


ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>Colleyville 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>Place 1</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Jon ROBERT BULLOCK</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>JON BULLOCK</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>5808 Bettinger</u>			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)		
CITY <u>Colleyville</u>	STATE <u>TX</u>	ZIP <u>76034</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (if available)		OCCUPATION (Do not leave blank) <u>Information Systems Consulting</u>	DATE OF BIRTH <u>9/23/1953</u>	VOTER REGISTRATION VOID NUMBER (Optional) ² <u>1046218916</u>	
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: <u>817-721-6061</u>		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³	
		<u>28</u> year (s) <u>8</u> month(s)		<u>27</u> year (s) <u>11</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>JON ROBERT BULLOCK</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>JON ROBERT BULLOCK</u> of <u>TARRANT</u> County, Texas, being a candidate for the office of <u>Colleyville City Council</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."					
Sworn to and subscribed before me at <u>Colleyville</u> , this the <u>14th</u> day of <u>February</u> , <u>2017</u>		X <u>Jon Bullock</u> SIGNATURE OF CANDIDATE		 CHRISTINE LOVEN My Notary ID # 11092587 Expires May 2, 2022	
		<u>Christine Loven</u> Signature of Officer Administering Oath ⁴			
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)			<u>2/14/19</u> Date Received		
			<u>Christine Loven</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		
	NICKNAME	LAST	SUFFIX			
		Jan	R			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	5808 BETTINGER DR. COLLEYVILLE, TX 76034					
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817) 721-6061					
5 OFFICE HELD (if any)					Date Hand-delivered or Postmarked	
6 OFFICE SOUGHT (if known)	COLLEYVILLE CITY COUNCIL PLACE 1					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	Ms. Kathryn Krause					
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	4301 Brookhollow Dr. Colleyville, TX 76034					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(817) 709-8964					
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>					
	 _____ Signature of Candidate			2/14/2019 _____ Date Signed		
GO TO PAGE 2						

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

Jon Robert Bullock

**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.

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
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

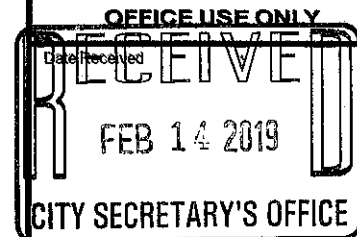
For more information about where to file go to:
<https://www.ethics.state.tx.us/whatsnew/NewFilersGettingStarted.html>

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.



Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> <i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i>				
3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) MR.	FIRST JON LAST BULLOCK	MI R SUFFIX (SR., JR., III, etc.)		
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE (817)	PHONE NUMBER 721-6061	EXTENSION		
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE 76034
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Colleyville City Council Place 1				
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) Ms.	FIRST Kathryn LAST Krause	MI SUFFIX (SR., JR., III, etc.)		

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

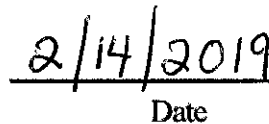
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free 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


Date

PERSONAL FINANCIAL STATEMENT

AFFIDAVIT

Financial Disclosure and Business Conflict of Interest Forms shall be provided by candidates for Mayor and City Council and by applicants seeking appointments to the Planning and Zoning Commission or the Zoning Board of Adjustment, and shall file such forms within two (2) business days following the end of the candidate filing period, or if for appointment, within (2) business day following the end of the application period stated in the official City advertisement for application for the position.

The city manager and the city manager's senior staff members (including any staff member who is appointed with City Council approval) shall also file the same within thirty (30) days of hiring. All person(s), as outlined above, shall have a duty to file supplemental disclosures annually and within five (5) business days of an occurrence of any change in the information reflected in the forms previously filed by the individual.

Before me, the undersigned authority, personally appeared: Jon Robert Bullock who, after being duly sworn upon their oath and deposed and stated as follows:

"My name is Jon Robert Bullock and I hereby submit for filing the attached Financial Disclosure and Business Conflict of Interest forms. I have personal knowledge of all information contained in said forms and all information contained in the forms is true and correct."

"Further, all information contained in the forms is complete. There is no information that has been withheld or not disclosed which is responsive to or required to be disclosed by the forms."

