office of state chair of a political party
may NOT choose modified reporting. ****

I do not intend to accept more than \$930 in political contributions or make more than \$930 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.

2020 - 2021

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.

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/QuickFileARreport.php>