

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: <b>9</b>
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <b>Mrs. mecedeth</b>	FIRST <b>m</b>	MI
		NICKNAME <b>Chacon</b>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: <b>PO Box 12721</b> APT / SUITE #: <b></b> CITY: <b>San Antonio, TX 78212</b> STATE: <b></b> ZIP CODE: <b></b>		
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE <b>(210)</b>	PHONE NUMBER <b>393-9902</b>	EXTENSION
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <b>DR.</b>	FIRST <b>R. Douglas</b>	MI
		NICKNAME <b>Campbell</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): <b>PO Box 12721</b> APT / SUITE #: <b></b> CITY: <b>San Antonio, TX 78212</b> STATE: <b></b> ZIP CODE: <b></b>		
8 CAMPAIGN TREASURER PHONE		AREA CODE <b>(210)</b>	PHONE NUMBER <b>240-1679</b>	EXTENSION
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED		Month <b>12</b>	Day <b>/ 8 / 2025</b>	Year THROUGH <b>12 / 31 / 2025</b>
11 ELECTION		ELECTION DATE Month <b>3 / 3 / 20</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any) <b>None</b>	13 OFFICE SOUGHT (if known) <b>Bexar County District Attorney</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME	
		<input type="checkbox"/> GENERAL		
		<input type="checkbox"/> SPECIFIC		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*McMedith Chacon*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *20,600.00*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *10.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *2920.63*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ *7,079.37*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 SIGNATURE

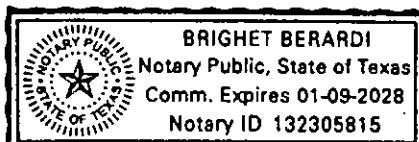
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by

*McMedith M Chacon*

this the 15<sup>th</sup> day of January.

20 *Brighter Berardi* to certify which, witness my hand and seal of office.

*Brighter Berardi*  
Signature of officer administering oath

*Brighter Berardi*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19. FILER NAME	20. Filer ID (Ethics Commission Filers)
<i>Meredith Chacon</i>	
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,400.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,970.56
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,920.63
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Meredith Chacon</u>				3 Filer ID (Ethics Commission Filer)
4 Date <u>12/8/12</u>	5 Full name of contributor <u>Chacon, Campbell Alexander, PLLC</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <u>\$3,000.00</u>
6 Contributor address: <u>214 Duwee Avenue, Ste 300</u>	City: _____	State: _____	Zip Code: _____	
7 San Antonio, TX 78204				
8 Principal occupation / Job title (See Instructions) <u>Attorneys at Law</u>	9 Employer (See Instructions) <u>Self</u>			
Date <u>12/9/12</u>	Full name of contributor <u>D2. Jim Wheat</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$1,400.00</u>
Contributor address: <u>2611 San Pedro</u>	City: _____	State: _____	Zip Code: _____	
<u>San Antonio, TX 78212</u>				
Principal occupation / Job title (See Instructions) <u>Attorney</u>	Employer (See Instructions) <u>Self</u>			
Date <u>12/9/12</u>	Full name of contributor <u>Ramos &amp; Del Cueto, PLLC</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$1,452.00</u>
Contributor address: <u>823 Hoeftn Avenue</u>	City: _____	State: _____	Zip Code: _____	
<u>San Antonio, TX 78210</u>				
Principal occupation / Job title (See Instructions) <u>Attorneys at Law</u>	Employer (See Instructions) <u>Self</u>			
Date <u>12/9/12</u>	Full name of contributor <u>The Law Office of J. Charles Bunk</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$2,500.00</u>
Contributor address: <u>130 E. Texas, Suite 435</u>	City: _____	State: _____	Zip Code: _____	
<u>San Antonio, TX 78205</u>				
Principal occupation / Job title (See Instructions) <u>Attorney</u>	Employer (See Instructions) <u>Self</u>			

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Mercedita Chesser</u>		3 Filer ID (Ethics Commission Filers):
4 Date <u>12/10/25</u>	5 Full name of contributor <u>Dr. Robert Mawire</u>	6 Contributor address: <u>206 Evans Avenue</u> <u>San Antonio, TX 78209</u> 7 Amount of contribution (\$) <u>\$2,500.00</u>
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Self</u>
Date	Full name of contributor ..... Contributor address: <u>.....</u>	□ out-of-state PAC (ID#): _____ ..... City: _____ State: _____ Zip Code: _____ Amount of contribution (\$): _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ..... Contributor address: <u>.....</u>	□ out-of-state PAC (ID#): _____ ..... City: _____ State: _____ Zip Code: _____ Amount of contribution (\$): _____
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ..... Contributor address: <u>.....</u>	□ out-of-state PAC (ID#): _____ ..... City: _____ State: _____ Zip Code: _____ Amount of contribution (\$): _____
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME: <u>Mercedith Chacon</u>		3 Filer ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <u>12/2015</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u>Christopher Michael Forbush</u>	8 Amount of Contribution \$ <u>10,000</u> In-kind contribution description <u>Political Consulting</u> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
7 Contributor address: <u>127 Remount Drive</u> City: <u></u> State: <u></u> Zip Code: <u>78213</u>		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Political Consultant</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Kristie E Woody</u>
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 <u></u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): <u></u> Contributor address: <u></u> City: <u></u> State: <u></u> Zip Code: <u></u>	Amount of Contribution \$ <u></u> In-kind contribution description <u></u> <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