Jon Bullock
Affiant

Sworn to and subscribed before me, this the 14th day of FEBRUARY, 2019



Christine Loven

Notary Public, State of Texas

INITIAL HERE: JB

DATE: 2/14/2019

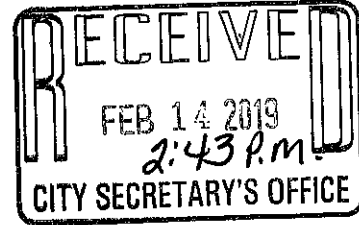
INFORMATION STATEMENT

TOTAL NUMBER OF PAGES FILED:

4

OFFICE USE ONLY

Date Received



1 NAME

First, MI

Jon R

Last, Suffix

BULLOCK

2 ADDRESS

Address/City/State/Zip

5808 Bettinger Dr
Colleyville, TX 76034

3 TELEPHONE NUMBER

Area Code, Phone Number, Extension

817-721-6041

4 REASON FOR FILING STATEMENT

- EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF)
- CANDIDATE Colleyville City Council Place 1 _____ (INDICATE OFFICE)
- ELECTED OFFICIAL _____ (INDICATE OFFICE)
- ZONING BOARD OF ADJUSTMENT (APPLICANT OR APPOINTEE) _____
- PLANNING & ZONING COMMISSION (APPLICANT OR APPOINTEE) _____

Two (2) business days following the end of the candidate filing period or if appointment, following the end of the application period stated in the official city advertisement for the position.

Supplemental disclosure filed annually and within five (5) business days of an occurrence in previously filed form.

***SENIOR STAFF** is defined as those employees who are classified as directors and above in the City's classification system and the City Manager and City Secretary.

5

SPOUSE NAME

Patricia Bullock

DEPENDENT

1. _____

CHILD/CHILDREN NAME(S)

2. _____

3. _____

4. _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY

Section 1

Describe the location, size, and current use of all property owned within the included map, or held in trust by the filer, spouse, and any dependent minor children, or any business entity in which the person has a financial interest.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

1 HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD # _____

2 DESCRIPTION

Lot _____ City Colleyville

Block _____ County Tarrant

Subdivision _____ Ad Valorum Tax Account Number 04081056

Acre(s) and Tract 1.0 Abstract 1177 Tract 1D42

3 STREET ADDRESS STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
5808 Bettinger Dr.
Colleyville, TX 76034

4 NAME LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY

INDIVIDUAL
 BUSINESS

N/A

1 HELD OR ACQUIRED BY FILER SPOUSE DEPENDENT CHILD # _____

2 DESCRIPTION

Lot _____ City _____

Block _____ County _____

Subdivision _____ Ad Valorum Tax Account Number _____

Acre(s) and Tract _____

3 STREET ADDRESS STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE

4 NAME LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY

INDIVIDUAL
 BUSINESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE

FEE, SALARY, OR GIFT**Section 2**

The name and address of any person or corporation which currently has or during the preceding twelve (12) months has had a direct or indirect contractual relationship with the City and from which the person(s), their spouse, or dependent minor children have received a fee, salary, or gift of value exceeding one hundred dollars (\$100.00).

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

1 RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 FEE, SALARY, GIFT	NAME AND ADDRESS N/A
3 DESCRIPTION OF FEE, SALARY, GIFT	 N/A
1 RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 FEE, SALARY, GIFT	NAME AND ADDRESS N/A
3 DESCRIPTION OF FEE, SALARY, GIFT	 N/A
1 RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 FEE, SALARY, GIFT	NAME AND ADDRESS N/A
3 DESCRIPTION OF FEE, SALARY, GIFT	 N/A

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE

BUSINESS INTERESTS

Section 3

The name and address of any corporation or business, which currently has or in the preceding twelve (12) months has had a direct or indirect contractual relationship with the City, of which person(s), their spouse, or any dependent minor children own more than two percent (2%) of the outstanding equity interest or more than two percent (2%) of the assets.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 DESCRIPTION	NAME AND ADDRESS N/A
3 NATURE OF BUSINESS	 N/A
1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 DESCRIPTION	NAME AND ADDRESS N/A
3 NATURE OF BUSINESS	 N/A
1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
2 DESCRIPTION	NAME AND ADDRESS N/A
3 NATURE OF BUSINESS	 N/A

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE