	All information is required to be provided	<u>unless indicate</u>	d as optional.					
	APPLICATION FOR A PLACE	ON THE	May	6,201	/7	GENER	AL ELECTIO	N BALLOT
	TO: City Secretary/Secretary of Board		.)	,				
-	I request that my name be placed on the							
İ	OFFICE SOUGHT (Include any place numb		,	umber, if any.)	1	INDI	CATE TERM	
	Humble ISA	Tro	ustee	105	.	lim	FULL UNEXPIRED	
t	FULL NAME (First, Middle, Last)			PRINT NAI	ME AS YOU WANT	IT TO APP	PEAR ON THE B	ALLOT
	Robert Alan Sit	100		$\perp Q \perp$	\perp Λ	514	Lan	
-								
ĺ	PERMANENT RESIDENCE ADDRESS (Do n Route. If you do not have a residence a			ž .	AILING ADDRESS (Campaign	mailing addres	is, it available.)
	at which you receive personal mail and lo			(A)	_Q			
1				500				
	12918 Long +	unier	\mathcal{O}_{1} .					
	房 些							
}	CITY :	STATE	ZIP	CITY			STATE	ZIP
	Humble		7734	1			07.112	
ŀ	PUBLIC EMAIL ADDRESS (If available)		TION (Do not	<u> </u>	DATE OF BIRTH			STRATION VUID
	-1 10 1 1 111	- Land	11111	1 1 cm			NUMBER (O	ptional) ¹
	oberterobertsitton.co	mmar	12121 7100		08/11	11969		
	TELEPHONE CONTACT INFORMATION (O	ptional)	LEN		NUOUS RESIDENC			
	Home: 832-777-1914			IN STATE		IN TERRITORY ELECTED FROM		
	Work: 281-812-2714			· · · · · · · · · · · · · · · · · · ·	52 year (s) 20 year		s)	
	Cell: 281-450-2472						month(s)	
	If using a nickname as part of your name				- "			
ı	that my nickname does not constitute a commonly known by this nickname for at				onomic, social, or	religious v	view or affiliati	ion. I have been
┟					1 / 1		. 1 1	
	Before me, the undersigned authority, or here and now duly sworn, upon oath say:		onally appear	ed (name) KC	bert Al	an Si	tton_ w	rho being by me
	ואו וה	C×11.		u	. 1			
	"I, (name) Kobert Alan			of,H				Texas, being a
	candidate for the office of <u>Humble</u> of the United States and of the State of T							
-	this state. I have not been finally convict							
	official action. I have not been determin	ed by a final ju	idgment of a	court exercising	g probate jurisdicti	ion to be t	otally mentally	
	partially mentally incapacitated without t	he right to vol	te. I am aware	of the nepotis	ரி law, Chapter 57	3 Governi	ment Code.	
	I further swear that the foregoing statem	ents included	in my annlicat	ion are in all th	has trile and corr	J _{ct} A		
	r further stream that the teregoing statem	onto moravoa	T :	r / 1/				
			X	Wil	K H	10	1	1111,
					SIGNATURE C	F CANDID	ATE . ERL	Y A. A.
Ī	Sworn to and subscribed before me at	135 p	, this th	ne <u> </u>	of Jan &	2017	AC INF	Y PU ON
	$k \cap k$	•		/ .	. (/	٠	× × ×	AL o
	sullex Han		N	stay/1	Band Sec	u/	Syl	
7	Signature of Officer Administering Oath ²		 Title	e of Officer Adr	ninistering Oath	y	6	OF 1ET
-	TO BE COMPLETED BY CITY SECRETARY O		OF BOARD:		0		() 1. 840	2019
	(See Section 1.007)		9/201	7	Devel	7/V	Xereio	1-10-4-5
	Vater Begistystian Status Verified	Date Rec	eived 🧷	135p	Signature of Secre	italry	_	•••

