

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>May 1, 2021</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>CFB ISD Board of Trustees</u>			INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
FULL NAME (First, Middle, Last) <u>Cassandra Brannan Hatfield</u>		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Cassandra Hatfield</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>1405 N. Trail Dr.</u>		PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>1405 N. Trail Dr.</u>	
CITY <u>Carrollton</u>	STATE <u>TX</u>	ZIP <u>75006</u>	CITY <u>Carrollton</u>
PUBLIC EMAIL ADDRESS (If available) <u>hatfieldforCFB@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Research Project Manager</u>	DATE OF BIRTH <u>[REDACTED]</u>
VOTER REGISTRATION VOID NUMBER (Optional) ²			
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: <u>214-908-9923</u>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE <u>30</u> year (s) <u>0</u> month(s) IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>5</u> year (s) <u>2</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>Cassandra Hatfield</u> , who being by me here and now duly sworn, upon oath says: "I, (name) <u>Cassandra Hatfield</u> of <u>Dallas</u> County, Texas, being a candidate for the office of <u>CFBISD Board of Trustees</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 <u>Cassandra Hatfield</u> SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me at <u>8:20 AM</u> , this the <u>8th</u> day of <u>February</u> , <u>2021</u>			
<u>Kimberly Castanon</u> Signature of Officer Administering Oath ⁴		<u>Notary</u> Title of Officer Administering Oath	
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007) <u>2/8/2021</u> Date Received		<u>Kimberly Castanon</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

NICKNAME

LAST

SUFFIX

Cassandra
Hatfield

B

OFFICE USE ONLY

Filer ID #

Date Received

Received
FEB 08 2021

Carrollton-Farmers Branch ISD
Superintendent's Office

Date Hand-delivered or Postmarked

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1405 N. Trail Dr.
Carrollton, TX 75006

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 908-9923

Receipt #

Amount \$

Date Processed

Date Imaged

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

CFBISD Board of Trustees

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Thomas E

Hatfield IV

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

11332 Crestline Ave
Dallas TX 75229

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 923 9379

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.

Cassandra Hatfield

Signature of Candidate

2/8/2021

Date Signed

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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 \$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.

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/QuickFileAReport.php>