

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 OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>City of Shoreacres May 3rd, 2025</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name 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 distinguishing number, if any.) Alderman				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Johnny Dale Hill			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Johnny Hill		
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.) 1024 N Country Club DR			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY Shoreacres	STATE TX	ZIP 77571	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) Retired		DATE OF BIRTH 11 / 11 / 1958	VOTER REGISTRATION VOID NUMBER ² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell:					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
<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. ³			IN THE STATE OF TEXAS 40 year(s) month(s)		
			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 40 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 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) <u>Johnny Dale Hill</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Johnny Dale Hill</u> , of <u>Harris</u> County, Texas, being a candidate for the office of <u>Alderman</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 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."					
X <u>Johnny Dale Hill</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this <u>12th</u> day of <u>August</u> , <u>2025</u> by <u>Johnny Dale Hill</u> (day) (month) (year) (name of candidate)					
Signature of Officer Authorized to Administer Oath <u>Bernadette Marie Anderson</u> Title of Officer Authorized to Administer Oath Notary Texas			Printed Name of Officer Authorized to Administer Oath <u>Bernadette Marie Anderson</u> Notarial or Official Seal		
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					
Date Received		Date Accepted		(See Section 1.007) Signature of Filing Officer or Designee	



Candidate Authorization to Release E-Mail Address

On the Application for a Place on the City of Shoreacres General Election Ballot form, there is a box to list the candidate's e-mail address.

- Listing the e-mail address is indicated as an optional item to fill out.
- The application is subject to open records under the Public Information Act; however, personal e-mails are considered confidential.

Candidate Name: _____

By signing this acknowledgment form, the candidate is indicating approval to release their e-mail address should they include it on the application form.

Signature of Candidate

Date

I am omitting my personal e-mail address from the Application for a Place on the City of Shoreacres General Election Ballot. I will ~~will not~~ provide it below for use by city staff to contact me on matters pertaining to the election.

E-mail address: JDH350@aol.com

Johnny Hill
Signature of Candidate

2/10/25
Date

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

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. Johnny D. Hill

NICKNAME

LAST

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

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(713) 560-7113

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1024 N. Country Club Dr., Shoreacres TX.
77571

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

Alderman - City of Shoreacres

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

N/A

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mr. Johnny D. Hill

NICKNAME

LAST

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

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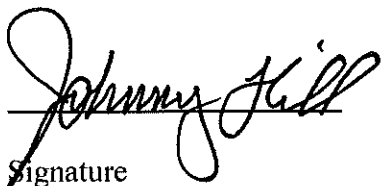
CODE OF FAIR CAMPAIGN PRACTICES

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:

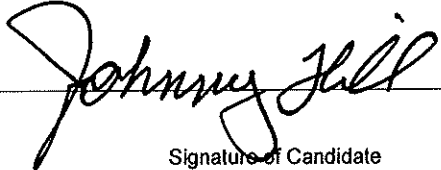
- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate 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

2/10/25
Date


See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR <u>Mr</u> FIRST <u>Johnny</u> MI <u>D.</u>		OFFICE USE ONLY
	NICKNAME <u>Hill</u> LAST SUFFIX		Filer ID #
			Date Received
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1024 N. Country Club Dr.</u> <u>Shoreacres, Tx. 77571</u>		Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 560-7113</u>		Receipt # Amount \$
			Date Processed
5 OFFICE HELD (if any)			Date Imaged
6 OFFICE SOUGHT (if known)	<u>Alderman</u>		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR <u>Mr</u> FIRST <u>Johnny</u> MI <u>D.</u> NICKNAME <u>Hill</u> LAST SUFFIX		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE <u>1024 N. Country Club Dr.</u> <u>Shoreacres, Tx. 77571</u>		
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(713) 560-7113</u>		

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> Signature of Candidate</p> <p><u>2/10/25</u> Date Signed</p>
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2022

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 \$940 in political contributions or make more than \$940 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.

2025

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 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>

ANN HARRIS BENNETT Secretary of State's Office
Harris County Voter Registrar Elections Division
P.O. Box 3527 1-800-252-VOTE (8683)
Houston, TX 77253-3527
www.hetax.net 713-274-8200



Scan to find polling location.
Escanear para encontrar su casilla electoral.
Xin dò qua máy để tìm địa điểm bỏ phiếu. 請
掃描以查看投票地點。
www.harrisvotes.com

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PAID
PERMIT 12026



RETURN SERVICE REQUESTED



VOTER REGISTRATION CERTIFICATE

Certificado de Registro Electoral
Giấy Chứng Nhận Quyền Cử Tri
選民登記證書

HARRIS COUNTY Condado de Harris Quận Harris 哈里斯縣

VUID	Year of Birth Año de Nacimiento Năm Sinh	Valid from / Válido desde Hasta / Đến / 有效起點日期
1119410303	1958	01/01/2024
Cert. No. / Num. de Cert. Số Chứng Nhận / 證書號碼	Precinct Number Número de Precinct 選民區號	Valid thru / Válido hasta Hasta / Đến / 有效截止日期
26677971	0290	12/31/2025

Name and Permanent Residence Address
Nombre y dirección residencial permanente
Tên Họ và Địa Chỉ Cư Ngụ / 姓名及戶籍地址

JOHNNY DALE HILL
1024 N COUNTRY CLUB DR
LA PORTE TX 77571

VOTER MUST PERSONALLY SIGN AND PRINT NAME IMMEDIATELY UPON RECEIPT, IF ABLE.
El votante debe firmar esta tarjeta personalmente al momento de recibirla, si puede.
Cử tri phải điền họ tên của mình ngay sau khi nhận được thẻ này và ký.
如有可能，選民在收到此證書時必須立即簽名並打印姓名。

Johnny D. Hill

U.S. REP. Rep. Federal 美國眾議員	STATE SEN. Sen. Estatal Texas House of Representatives 州參議員	STATE REP. Rep. Estatal Diet der Texas 州眾議員	COMM. PCT. Com. Prec. Uy Viên Quận / Precinct 縣區代 區代	J.P. / CONST. Jefe de Asesoría / Jefe de Asesoría / 憲 分區代 / 憲
36	11	129	2	08

CITY Ciudad Thị trấn / 城市
SHOREACRES
SCHOOL Escuela Trường Học / 學校
LA PORTE ISD

Name and Mailing Address Tên Họ và Địa Chỉ Thư Tin
Nombre y Dirección de Correo 姓名及郵遞地址



000097 802
JOHNNY DALE HILL
1024 N COUNTRY CLUB DR
LA PORTE TX 77571-7112

