

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST LAST MI SUFFIX <i>Sammy G. Farmer</i>	OFFICE USE ONLY Date Received FEB 05 2018 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed	
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>5108 Fairway Dr. San Angelo TX 76904</i>		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 374 1810</i>		
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS / MR FIRST LAST MI SUFFIX <i>Jeana M. Farmer</i>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5108 Fairway San Angelo TX 76904</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 212 3886</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 2018 1 / 25 / 2018</i>		
11 CONVENTION / ELECTION DATE	Month Day Year <i>3 / 6 / 2018</i> <i>Primary</i>	12 OFFICE SOUGHT <i>County Commissioner</i> <i>District 2</i>	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable) <i>Republican</i>		
GO TO PAGE 2			

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 2**

14 CANDIDATE NAME Mr. Sammy G. Farmer **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures.

GENERAL
 SPECIFIC

Additional Pages

COMMITTEE TYPE: _____ COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,000.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5,318.50</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT

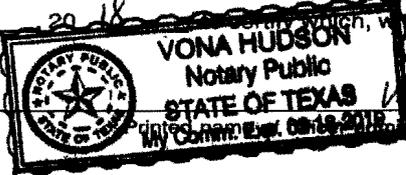
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sammy G. Farmer
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sammy Farmer, this the 5th day of February, 2018.
_____, witness my hand and seal of office.

Vona Hudson Vona Hudson
Signature of officer administering oath _____ Notary
Title of officer administering oath



SUBTOTALS - SC C/OH

**FORM SC C/OH
COVER SHEET PG 3**

19. CANDIDATE NAME <i>Mr. Sammy G. Farmer</i>		20. Filer ID (Ethics Commission Filers)
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>6,300.⁰⁰</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>200.⁰⁰</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,000.⁰⁰</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Mr. Sammy G. Jarner

3 Filer ID (Ethics Commission Filers)

4 Date

1/4/18

5 Full name of contributor

Patty Percifull

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City; State; Zip Code

P.O. Box 414 Robert Lee TX 76945

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/4/18

Full name of contributor

Harvey Andrews

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

3414 Ridgecrest San Angelo TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/3/18

Full name of contributor

JM Key

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address;

City; State; Zip Code

CP Foster Communications
2824 Sherwood Way, San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/4/18

Full name of contributor

C. Becker

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address;

City; State; Zip Code

20784 Private Rd. 1995
Paint Rock TX 76866

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME
Mr. Sammy G. Jansen

3 Filer ID (Ethics Commission Filers)

4 Date
1/4/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Bill Dendle
6 Contributor address; City; State; Zip Code
5417 Bluegrass Crl. San Angelo TX 76903

7 Amount of contribution (\$)
500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/4/18

Full name of contributor out-of-state PAC (ID#: _____)
Elliott Equipment
Contributor address; City; State; Zip Code
P.O. Box 3324, San Angelo TX 76902

Amount of contribution (\$)
200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/4/18

Full name of contributor out-of-state PAC (ID#: _____)
David Jensen
Contributor address; City; State; Zip Code
P.O. Box 1669 San Angelo, TX 76902

Amount of contribution (\$)
1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/5/18

Full name of contributor out-of-state PAC (ID#: _____)
Fred Mueller
Contributor address; City; State; Zip Code
2152 Schwartz Rd. San Angelo TX 76904

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME
Mr. Sammy G. Jaimes

3 Filer ID (Ethics Commission Filers)

4 Date: 1/4/18
5 Full name of contributor: Big Star LLC Art Linticum
 out-of-state PAC (ID#: _____)
6 Contributor address: 4774 N. Chadbourne City: _____ State: _____ Zip Code: _____
San Angelo TX 76903

7 Amount of contribution (\$): 250.00

8 Principal occupation / Job title (See Instructions) _____ 9 Employer (See Instructions) _____

Date: 1/4/18
Full name of contributor: Robert Houseley
 out-of-state PAC (ID#: _____)
Contributor address: 2540 Hue Oak City: San Angelo State: TX Zip Code: 76901

