

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE NOV. 3, 2020 GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board

City of Lockhart

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.)

Lockhart City Council, District 3

INDICATE TERM

FULL

UNEXPIRED

FULL NAME (First, Middle, Last)

Kara Bliss McGregor

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT<sup>1</sup>

Kara McGregor

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.)

604 W San Antonio St.

PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)

Same

CITY  
Lockhart

STATE  
TX

ZIP  
78644

CITY

STATE  
ZIP

PUBLIC EMAIL ADDRESS (If available)

Kara@karaforcouncil.com

OCCUPATION (Do not leave blank)

Title Insurance

DATE OF BIRTH

02/12/1967

VOTER REGISTRATION VOID NUMBER (Optional)<sup>2</sup>

TELEPHONE CONTACT INFORMATION (Optional)

Home:

Work:

Cell:

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN

IN STATE

53 year (s)

6 month(s)

IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED<sup>3</sup>

18 year (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) Kara McGregor, who being by me here and now duly sworn, upon oath says:

"I, (name) Kara McGregor of Lockhart County, Texas, being a candidate for the office of City Council, District 3 of Caldwell County, Texas, 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

Kara McGregor  
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 2:20 pm this the 11<sup>th</sup> day of August

Connie Constanco  
 Signature of Officer Administering Oath<sup>4</sup>

Notary Public  
 Title of Officer Administering Oath



CONNIE CONSTANCO  
 Notary ID # 5271582  
 My Commission Expires  
 May 25, 2021

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

8-11-2020  
 Date Received

Connie Constanco  
 Signature of Secretary

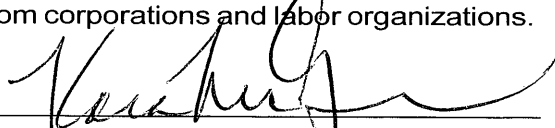
Voter Registration Status Verified

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: 2

2 CANDIDATE NAME	MS / MRS / MR <u>Mrs.</u>	FIRST <u>Kara</u>	MI <u>B</u>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <u>McGregor</u>	SUFFIX			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>604 W San Antonio St. Lockhart TX 78644</u>			Date Received <u>8-11-2020</u>		
				Date Hand-delivered or Postmarked		
4 CANDIDATE PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>944-5272</u>	EXTENSION	Receipt #	Amount \$	
				Date Processed		
5 OFFICE HELD (if any)	<u>Lockhart City Council, District 3</u>			Date Imaged		
6 OFFICE SOUGHT (if known)	<u>Lockhart City Council, District 3</u>					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR <u>Mrs.</u>	FIRST <u>Kate</u>	MI	NICKNAME <u>Collins</u>	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>416 S Church St. Lockhart TX 78644</u>					
9 CAMPAIGN TREASURER PHONE	AREA CODE <u>(512)</u>	PHONE NUMBER <u>796-5406</u>	EXTENSION			
10 CANDIDATE SIGNATURE	<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> <p><u></u> Signature of Candidate</p> <p><u>8/10/2020</u> Date Signed</p>					

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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. ••**

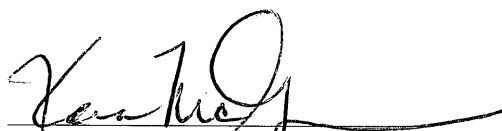
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$900 in political contributions or  
make more than \$900 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/QuickFileARreport.php>