

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE Colleyville City Council 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.) <b>Place 2</b>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <b>Bobby Wayne Lindamood Jr</b>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <b>Bobby Lindamood</b>
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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.) <b>5508 Janet Ln Colleyville, Tx 76034</b>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <b>SAME</b>
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CITY <b>Colleyville</b>	STATE <b>TX</b>	ZIP <b>76034</b>	CITY	STATE	ZIP
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PUBLIC EMAIL ADDRESS (If available) <b>bobby.lindamood@yahoo.com</b>	OCCUPATION (Do not leave blank) <b>Demolition Specialist</b>	DATE OF BIRTH <b>06/05/1971</b>	VOTER REGISTRATION VUID NUMBER (Optional) <sup>2</sup>
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: <b>972-254-1212</b> Cell: <b>214-232-8147</b>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <b>47</b> year (s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <b>8</b> year (s)
	<b>7</b> month(s)	<b>6</b> month(s)

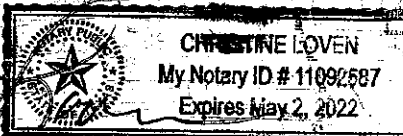
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) Bobby Lindamood, who being by me here and now duly sworn, upon oath says:

"I, (name) Bobby Lindamood of Tarrant County, Texas, being a candidate for the office of Place 2 Colleyville City Council, 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 Bobby Lindamood Jr  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Colleyville, Tx this the 16 day of JANUARY, 2019.

<u>Christine Loven</u> Signature of Officer Administering Oath <sup>4</sup>	<u>Notary</u> Title of Officer Administering Oath	
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)	<u>Christine</u> Signature of Secretary	
Voter Registration Status Verified <input checked="" type="checkbox"/>	<u>1-16-19</u> Date Received	

# 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

FIRST

MI

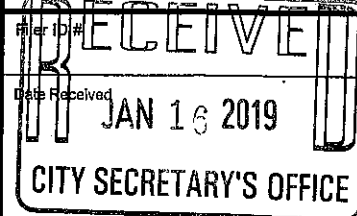
Mr  
NICKNAME

LAST

SUFFIX

Bobby W Lindamood Jr

OFFICE USE ONLY



3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5508 Janet Ln  
Colleyville, Tx. 76034

Date Hand-delivered or Postmarked

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 232 8147

Receipt#

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

Colleyville City Council Place 2

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

SAME

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Christina Tatum

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4100 Allendale St.  
Colleyville, Tx 76034

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 801-9933

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.

*Bobby W Lindamood Jr.*  
Signature of Candidate

1/16/19  
Date Signed

GO TO PAGE 2

**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 \$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](mailto: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.*

<b>OFFICE USE ONLY</b>	
Date Received	<b>RECEIVED</b>
	JAN 16 2019
	CITY SECRETARY'S OFFICE
	amc
Date Hand-delivered or Postmarked	
Date Processed	
Date Imaged	

<b>1 ACCOUNT NUMBER</b> (Ethics Commission Filers)	<b>2 TYPE OF FILER</b>		
	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>
<b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
	Mr	Bob	Wayne
	NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
		Lindamood	Jr.
<b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	2328147	
<b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)	STREET / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	5508 Janet Ln		Colleyville Tx 76034
<b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)	Colleyville City Council Place 2		
<b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)			
<b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
	Mrs	Christina	
	NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
		Tatum	

**GO TO PAGE 2**

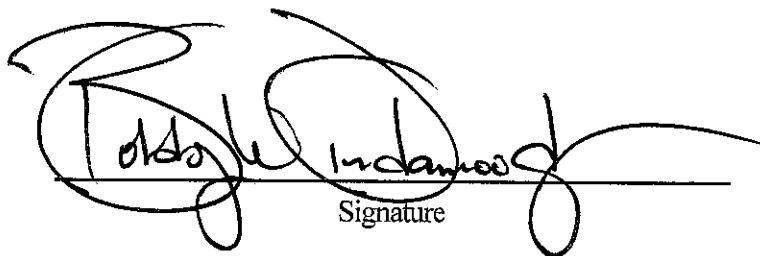
## CODE OF FAIR CAMPAIGN PRACTICES

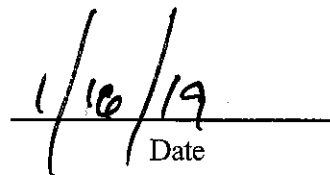
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free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

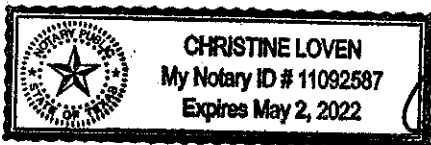
Before me, the undersigned authority, personally appeared: Bobby Lindamood who, after being duly sworn upon their oath and deposed and stated as follows:

"My name is Bobby Lindamood 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."

Bobby Lindamood  
Affiant

Sworn to and subscribed before me, this the 16<sup>th</sup> day of January, 2019



Christine Loven

Notary Public, State of Texas

INITIAL HERE:

DATE:

# INFORMATION STATEMENT

TOTAL NUMBER OF PAGES FILED:

**OFFICE USE ONLY**

**1 NAME**

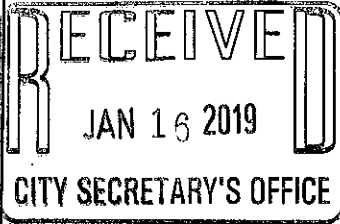
First, MI

Bobby Wayne

Last, Suffix

Lindamood Jr

Date Received



**2 ADDRESS**

Address/City/State/Zip

5508 Janet Ln  
Colleyville Tx 76034

**3 TELEPHONE NUMBER**

Area Code, Phone Number, Extension

214-232-8147

**4 REASON FOR FILING STATEMENT**

- EMPLOYEE \_\_\_\_\_ (CITY MANAGER OR \*SENIOR STAFF)
- CANDIDATE CCC Place 2 (INDICATE OFFICE)
- ELECTED OFFICIAL Place 2 (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

Tami M Lindamood

DEPENDENT

CHILD/CHILDREN NAME(S)

1. Harper R. Lindamood

2. Reagan R. Lindamood

3. \_\_\_\_\_

4. \_\_\_\_\_

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

INITIAL HERE: By

DATE: 1/16/19

# 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.

<sup>1</sup> HELD OR ACQUIRED BY  FILER  SPOUSE  DEPENDENT CHILD # \_\_\_\_\_

<sup>2</sup> DESCRIPTION

Lot 8 City Colleyville

Block 2 County Tarrant

Subdivision Kingswood Estates Ad Valorum Tax Account Number 06628109

Acre(s) and Tract \_\_\_\_\_

<sup>3</sup> STREET ADDRESS

STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE

5508 Janet Ln, Colleyville, Tarrant,  
TEXAS 76034

<sup>4</sup> NAME

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

INDIVIDUAL  
 BUSINESS

<sup>1</sup> HELD OR ACQUIRED BY  FILER  SPOUSE  DEPENDENT CHILD # \_\_\_\_\_

<sup>2</sup> DESCRIPTION

Lot \_\_\_\_\_ City \_\_\_\_\_

Block \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Ad Valorum Tax Account Number \_\_\_\_\_

Acre(s) and Tract \_\_\_\_\_

<sup>3</sup> STREET ADDRESS

STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE

<sup>4</sup> 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

INITIAL HERE: BJ

DATE: 1/16/19



# 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.

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

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE:   *MB*  

DATE:   1/16/19