

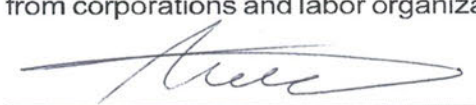
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE <u>Village of Point Venture</u> GENERAL ELECTION BALLOT			
TO: City Secretary/Secretary of Board <u>Nov. 4, 2025</u>			
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.) <u>City Council</u>			INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
FULL NAME (First, Middle, Last) <u>Scott James Staeb</u>		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Scott Staeb</u>	
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.) <u>407 Summit Ridge Dr. N</u> <u>Point Venture, TX 78645</u>		PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)	
CITY <u>Point Venture</u>	STATE <u>TX</u>	ZIP <u>78645</u>	CITY
PUBLIC EMAIL ADDRESS (If available)		OCCUPATION (Do not leave blank) <u>General manager</u>	DATE OF BIRTH <div style="background-color: black; width: 100px; height: 20px;"></div>
TELEPHONE CONTACT INFORMATION (Optional) Home: Work: <div style="background-color: black; width: 150px; height: 20px;"></div>		VOTER REGISTRATION VOID NUMBER (Optional) ²	
TELEPHONE CONTACT INFORMATION (Optional)		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
		IN STATE <u>5</u> year(s) <u>9</u> month(s)	
		IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>5</u> year(s) <u>9</u> 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) <u>Scott James Staeb</u> , who being by me here and now duly sworn, upon oath says:			
"I, (name) <u>Scott James Staeb</u> of <u>Travis</u> County, Texas, being a candidate for the office of <u>Council member</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 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 <u>[Signature]</u> SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me at <u>Travis County</u> , this the <u>18th</u> day of <u>August</u> , <u>2025</u> .			
<u>[Signature]</u> Signature of Officer Administering Oath ⁴		<u>Village Secretary</u> Title of Officer Administering Oath	
TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:			
(See Section 1.007)		<u>8/18/25</u> Date Received	<u>[Signature]</u> Signature of Secretary
Voter Registration Status Verified <input checked="" type="checkbox"/>			



APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	MR Scott J NICKNAME LAST SUFFIX Stuebs			Filer ID # Date Received Date Hand-delivered or Postmarked			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
407 Summit Ridge Dr N. Pointe Venture TX 78645						Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
() N/A							
5 OFFICE HELD (if any)	Council member						
6 OFFICE SOUGHT (if known)	Council member						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
Self							
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
() N/A							
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>08/19/2025</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 \$1,010 in political contributions or
make more than \$1,010 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>