



**Candidate Filing Checklist**

Candidate Name: *Chuck Hubbard*

Name of Individual Receiving Packet: *Chuck Hubbard*

Signature of Staff Member Accepting Packet: *Raquel Guizar*

Date Packet Issued: *1-16-2020*

Date Packet Filed/Received: *1-16-2020 @ ~~1:00 PM~~ RA*

Time Packet Filed/Received: *1-16-2020 @ 1:21 PM*

**CANDIDATE REQUIRED DOCUMENTS:**

- Notarized Application Form 2-21
- Form CTA Completed
- Submitted Code of Fair Campaign Practices
- Authorization to Release Personal Email
- Provided Copy of Notice of Drawing for Place on the Ballot

*[Handwritten Signature]*  
\_\_\_\_\_  
Candidate Signature

*1/16/2020*  
\_\_\_\_\_  
Date

By signing above, I acknowledge, as a candidate for Watauga City Council, all documents have been completed and filed with the Watauga City Secretary's Office on the above notated date and at the above notated time.

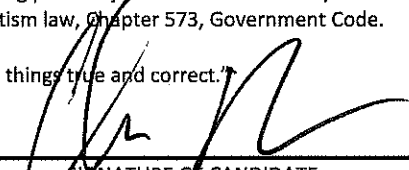
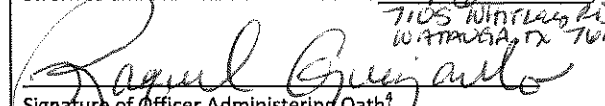
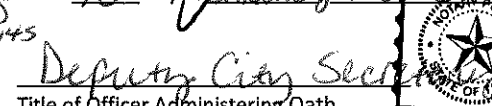
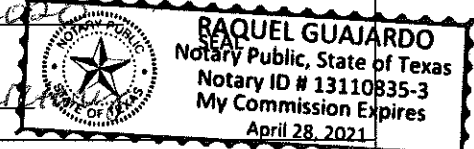
**TO BE COMPLETED BY WATAUGA CITY SECRETARY STAFF:**

- Eligibility Verification
- Notice (if required) of eligibility status
- Updated City Website List of Candidates

\_\_\_\_\_  
Staff Signature

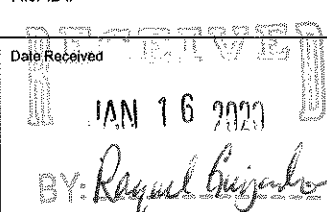
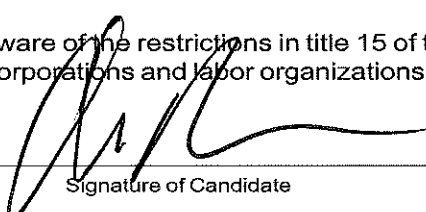
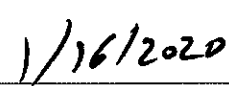
\_\_\_\_\_  
Date

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

<b>APPLICATION FOR A PLACE ON THE</b> <u>CITY OF WATAUGA</u> <b>GENERAL ELECTION BALLOT</b>					
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.)  CITY COUNCIL PLACE 7				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) CHARLES EARL HUBBARD			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> CHUCK HUBBARD		
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.)  5948 HILLGLEN DRIVE			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)  5948 HILLGLEN DRIVE		
CITY WATAUGA	STATE TX	ZIP 76148	CITY WATAUGA	STATE TX	ZIP 76148
PUBLIC EMAIL ADDRESS (If available) hubbardforcouncil@gmail.com		OCCUPATION (Do not leave blank) INSIDE SALES		DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VUID NUMBER (Optional) <sup>2</sup>
TELEPHONE CONTACT INFORMATION (Optional) Home: 817-709-7169  Work:  Cell: 817-709-7169		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN			
		IN STATE		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup>	
		14 year (s)		14 year (s)	
		5 month(s)		5 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) <u>CHARLES HUBBARD</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name) <u>CHARLES HUBBARD</u> , of <u>TARRANT</u> County, Texas, being a candidate for the office of <u>WATAUGA CITY COUNCIL PLACE 7</u> , 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.					
				<b>X</b> 	
				SIGNATURE OF CANDIDATE	
Sworn to and subscribed before me at <u>7105 WINTERS RD WATAUGA, TX 76145</u> this the <u>16th</u> day of <u>January</u> , 2021.					
					
Signature of Officer Administering Oath		Title of Officer Administering Oath			
 <b>RAQUEL GUAJARDO</b> Notary Public, State of Texas Notary ID # 13110835-3 My Commission Expires April 28, 2021					
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD: (See Section 1.007)					
Date Received			Signature of Secretary		
Voter Registration Status Verified <input type="checkbox"/>					

# 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			
	MR.	CHARLES	E	Filer ID #			
CHUCK	HUBBARD			Date Received			
3 CANDIDATE MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked			
	5948 HILLGLEN, DR, WATAUGA, TX. 76148			1-16-2020			
4 CANDIDATE PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Receipt #	Amount \$
	( 817 )	709-7169					
5 OFFICE HELD (if any)	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed			
6 OFFICE SOUGHT (if known)	Date Imaged						
	WATAUGA CITY COUNCIL PLACE 7						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	MR.	CHARLES	E	CHUCK	HUBBARD		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);						
	5948 HILLGLEN DR, WATAUGA, TX. 76148						
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	( 817 )	709-7169					
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						 Date Signed	

GO TO PAGE 2

**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. \*\***

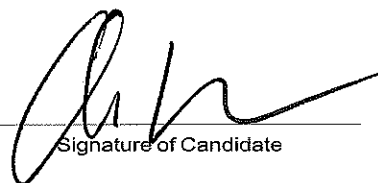
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**\*\* 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.

2020

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](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>

# 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

RECEIVED  
JAN 16 2020

BY: *Rafael Guizardo*

Date Hand-delivered or Postmarked

1-16-2020

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

MI

MR.

CHARLES

E

NICKNAME

LAST

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

CHUCK

HUBBARD

**4 TELEPHONE NUMBER  
OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

( 817 )

709-7169

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5948 HILLGLEN DR, WATAUGA, TX. 76148

**6 OFFICE SOUGHT  
BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

WATAUGA CITY COUNCIL PLACE 7

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN  
TREASURER**  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

MR.

CHARLES

E

NICKNAME

LAST

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

CHUCK

HUBBARD

**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

1/16/2020

Date



## Candidate Authorization Form to Release Email Address

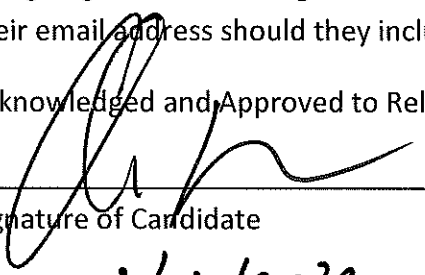
Candidate for the May 2, 2020 City of Watauga Election

Candidate Name: CHUCK HUBBARD

- The Application for a Place on the City of Watauga Election Ballot is a public record and is releasable to the public.
- The application form contains a box to include an email address. Please note that completion of the email box is optional.
- The application is subject to open records under the Public Information Act; however, personal emails are considered confidential.

By signing this acknowledgement form, the candidate is indicating their approval to release their email address should they include it on the application form.

Acknowledged and Approved to Release:

  
\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Acknowledged and Declined to Release

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date