

AW2-26, 7/2011
 Prescribed by Secretary of State
 Sections 1-1.031, Chapter 144, Texas Election Code
 All information is required to be provided unless indicated as optional.

12/12/2015
 t. E. G. P. N.

APPLICATION FOR A PLACE ON THE May 9, 2015 GENERAL ELECTION BALLOT

TO: 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>Mayer</u> | INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |
|---|--|

| | |
|--|--|
| FULL NAME (First, Middle, Last) <u>Jude Paredes</u> | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <u>Jude Paredes</u> |
|--|--|

| | |
|--|--|
| PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) <u>10620 Gauge Rd.</u> | MAILING ADDRESS (If different from residence address) <u>same</u> |
|--|--|

| | | | | | |
|-------------------------|--------------------|---------------------|------|-------|-----|
| CITY <u>Beaumont</u> | STATE <u>TX</u> | ZIP <u>77713</u> | CITY | STATE | ZIP |
|-------------------------|--------------------|---------------------|------|-------|-----|

| | | | |
|--------------------------|--|---------------------------------|---|
| EMAIL ADDRESS (Optional) | OCCUPATION (Do not leave blank) <u>Building Maintenance</u> | DATE OF BIRTH <u>8/10/62</u> | COUNTY OF RESIDENCE <u>Jefferson</u> |
|--------------------------|--|---------------------------------|---|

| | | | |
|---|---|---|--|
| TELEPHONE NUMBER (Include area code) (Optional) OFFICE: HOME: <u>351-2401</u> | Length of Continuous Residence as of Date Application Sworn | | |
| | IN STATE <u>52</u> yr(s) <u>10</u> mos | IN CITY <u>52</u> yr(s) <u>10</u> mos | IN DISTRICT OR PRECINCT <u>10</u> yr(s) <u>0</u> mos |

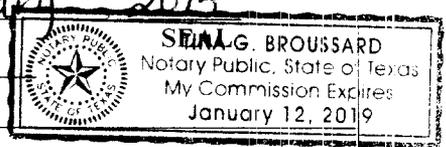
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known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

Before me, the undersigned authority, on this day personally appeared (name) Jude Paredes, who being by me here and now duly sworn, upon oath says: "I, (name) Jude Paredes, of Jefferson County, Texas, being a candidate for the office of Mayer, 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 Jude Paredes
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:36 p.m. this the 27th day of February, 2015
Ina G. Broussard
 Signature of Officer administering oath
Notary
 Title of Officer administering oath



TO BE COMPLETED BY SECRETARY OF BOARD:
 (See Section 1.007)

2-27-15 Ina Broussard
 Date Received Signature of Secretary

**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 | OFFICE USE ONLY | | | | |
| | NICKNAME | LAST | SUFFIX | Acct. # | 2015 APR -9 PM 2:25 CITY OF BEAUMONT | | | |
| 3 CANDIDATE MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | | | | ZIP CODE |
| 4 CANDIDATE PHONE | AREA CODE | PHONE NUMBER | EXTENSION | HD/PM | | | | Date Processed |
| 5 OFFICE HELD (if any) | | | | | | | | Date Imaged |
| 6 OFFICE SOUGHT (if known) | Mayor, City of Beaumont, TX | | | | | | | |
| 7 CAMPAIGN TREASURER NAME | MS/MRS/MR | FIRST | MI | NICKNAME | LAST | SUFFIX | | |
| | Mr. Jude J. Paredes | | | | | | | |
| 8 CAMPAIGN TREASURER STREET ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | | | | | | APT / SUITE #; | |
| | 10620 Gage Rd. | | | | | | Beaumont, TX 77713 | |
| 9 CAMPAIGN TREASURER PHONE | AREA CODE | | PHONE NUMBER | EXTENSION | | | | |
| | (409) | | 351-2401 | | | | | |
| 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. | | | | | | | | |
| Jude Paredes Signature of Candidate | | | | 4-9-15 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 \$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.

2015

Year of election(s) or election cycle to which declaration applies

Jude Flanery
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <div style="font-size: 2em; text-align: center;">2</div> | | | | | | | | | | | | |
|---|---|---|--|---|--|---------------------------------|--|-----------------------------------|--|---|--|----------------|--|-------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>Mr.</i> NICKNAME FIRST <i>Jude</i> LAST <i>Paredes</i> MI <i>J.</i> SUFFIX | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;">2015 APR -9</td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td style="text-align: center;">PM 2:28</td> </tr> <tr> <td>Receipt #</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> | | OFFICE USE ONLY | | Date Received | 2015 APR -9 | Date Hand-delivered or Postmarked | PM 2:28 | Receipt # | Amount | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | |
| Date Received | 2015 APR -9 | | | | | | | | | | | | | | |
| Date Hand-delivered or Postmarked | PM 2:28 | | | | | | | | | | | | | | |
| Receipt # | Amount | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>10620 Gage Rd. Beaumont, TX 77713</i> | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(409) 351-2401</i> | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mr.</i> NICKNAME FIRST <i>Jude</i> LAST <i>Paredes</i> MI <i>J.</i> SUFFIX | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>10620 Gage Rd. Beaumont, TX 77713</i> | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(409) 351-2401</i> | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%;"> <tr> <td style="width:50%;"> Month Day Year 02/27/2015 04 09 2015 - date of appointment of campaign treasurer </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:40%;"> Month Day Year 04/09/2015 </td> </tr> </table> | | | Month Day Year 02/27/2015 04 09 2015 - date of appointment of campaign treasurer | THROUGH | Month Day Year 04/09/2015 | | | | | | | | | |
| Month Day Year 02/27/2015 04 09 2015 - date of appointment of campaign treasurer | THROUGH | Month Day Year 04/09/2015 | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 05/09/2015 </td> <td style="width:70%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year 05/09/2015 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | |
| ELECTION DATE Month Day Year 05/09/2015 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <i>City Mayor of Beaumont, TX</i> | | | | | | | | | | | | | |

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr. Jude Jzy Paredes

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|--|--------------------------------------|
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Jude Paredes
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JUDE PAREDES, this the 9th day of APRIL, 202015 to certify which, witness my hand and seal of office.

Stephanie Gandy
Signature of officer administering oath

STEPHANIE GANDY
Printed name of officer administering oath

NOTARY
Title of officer administering oath