Amount of contribution (\$): 250.00

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Date: 1/4/18
Full name of contributor: Devin Bates
 out-of-state PAC (ID#: _____)
Contributor address: 919 Alta Loma Cir City: _____ State: _____ Zip Code: _____
San Angelo TX 76901

Amount of contribution (\$): 500.00

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

Date: 1/3/18
Full name of contributor: Angie Brown
 out-of-state PAC (ID#: _____)
Contributor address: 3625 Country Club Rd. City: _____ State: _____ Zip Code: _____
San Angelo TX 76904

Amount of contribution (\$): 500.00

Principal occupation / Job title (See Instructions) _____ Employer (See Instructions) _____

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME
Mr. Sammy G. Fauner

3 Filer ID (Ethics Commission Filers)

4 Date: 1/12/18
5 Full name of contributor: Michael Biggerstaff out-of-state PAC (ID#: _____)
6 Contributor address; City; State; Zip Code
P.O. Box 62746 San Angelo TX 76906

7 Amount of contribution (\$)
150⁰⁰

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date: 1/9/18
Full name of contributor: Lee Lowery out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
P.O. Box 494 Alto N.M. 88312

Amount of contribution (\$)
50⁰⁰

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 1/8/18
Full name of contributor: Brian Barrows out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
131 Park Hill Dr San Antonio TX 78212

Amount of contribution (\$)
200⁰⁰

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date: 1/11/18
Full name of contributor: Lance Lacy out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code
5118 Knickerbocker Rd San Angelo TX 76904

Amount of contribution (\$)
200.⁰⁰

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME
Mr. Sammy G. Jaumen

3 Filer ID (Ethics Commission Filers)

4 Date
1/12/18

5 Full name of contributor out-of-state PAC (ID#: _____)
Benny Col

6 Contributor address; City; State; Zip Code
3338 Valleyview Blvd.
San Angelo TX 76904

7 Amount of contribution (\$)
250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
1/17/18

Full name of contributor out-of-state PAC (ID#: _____)
William Fivash

Contributor address; City; State; Zip Code
9751 CR 1640
Paint Rock TX 76866

Amount of contribution (\$)
100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/18/18

Full name of contributor out-of-state PAC (ID#: _____)
Gerrod Pitcock

Contributor address; City; State; Zip Code
1421 S. Abe
San Angelo TX 76903

Amount of contribution (\$)
250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/22/18

Full name of contributor out-of-state PAC (ID#: _____)
Paul Wayne English

Contributor address; City; State; Zip Code
931 Canterbury Lane
San Angelo, TX 76903

Amount of contribution (\$)
500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6

2 FILER NAME

Mr. Sammy G. Jaimes

3 Filer ID (Ethics Commission Filers)

4 Date

1/21/18

5 Full name of contributor

Terrell Sheen

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

5514 Bentwood Dr San Angelo TX 76904

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/18

Full name of contributor

Stephen English

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500⁰⁰

Contributor address;

3222 Timber Ridge San Angelo TX 76904

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <i>1</i>	
2 FILER NAME <i>Mr. Sammy G. Farmer</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>1/20/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Conn</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>Storage of signs</i>
7 Contributor address; City; State; Zip Code <i>P.O. Box 62266 San Angelo TX 76906</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>self employed</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>self</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME M. Sammy G. Garner	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2018	5 Payee name Sammy Garner	
6 Amount (\$) 1,000.00	7 Payee address City; State; Zip Code 5108 Fairway Dr. San Angelo TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment / Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Mr.

Sammy

MI
G.

NICKNAME

LAST

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

FARMER

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(325)

374 1810

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

5108 Fairway Dr San Angelo Tex

76904

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

County Commissioner

Prot 2 Tom Green County

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Ms. Jeana M. Farmer

NICKNAME

LAST

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

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

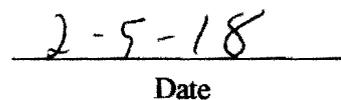
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and 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


Date