

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 4, 2019 GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

CITY OF COLLEYVILLE

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.)

MAYOR

INDICATE TERM

FULL

UNEXPIRED

FULL NAME (First, Middle, Last)

RICHARD MARK SKINNER

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT¹

MARK SKINNER

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.)

4100 EXFORD CT.
 COLLEYVILLE, TX 76034

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

CITY
COLLEYVILLE

STATE
TX

ZIP
76034

CITY

STATE

ZIP

PUBLIC EMAIL ADDRESS (If available)

OCCUPATION (Do not leave blank)

REAL ESTATE

DATE OF BIRTH

11 / 18 / 56

VOTER REGISTRATION VOID NUMBER (Optional)²

TELEPHONE CONTACT INFORMATION (Optional)

Home: 214.957.1834

Work:

Cell: 214.957.1834

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

35 year (s)

11 month(s)

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED³

32 year (s)

8 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) MARK SKINNER, who being by me here and now duly sworn, upon oath says:

I, (name) R. MARK SKINNER of Tarrant County, Texas, being a candidate for the office of MAYOR, 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 his 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.

further swear that the foregoing statements included in my application are in all things true and correct."

X R. Mark Skinner

SIGNATURE OF CANDIDATE

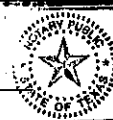
sworn to and subscribed before me at Colleyville, TX this the 6th day of February, 2019

Christine Loven

Signature of Officer Administering Oath⁴

Notary

Title of Officer Administering Oath



CHRISTINE LOVEN
 My Notary ID # 11092587
 Expires May 2, 2022

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:

(see Section 1.007)

2/16/2019

Date Received

Christine Loven

Signature of Secretary

Other Registration Status Verified

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

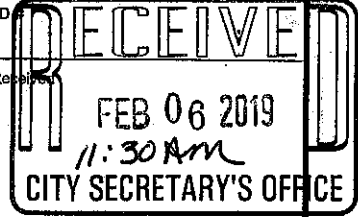
2 CANDIDATE NAME

MS / MRS / MR FIRST MI
MR. R. MARK
NICKNAME LAST SUFFIX
SKINNER

OFFICE USE ONLY

Filer ID

Date Received



Date Hand-delivered or Postmarked

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4100 OXFORD CT.
COLLEYVILLE, TEXAS
76034

Receipt #

Amount \$

Date Processed

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 957-1834

Date Imaged

5 OFFICE HELD (if any)

NONE

6 OFFICE SOUGHT (if known)

MAYOR

7 CAMPAIGN TREASURER NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX
Ms. KAREN DEAKIN

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4828 LAKESIDE DRIVE
COLLEYVILLE, TX 76034

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 300-5902

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

2/06/19
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

MARK SKINNER

**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:

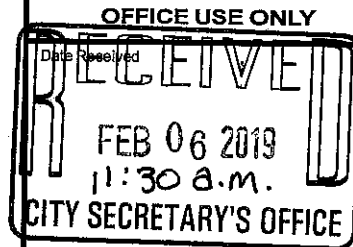
<https://www.ethics.state.tx.us/whatsnew/NewFilersGettingStarted.html>

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

POLITICAL COMMITTEE

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MR.

R.

MI
MARK

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

SKINNER

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(214) 957-1834

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4100 OXFORD GT.
COLLEYSVILLE, TX 76034

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

MAJOR

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

MARK SKINNER CAMPAIGN

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

MS.

KAREN

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

DEAKIN

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.

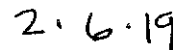
THEREFORE:

- (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

INFORMATION STATEMENT

TOTAL NUMBER OF PAGES FILED:

OFFICE USE ONLY

1 NAME

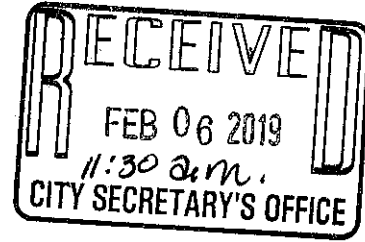
First, MI

R. MARK

Last, Suffix

SKINNER

Date Received



2 ADDRESS

Address/City/State/Zip

4100 OXFORD CT.
COLLEYVILLE, TX 76034

3 TELEPHONE NUMBER

Area Code, Phone Number, Extension

214-957-1834

4 REASON FOR FILING STATEMENT

- EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF)
- CANDIDATE MAYOR _____ (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

VALERIE H. SKINNER

DEPENDENT

1. _____

CHILD/CHILDREN NAME(S)

2. _____

3. _____

4. _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INITIAL HERE: RS

DATE: 2.6.19

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.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
2 DESCRIPTION	Lot <u>14</u> City <u>COLLEYVILLE</u> Block <u>8</u> County <u>TARRANT</u> Subdivision <u>WOODLAND HILLS</u> Ad Valorum Tax Account Number <u>05161266</u> Acre(s) and Tract _____
3 STREET ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>4100 OXFORD CT.</u> <u>COLLEYVILLE - TARRANT COUNTY</u> <u>TEXAS</u>
4 NAME	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <u>N/A</u>
1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> 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 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE

INITIAL HERE: RKS
[Signature]

DATE: 2.6.19

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.

