

City of San Antonio May 3, 2025 General Election Filing Checklist Required Documents to be submitted

The following documents shall be submitted by the Applicant in the order listed below. This form will be utilized for processing by the Office of the City Clerk.

Applicant Name: Trinity Haddox

| Form Name | Applicant Initials | Office of City Clerk use Only | | |
|---|--------------------|-------------------------------|------------------------|--|
| | | Date Received | Staff Initials | |
| Campaign Treasurer Appointment (Form CTA) (fillable) https://www.ethics.state.tx.us/data/forms/coh/cta.pdf | | | | |
| Office Sought: 7 | TH | 1/17/2025 | 51 | |
| Treasurer Name: Trinity Haddox | | | | |
| Code of Fair Campaign Practices (Form CFCP) – submission voluntary https://www.ethics.state.tx.us/data/forms/coh/cfcp.pdf | TH | 1/17/2025 | DT | |
| 3. Application for a Place on the Ballot (fillable) https://www.sos.state.tx.us/elections/forms/pol-sub/2-49f.pdf Office Sought: 77 | TH | 1/17/2025 | рТ. | |
| 4. Notary Fee for Application \$10 | TH | 1/17/2025 | DT | |
| Supplemental residency documents – 2 required: | | | | |
| Valid Texas Driver's License or Identification Card | TH | 1/17/2023 | 5 WI | |
| Valid Bexar County Voter Registration Certificate with address matching that as noted on the Application for a Place on the Ballot | TH | 1/11/2029 | | |
| Original or copy of current utility bill | | | | |
| Original or copy of most recent personal bank statement | | | | |
| Original or copy of most recent government check | | | | |
| Original or copy of most recent paycheck | | | Section of the section | |
| Original or copy of most recent government document with name and address (original to be presented if it contains a photograph) | | | t die see en tij | |
| 6A. Submitted \$100 filing fee OR | TH | 1/17/2020 | 3 AT | |
| 6B. Petition signatures in lieu of filing fee https://www.sos.state.tx.us/elections/forms/pol-sub/2-51f.pdf | | | | |
| All petition pages circulated by a single Circulator are considered as one packet. One petition page with a sworn, completed Affidavit of Circulator is required per packet. | | | | |
| Petition signatures will be verified within 5 calendar days of receipt. | | | | |

09/2023

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

| LINFORMATION IS REQUIRED TO BE PROVIDED U | | | | | dinformation | may result in i | rejection of applicati | | | |
|---|--|--|--|--|-----------------|--------------------------|------------------------|--|--|--|
| APPLICATION FOR A PLACE ON THE City of San Antonio GENERAL ELECTION BALLOT | | | | | | | | | | |
| TO: City Secretary/Secretary of Board | | | of election) | | | | | | | |
| 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 di | stinguishing n | mber, if any |) INDICATE | TERM | | | | | |
| City Council - I | Distr | ict 7 | | FULL | | UNEXPIRE | ED. | | | |
| FULL NAME (First, Middle, Last) | | 101 | PRINT NA | ME AS YOU WA | NT IT TO APP | | | | | |
| lla | ddox | | Tri | nity Ho | adday | | | | | |
| 111111111111111111111111111111111111111 | | as Dural Dauta | _ | | | | | | | |
| you do not have a residence address. describe locat | ADDRESS (Do not include a P.O. Box or Rural Route. If indiress. describe location of residence.) PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) | | | | | | | | | |
| | | | | | | | | | | |
| CITY | TATE | ZIP | CITY | | | STATE | ZIP | | | |
| San Antonio | TX | 7824 | | | | | | | | |
| PUBLIC EMAIL ADDRESS (Optional) (Address for | OCCUPA | TION (Do not le | ave blank) | ave blank) DATE OF BIRTH VOTER REGISTRATION VUID | | | | | | |
| which you receive campaign related emails, if available.) | and the second second second | | are | ate NUMBER ² (Optional) | | | ptional) | | | |
| Trinity Haddox Campaign @0 TELEPHONE CONTACT INFORMATION OPERIOR | hal) | | | _ | | | | | | |
| Home: | Offic | e: | | | Cell: | | | | | |
| FELONY CONVICTION STATUS (You MUST che | | | TH OF CONTIN | UOUS RESIDENC | E AS OF DATE | THIS APPLICAT | TION WAS SWORN | | | |
| I have not been finally convicted of a feld | ony. | 1 | THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT FROM | | | | | | | |
| ☐ I have been finally convicted of a felony, | | een | 27 year(s) WHICH THE O | | | OFFICE SOUGHT IS ELECTED | | | | |
| pardoned or otherwise released from the | The state of the s | lad. | Z reditor | | | , , | | | | |
| disabilities of that felony conviction and proof of this fact with the submission of | SERVICE COMPANY AND SERVICE OF THE PERSON OF | Control of the contro | month(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 or | contain a tit | tle, nor does it | indicate a pol | itical, economic | , social, or re | ligious view o | r 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) Trinity Haddox , who | | | | | | | | | | |
| being by me here and now duly sworn, upon oath says: | | | | | | | | | | |
| "I, (name of candidates Stray Haddox of San Fintonio Bexar County, Texas, | | | | | | | | | | |
| being a candidate for the office that I will support and defend the Constitution and | | | | | | | | | | |
| laws of the United States and de 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 to be totally mentally incapacitated or partially | | | | | | | | | | |
| mentally incapacitated without this right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose | | | | | | | | | | |
| any prior follows conviction and if so don't ted must provide proof that I have been pardoned or otherwise released from the resulting disabilities of | | | | | | | | | | |
| any such final felony conviction and are that knowingly providing false information on the application regarding my possible felony conviction | | | | | | | | | | |
| status constitutes a Cass B.misdeines for. I further swear that the foregoing statements included in my application are in all things true and correct." | | | | | | | | | | |
| X Thinky Hadredon. | | | | | | | | | | |
| | SIGNATURE OF CANDIDATE | | | | | | | | | |
| Sworn to and subscribed before me this the | 7th day o | Janua | ry 2 | 025 by | Trinity | Lanet | laddox | | | |
| | (day) | (mont | | (year) | (r | name of candid | late) | | | |
| Nowi 2 Luc | | | 7 | Denice | FIL | evino | | | | |
| Signature of Officer Authorized to Administer | Oath ⁴ | | Prin | nted Name of Of | | | ter Oath | | | |
| A/ L | | | | | | | | | | |
| 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: CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE. | | | | | | | | | | |
| This document and \$\frac{100}{00}\$ filing fee or a nominating petition of pages received. Voter Registration Status Verified | | | | | | | | | | |
| | | | | | | | | | | |
| 01 ,17 ,2025 01,22 | 2020 | See Secti | - 5 | Debli | n Ka | uu dr | me | | | |
| Date Received Date Accepted | | | | Signature of Fili | ing Officer o | r Designee | | | | |