

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 Filers)

2 Total pages filed: **9**

OFFICE USE ONLY

Date Received:

Date Hand-delivered to Postmaster:

Receipt #

Date Processed

Date Imaged

FILED IN MY OFFICE
MICHELLE CAREY
ELECTIONS ADMINISTRATOR

2026 JAN 15 AM 9:33

BEXAR COUNTY

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

6th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

12

/

8

/

2025

THROUGH

12

/

31

/

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Bexar County District Attorney

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Meredith 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)	\$ 24,604.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 10,000.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,200.63
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

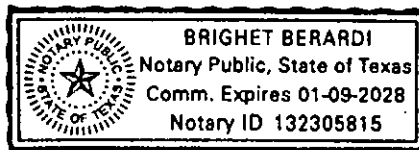
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by **Meredith M Chacon** this the **15th** day of **January**.

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

[Signature]
Signature of officer administering oath

Brighet 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 Meeduth Chacon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$10,000.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$0.00
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	\$2,929.63
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: **2**

2 FILER NAME

Meredith Chacon

3 Filer ID (Ethics Commission Filer)

4 Date

12/8/25

5 Full name of contributor

☐ out-of-state PAC (ID#)

Chacon Campbell Alexander, PLLC

6 Contributor address

City

State

Zip Code

**214 Dwyer Avenue Ste 300
San Antonio, TX 78204**

7 Amount of contribution (\$) **\$3,000.00**

8 Principal occupation / Job title (See instructions)

Attorneys at Law

9 Employer (See instructions)

Self

Date

12/9/25

Full name of contributor

☐ out-of-state PAC (ID#)

Dr. Jim Wheat

Contributor address

City

State

Zip Code

**2611 San Pedro
San Antonio, TX 78212**

Amount of contribution (\$) **\$1,000.00**

Principal occupation / Job title (See instructions)

Attorney

Employer (See instructions)

Self

Date

12/9/25

Full name of contributor

☐ out-of-state PAC (ID#)

Ramos & Del Cueto, PLLC

Contributor address

City

State

Zip Code

**823 Hoefn Avenue
San Antonio, TX 78210**

Amount of contribution (\$) **\$1,000.00**

Principal occupation / Job title (See instructions)

Attorneys at Law

Employer (See instructions)

Date

12/9/25

Full name of contributor

☐ out-of-state PAC (ID#)

The Law Office of J. Charles Bunk

Contributor address

City

State

Zip Code

**130 E. Travis, Suite 435
San Antonio, TX 78205**

Amount of contribution (\$) **\$2,500.00**

Principal occupation / Job title (See instructions)

Attorney

Employer (See instructions)

Self

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>Meendeth Chason</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/10/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>DR. Robert Maurer</u>	7 Amount of contribution (\$) <u>\$2,500.00</u>
6 Contributor address; City; State; Zip Code <u>206 Evans Avenue</u> <u>San Antonio, TX 78209</u>		
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Self</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; 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: 1	
2 FILER NAME Meredith Chacon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/20/15	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher Michael Forbeich	8 Amount of Contribution \$	9 In-kind contribution description Political Consulting
7 Contributor address; City; State; Zip Code 127 Remount Drive San Antonio, TX 78218		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Political Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) Kistler E Woody	
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
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: 3		2 FILER NAME Meredith Chacon		3 Filer ID (Ethics Commission Filer)	
4 Date 12/8/25		5 Payee name Go Daddy			
6 Amount (\$) \$140.53		7 Payee address: 1900 S. Mills Ave Suite 1600 Tempe, AZ 85281		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Domain Names	
		(c) <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 12/8/25		Payee name Bexar County Democratic Party			
Amount (\$) \$1,250.00		Payee address: 1344 Fredericksburg Rd San Antonio, TX 78201		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description 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 12/9/25		Payee name Go Daddy			
Amount (\$) \$17.18		Payee address: 1900 S. Mills Avenue, Ste 1600 Tempe, AZ 85281		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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

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: 3		2 FILER NAME: Mercedith Chacon		3 Filer ID (Ethics Commission Filer)	
4 Date: 12/12/25		5 Payee name: Christopher Michael Foebrecht			
6 Amount (\$): \$244.00		7 Payee address: 121 Komonut Drive		City:	State: Zip Code:
		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): Political Consulting		(b) Description:	
		(c) <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: 12/15/25		Payee name: United States Postal Service			
Amount (\$): \$55.00		Payee address: 2400 McCullough Ave		City:	State: Zip Code:
		San Antonio, TX 78212		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE:		Category (See Categories listed at the top of this schedule): Solicitation / Fundraising		Description: 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:		Candidate / Officeholder name:		Office sought:	Office held:
Date: 12/15/25		Payee name: Office Depot			
Amount (\$): \$61.13		Payee address: 8510 Fuernwinds		City:	State: Zip Code:
		Windcrest Texas 78239		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE:		Category (See Categories listed at the top of this schedule): Printing		Description: 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:		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/Officerholder/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: 3		2. FILER NAME McCreath Chacon		3. Filer ID: (Ethics Commission Filers)	
4. Date 12/26/25		5. Payee name Christopher Michael Foebzich			
6. Amount (\$) \$500.00		7. Payee address: 127 Remount Drive City: State: Zip Code: San Antonio, TX 79218 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officerholder living expense.		
9. Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officerholder name: Office sought: Office held:					
Date 12/30/25		Payee name Capparelli's on main			
Amount (\$) \$86.74		Payee address: 2524 N. Main Avenue City: State: Zip Code: San Antonio, TX 79212 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officerholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officerholder name: Office sought: Office held:					
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code: <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, officerholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officerholder 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
MICHELLE CAREY
ELECTIONS ADMINISTRATOR
2026 JAN 15 AM 9:33
BEXAR COUNTY

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

Mrs. Meredith M

NICKNAME

LAST

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

Chacon

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

()

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 12721 San Antonio, TX 78212

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

Bexar County Criminal District Attorney

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Dr. R Douglas

NICKNAME

LAST

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

Campbell

GO TO PAGE 2

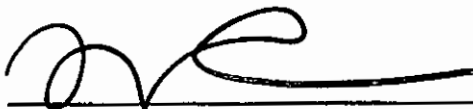
CODE OF FAIR CAMPAIGN PRACTICES

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

Jan 15, 2016

Date