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE

INITIAL HERE: 

DATE: 2.6.19

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

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

NOT APPLICABLE

INITIAL HERE: *PK*
JK

DATE: 2.6.19

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:

R. MARK SKINNER

who, after being duly sworn upon their

oath and deposed and stated as follows:

"My name is MARK SKINNER 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."

R. Mark Skinner

Affiant

Sworn to and subscribed before me, this the 6th day of FEBRUARY, 2019



Christine Loven

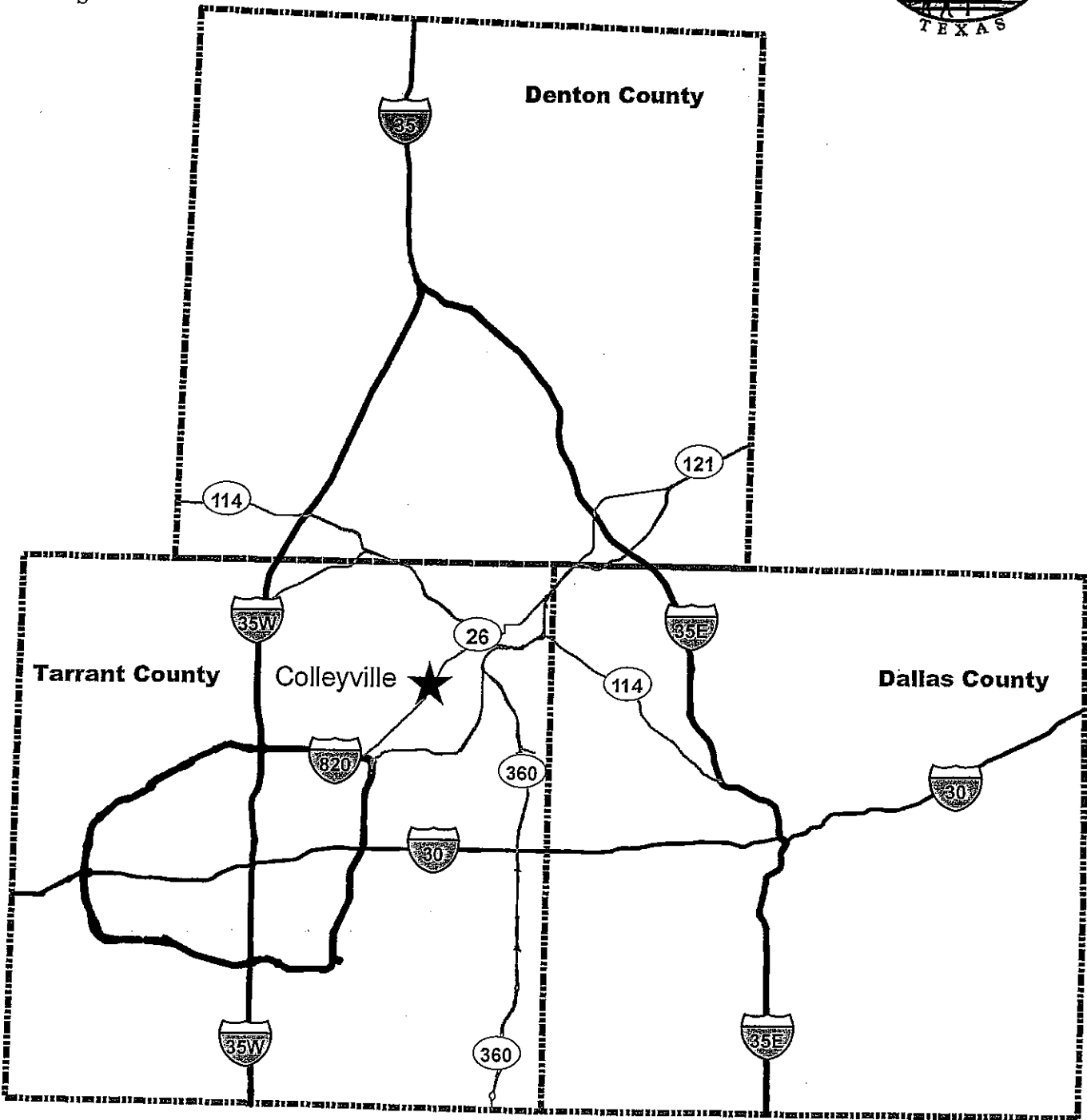
Notary Public, State of Texas

INITIAL HERE:

MS

DATE: 2.6.19

Financial Disclosure and Business Conflict of Interest Disclosure Area Map



The map includes Tarrant, Denton, and Dallas Counties.