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP **COVER SHEET**

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT) 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) THILE (Dr., Mr., Ms., etc.) FIRST NICKNAME NICKNAME A SUFFIX (SR., JR., III, etc.)	D 1 250 C		OFFICE USE ONLY
CANDIDATE X POLITICAL COMMITTEE If filing as a candidate, complete boxes 3 · 6, If filing for a political committee, complete boxes 7 and 8, then read and sign page 2. 3 NAME OF CANDIDATE (PLEASETYPE OR PRINT) Robert Alan Sitton NICKNAME AREA CODE PHONE NUMBER OF CANDIDATE (PLEASETYPE OR PRINT) AREA CODE (PLEASETYPE OR PRINT) AREA CODE (PLEASETYPE OR PRINT) AREA CODE (PLEASETYPE OR PRINT) TO STREET / POBOX APT / SUITE#: CITY: STATE: ZIP CODE APT / SUITE#: TWIST NICKNAME AREA CODE PHONE NUMBER CITY: STATE: ZIP CODE APT / SUITE#: TWIST NICKNAME AND OF CAMPAIGN TREASURER (PLEASETYPE OR PRINT) TITLE (Dr., Mr., Ms., etc.) PRINT AND AND AND AND AND AND AND A	political committee is enco Campaign Practices. The Cauthority upon submission form. Candidates or policurrent campaign treasurer 1997, may subscribe to the	Date Hand-delivered or Postmarked Date Processed	
CANDIDATE Description of Campaign If filing as a candidate, complete boxes 3 - 6, If filing for a political committee, complete boxes 7 and 8, then read and sign page 3 NAME OF CANDIDATE (PLEASETYPE OR PRINT) Robert Alan Sitton NICKNAME LAST SUFFIX (SR., JR., III, etc.) NICKNAME LAST SUFFIX COMMITTEE IT THE (Dr., Mr., Me., etc.) PHONE NUMBER EXTENSION STREET / POBOX: APT / SUITE #; CITY: STATE ZIP CODE Humble T.S.D. Trustee Pos. I NICKNAME LAST SUFFIX SR., III, etc.) NICKNAME LAST SUFFIX SR., III, etc.)		2 TYPE OF FILER	
then read and sign page 2. boxes 7 and 8, then read and sign page Title (Dr., Mr., Ms., etc.) (Euros commission noto)	CANDIDATE X POL	ITICAL COMMITTEE	
PLEASE TYPE OR PRINT) Robert Alan Sitton NICKNAME LAST SUFFIX (SR. JR. III. etc.) STATE SUFFIX (SR. JR. III. etc.) NICKNAME NICKNAME LAST SUFFIX (SR. JR. III. etc.)		, ,	
Robert Alan Sitton 4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT) 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) NICKNAME 1 LAST SUFFIX (SR., JR. III, etc.) STREET / POBOX: APT / SUITE #; CITY: STATE: ZIP CODE Humble, TX 773 4/6 FIRST A A SUFFIX (SR., JR. III, etc.)	3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	MI A
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT) 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT) 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) THILE (Dr., Mr., Ms., etc.) FIRST NICKNAME NICKNAME A SUFFIX (SR., JR., III, etc.)	· · · · · · · · · · · · · · · · · · ·	Robert	A
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(PLEASE TYPE OR PRINT) 12918 Long Hunter Ct. Humble, TX 77346 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) Humble J.S.D. Trustee Pos. 1 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) TITLE (Dr., Mr., Ms., etc.) FIRST A NICKNAME LAST SUFFIX (SR., JR., III, etc.)		(281) 450-2472	
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) NICKNAME Humble J.S.D. Trustee Pos. I NICKNAME JESS SUFFIX (SR. JR., III, etc.)		STREET/PO BOX; APT/SUITE#; CITY:	STATE: ZIP CODE
BY CANDIDATE (PLEASE TYPE OR PRINT) Humble J.S.D. Trustee Pos. NAME OF COMMITTEE (PLEASE TYPE OR PRINT) HILE (Dr., Mr., Ms., etc.) FIRST MI TREASURER (PLEASE TYPE OR PRINT) NICKNAME LAST SUFFIX (SR., JR., III, etc.)		12918 Long Flunker C	77346
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT) NICKNAME TITLE (Dr., Mr., Ms., etc.) FIRST A SUFFIX (SR. JR., III, etc.)	•		Par 1
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TREASURER (PLEASE TYPE OR PRINT) NICKNAME LAST SUFFIX (SRJR., III, etc.)	•		
(PLEASE TYPE OR PRINT) NICKNAME LAST SUFFIX (SRJR., III, etc.)	•		MI A
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riela 3		Rickname Fields	SUFFIX (SRJR., 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 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

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:	
3 CANDIDATE/	MS / MRS / MRFIRST	Mi		
OFFICEHOLDER	Pohert	A	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Sitton	COLLYX		
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	12918 Long Hunt	er Ct.		
Change of Address	Humble 7	× 77346		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	(281) 450-2473	λ	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	\mathcal{A}^{M}	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	Fields		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE	
TREASURER ADDRESS	1 11 11	1. And Hu	No TV 77396	
(Residence or Business)	2602 South Hon	iston Ave Iu	more, in its off	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 441-2171	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	fection Runoff	15th day after campaign treasurer appointment	
		ction Exceeded \$500 limit	(Officeholder Only)	
•	July 15 8th day before elect	CHOR Exceeded \$300 mins	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	07/15/16	THROUGH 01/	15/17	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary 05 06 17 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Humble ISD Trustee Pos 1	Sane		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Obert 1	Flan Sitton 15	Filer ID (Ethics Commission Filers)	
16 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	NIA		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		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 \$			
	I .	POLITICAL CONTRIBUTIONS THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	\$ O	
EXPENDITURE TOTALS 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ -0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0	
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$ 0	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT. VERLY A RY A OF TE 223511 AFFIX NOTABLE BLAM	/SEALABOVE	I swear, or alligh, under penalty of per true and correct and includes all infor under Title 1/5, Election Opde. Signature of Candid	jury, that the accompanying report is nation required to be reported by me	
Sworn to and subscribed before me, by the said, this the, this the				
Boul	is de	Beverly Aden	Notary Board Say	
Signature of officer a	dm/nistering oath	Printed name of officer administering oath	Title of officer administering oath	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	1 Total pages filed:				
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
NAME	Robert	Acct. #			
	NICKNAME LAST SUFFIX				
	Sitton	Date Received			
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE	1			
MAILING ADDRESS	12918 Long Hunter Ct. Humble, Tx 77346				
	Humble, Tx 77346				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Postmarked			
FIIOIVL	(281) \$ 450-2472	Date Processed			
5 OFFICE		Date Imaged			
HELD (if any)	Humble JSD Truskee Pos. 1				
6 OFFICE SOUGHT (if known)	Same				
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX			
TREASURER NAME	less A Fields				
8 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE:	ZIP CODE			
TREASURER STREET	2602 South Houston Ave Humb	1. 74 7729/2			
ADDRESS	12602 South rouston 100 1100	le, 1x 1/314			
(residence or business)					
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION				
TREASURER PHONE	(28h //// - 1-1				
	(281) 441-2171				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.			
	,	7,00			
	I am aware of my responsibility to file timely reports as the Election Code.	s required by title 15 of			
	I am aware of the restrictions in title 15 of the Election C	Pode on contributions			
	from comporations and labor organizations.	oue on congribations			
	1 / /MA A/ /SK	1 1/2			
	1	<u>~ 8~ 1</u>			
	Signature of Candidate	Date Signed			
GO TO PAGE 2					