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
3	Meredith Chacon			
4 Date	5 Payee name			
12/8/25	Go Daddy			
6 Amount (\$)	7 Payee address:	City: State: Zip Code:		
\$140.53	1900 S. Mills Ave, Suite 1600 Tempe, AZ 85281			
<input type="checkbox"/> Check if individual's residence address				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Domain Name		
	<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			
12/8/25	Bexar County Democratic Party			
Amount (\$)	Payee address:	City:	State:	Zip Code:
\$1,250.00	1344 Freedmen's Bluff Rd San Antonio, TX 78201			
<input type="checkbox"/> Check if individual's residence address				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Tees	Ballot Fee.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date:	Payee name			
12/9/25	Go Daddy			
Amount (\$)	Payee address:	City:	State:	Zip Code:
\$17.18	1900 S. Mills Avenue, Ste 1600 Tempe, AZ 85281			
<input type="checkbox"/> Check if individual's residence address				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 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  
Parking 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:	2 FILER NAME:	3 Filer ID (Ethics Commission Filer):
3	Meredith Chacon	
4 Date:	5 Payee name:	
12/12/25	Christopher Michael Foothrich	
6 Amount (\$):	7 Payee address:	City: State: Zip Code:
\$240.00	121 Kamonut Drive	
	San Antonio, TX 78218	
<input type="checkbox"/> Check if individual's residence address		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Political Consulting	
	<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		
Date:	Payee name:	Office sought: Office held:
12/15/25	United States Postal Service	
Amount (\$):	Payee address:	City: State: Zip Code:
\$55.00	2400 McCallough Ave	
<input type="checkbox"/> Check if individual's residence address		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description
	Solicitation / Fundraising	PO Box Rental
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date:	Payee name:	Office sought: Office held:
12/15/25	Office Depot	
Amount (\$):	Payee address:	City: State: Zip Code:
\$61.13	3510 Greenwinds	
<input type="checkbox"/> Check if individual's residence address		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description
	Painting	Printer Ink
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## 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 Expenses Schedule F1:	2 FILER NAME: <i>Meredith Chacon</i>		3 Filer ID (Ethics Commission Filer)
4 Date: <i>12/26/25</i>	5 Payee name: <i>Christopher Michael Foebrick</i>		
6 Amount (\$): <i>\$500.00</i>	7 Payee address: <i>127 Remount Drive</i>	(City): <i>San Antonio, TX 78218</i>	(State): <i></i> (Zip Code): <i></i>
8 PURPOSE OF EXPENDITURE: <i>Consulting Expense</i>		(a) Category (See Categories listed at the top of this schedule)	(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
Date: <i>12/30/25</i>		Payee name: <i>Capparelli's on main</i>	
Amount (\$): <i>\$80.74</i>		Payee address: <i>2524 N. Main Avenue</i>	(City): <i>San Antonio, TX 78202</i> (State): <i></i> (Zip Code): <i></i>
PURPOSE OF EXPENDITURE: <i>Food/Beverage</i>		Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH:		Candidate / Officeholder name	Office sought
Date:		Payee name:	
Amount (\$):		Payee address:	(City): <i></i> (State): <i></i> (Zip Code): <i></i>
		<input type="checkbox"/> Check if individual's residence address.	
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	
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

FILED IN MY OFFICE  
MICHELE CAREY  
ELECTIONS ADMINISTRATOR

226 JAN 15 AM 9:13

BEAVER COUNTY

<p><b>1 ACCOUNT NUMBER</b> (Ethics Commission Filer)</p>		<p><b>2 TYPE OF FILER</b></p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p><i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i></p>				
<p><b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Dr., Mr., Ms., etc.) FIRST MI <i>Mrs. Meredith M</i></p> <p>NICKNAME LAST SUFFIX (SR., JR., III, etc.) <i>Chacon</i></p>				
<p><b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>		AREA CODE	PHONE NUMBER			
		( )				
<p><b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>		STREET/PO BOX	APT/SUITE #	CITY	STATE	ZIP CODE
		<i>PO Box 12721 San Antonio, TX 78222</i>				
<p><b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>		<i>Bexar County Criminal District Attorney</i>				
<p><b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)</p>						
<p><b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Dr., Mr., Ms., etc.) FIRST MI <i>Dr. R Douglas</i></p> <p>NICKNAME LAST SUFFIX (SR., JR., III, etc.) <i>Campbell</i></p>				

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 untrammeled 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