

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 2021 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>BEAUMONT WARD 2</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>TAYLOR STEWART MEILD, SR.</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Taylor S. Meild Sr.</u>
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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.) <u>1538 West Lucas Beaumont, TX 77706</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>1538 West Lucas Beaumont, TX 77706</u>
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CITY <u>BEAUMONT</u>	STATE <u>TX</u>	ZIP <u>77706</u>	CITY <u>BEAUMONT</u>	STATE <u>TX</u>	ZIP <u>77706</u>
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PUBLIC EMAIL ADDRESS (If available) <u>TAYLOR.MEILD@BEAUMONTTEXAS.GOV</u>	OCCUPATION (Do not leave blank) <u>CONTRACTOR</u>	DATE OF BIRTH <u>01/10/1984</u>	VOTER REGISTRATION VUID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: <u>(409) 842-2212</u> Cell: <u>(409) 284-4215</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>37</u> year(s) month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>37</u> year(s) month(s)

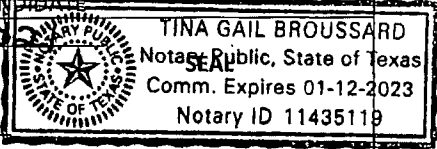
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known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

Before me, the undersigned authority, on this day personally appeared (name) Taylor S. Meild Sr., who being by me here and now duly sworn, upon oath says:

"I, (name) Taylor S. Meild Sr., of Jefferson County, Texas, being a candidate for the office of Ward 2, 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 Taylor S. Meild
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at <u>4:14 p.m.</u> , this the <u>13th</u> day of <u>January</u> 20 <u>21</u>	
<u>Tina Gail Broussard</u> Signature of Officer Administering Oath ⁴	

TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)	<u>1:13:21</u> Date Received	<u>Tina Broussard</u> Signature of Secretary
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Voter 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				OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX	Filer ID #		2019 JAN 22 AM 11 34 CITY CLERK'S OFFICE CITY OF BEAUMONT		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE			Date Received
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Receipt #		Amount \$	
5 OFFICE HELD (if any)							Date Processed	
6 OFFICE SOUGHT (if known)	Ward 2							Date Imaged
7 CAMPAIGN TREASURER NAME	MS/MRS/MR.	FIRST	MI	NICKNAME	LAST	SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE			
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
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: <u>Taylor S. Neild</u> Date Signed: <u>1/22/19</u>		

GO TO PAGE 2

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.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

CITY CLERK'S OFFICE
 CITY OF BEAUMONT
 2021 JAN 13 PM 4:14

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

MI

Mr.
NICKNAME

TAYLOR
LAST

S

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

NEILD

SR.

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(409)

284-4215

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1538 WEST LUCAS

BEAUMONT TX

77706

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

WARD 1

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

NICKNAME

LAST

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

DAN

HOWELL

C

Sr.

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

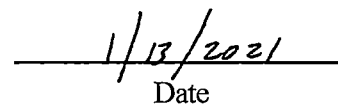
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST TAYLOR	MI S	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged
	NICKNAME	LAST NEILD	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	1538 WEST LUCAS BEAUMONT TX 77706			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(409)	284-4215		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST DAN	MI C	
	NICKNAME	LAST HOWELL	SUFFIX JR	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	4770 LITTLE FIELD BEAUMONT TX 77706			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(970)	946-3258		
9 REPORT TYPE	<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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	
	01	16	2021	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
05 / 01 / 2021		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	
		<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	CITY COUNCIL WARD 1		CITY COUNCIL WARD 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL			
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

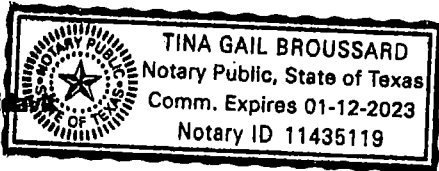
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,650
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ —
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ —
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,025.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

18 SIGNATURE 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.

Taylor S. Neild
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmation

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Taylor S. Neild this the 1st day of April

2021 to certify which witness my hand and seal of office.

Tina Gail Broussard Tina Gail Broussard Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME TAYLOR NEILD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,650
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME TAYLOR NEILD		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM PARISI	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 445 N. 14th ST. BEAUMONT TX 77702		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK PHELAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1277 CALDER BEAUMONT TX 77701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOANNE DISHMAN	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6820 COLLEGE ST BEAUMONT TX 77707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAROLD STEWARD	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3650 BRENTWOOD BEAUMONT TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME TAYLOR NEILD		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY AUSTIN	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 4860 LITTLEWOOD BEAUMONT TX 77706	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL KOSHKIN	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 6065 PINKSTAFF BEAUMONT TX 77706	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY BEAULIEU	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 1625 BRIGHTON COURT BEAUMONT TX 77706	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIRGINIA LOWRANCE	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 925 HEATHER LN BEAUMONT TX 77706	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME TAYLOR NEILD		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVANGELINE GEORGE	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 2532 SOUTH ST BEAUMONT TX 77702	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G.B. GRABBE	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 2535 PARK ST. BEAUMONT TX 77701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRED VERNON	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 4645 JIMMY JOHNSON BLVD PORT ARTHUR TX 77642	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY BYROM	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 1466 WEST LUCAS DR BEAUMONT TX 77706	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME TAYLOR NEILD		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY CHICA	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 3211 CHARLES AVE BEAUMONT TX 77619		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN NEIL JR	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 560 N 3rd BEAUMONT TX 77701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SINA NEJAD	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1440 WEST LUCAS DR BEAUMONT TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICKIE FORD	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 13955 DEMOCRAT RD BRYANT TX 77808		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

3/17/21

ASSOCIATION OF GENERAL CONTRACTOR

500.00

6 Contributor address; City; State; Zip Code

5458 AVENUE A BEAUMONT TX 77705

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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