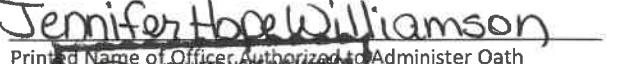


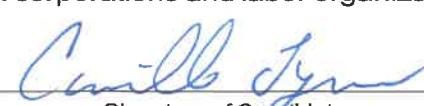
**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
 FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup>. Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Town of Quintana, Texas</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board <u>(name of election)</u> 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>Position 3</b>		INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED			
FULL NAME (First, Middle, Last) <b>Judith Camille Tyner</b>		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <b>Camille Tyner</b>			
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <b>806 Gulf Street</b>		PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <b>806 Gulf Street</b>			
CITY <b>Quintana</b>	STATE <b>TX</b>	ZIP <b>77541</b>	CITY <b>Quintana</b>	STATE <b>TX</b>	ZIP <b>77541</b>
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <b></b>		OCCUPATION (Do not leave blank) <b>Clerical Assistant</b>	DATE OF BIRTH <b>03 / 01 / 1961</b>	VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional) <b></b>	
<b>TELEPHONE CONTACT INFORMATION (Optional)</b> Home: _____ Office: _____ Cell: _____					
<b>FELONY CONVICTION STATUS (You MUST check one)</b> <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>					
LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS <b>64</b> year(s) <b>11</b> month(s)      IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <b>5</b> year(s) <b>2</b> month(s)					
This Box Must ONLY be Completed by Candidates for School District Board of Trustees Check the Box Below: <input type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*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 or contain a title, 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. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <b>Judith Camille Tyner</b> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <b>Judith Camille Tyner</b> , of <b>Brazoria</b> County, Texas, Being a candidate for the office of <b>Council Position #3</b> , 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 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.					
<b>X</b>  SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <b>21</b> day of <b>January</b> (day) (month) 2026, by <b>Judith Camille Tyner</b> (year) (name of candidate)					
 Printed Name of Officer Authorized to Administer Oath <b>JENNIFER HOPE WILLIAMSON</b> Notary ID #132469675 My Commission Expires May 30, 2028					
Signature of Officer Authorized to Administer Oath <sup>4</sup> <b>Jennifer Hope Williamson</b> Notary Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> Voter Registration Status Verified					
_____ / _____ / _____      _____ / _____ / _____			(See Section 1.007)		
Date Received		Date Accepted		Signature of Filing Officer or Designee	

**APPOINTMENT OF A CAMPAIGN TREASURER  
BY A CANDIDATE**

**FORM CTA  
PG 1**

<b>See CTA Instruction Guide for detailed instructions.</b>						1 Total pages filed:		
<b>2 CANDIDATE NAME</b>	MS / MRS / MR Camille Tyner			FIRST MI			<b>OFFICE USE ONLY</b>	
	NICKNAME LAST			SUFFIX			Filer ID #	
<b>3 CANDIDATE MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						Date Received	
	806 Gulf Street, Quintana, TX 77541						Date Hand-delivered or Postmarked	
<b>4 CANDIDATE PHONE</b>	AREA CODE			PHONE NUMBER		EXTENSION	Receipt #	Amount \$
	( )						Date Processed	
<b>5 OFFICE HELD (if any)</b>							Date Imaged	
<b>6 OFFICE SOUGHT (if known)</b>	Council Position #3							
<b>7 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR	FIRST	MI	NICKNAME		LAST	SUFFIX	
	Self-Appointed							
<b>8 CAMPAIGN TREASURER STREET ADDRESS</b> (residence or business)	STREET ADDRESS;			APT / SUITE #;	CITY; STATE;		ZIP CODE	
				806 Gulf Street, Quintana, TX 77541				
<b>9 CAMPAIGN TREASURER PHONE</b>	AREA CODE			PHONE NUMBER		EXTENSION		
	( )							
<b>10 CANDIDATE SIGNATURE</b>	<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>							
	<input checked="" type="checkbox"/>  Signature of Candidate				<input checked="" type="checkbox"/> 1-21-26 Date Signed			

**GO TO PAGE 2**

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE NAME	Camille Tyner
12 MODIFIED REPORTING DECLARATION	<p><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</b></p> <p><b>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</b></p> <p><b>• The modified reporting option is valid for one election cycle only. •</b> (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p><b>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</b></p> <p>I do not intend to accept more than \$1,140 in political contributions or make more than \$1,140 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.</p>

2026

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

x 

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 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/filinginfo/QuickFileAReport.php>

# 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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Camille Tyner	FIRST LAST	MI SUFFIX	OFFICE USE ONLY Date Received	
	NICKNAME				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 806 Gulf Street, Quintana, TX 77541				
<input type="checkbox"/> Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR SELF	FIRST LAST	MI SUFFIX	Receipt #	Amount \$
	NICKNAME			Date Processed	
				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	CITY; STATE; ZIP CODE 806 Gulf Street, Quintana, TX 77541				
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month / /	Day / /	Year / /	Month / /	Day / /
	THROUGH				
11 ELECTION	ELECTION DATE Month Day Year 05 / 02 / 2026		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____		
12 OFFICE	OFFICE HELD (if any) Council Position #3			13 OFFICE SOUGHT (if known) Council Position #3	
14 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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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

<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>		
<b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		TITLE (Dr., Mr., Ms., etc.) Camille Tyner	FIRST MI	
		NICKNAME -	LAST -	SUFFIX (SR., JR., III, etc.) -
<b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		AREA CODE ( )	PHONE NUMBER	EXTENSION
<b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)		STREET / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 806 Gulf Street, Quintana, TX 77541		
<b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)		Council Position #3		
<b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)		Self Appointed		
<b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT)		TITLE (Dr., Mr., Ms., etc.) Self Appointed	FIRST -	MI -
		NICKNAME -	LAST -	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 untrammeled 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 / OFFICERHOLDER CAMPAIGN FINANCE REPORT

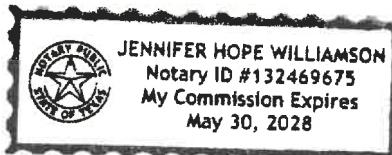
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Camille Tyner	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)	\$
	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	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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.

*Jennith Camille Tyner*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Camille Tyner this the 21 day of January, 2020, to certify which, witness my hand and seal of office.

Jennifer Hope Williamson  
Signature of officer administering oath

Jennifer Hope Williamson  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Camille Tyner, and my date of birth is 03/01/1961.

My address is 806 Gulf Street, Quintana, TX 77541,  
(street) (city) (state) (zip code) (country)

Executed in Brazoria County, State of TX, on the        day of       , 20      .

*X*

Signature of Candidate/Officeholder (Declarant)