2-49 Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code 09/2023

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL Failure to provide required information may result in rejection of application. APPLICATION FOR A PLACE ON THE ARGYLES ISD BOARD OF TRUSTERS GENERAL ELECTION BALLOT (name of election) TO: City Secretary/Secretary of Board 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.) INDICATE TERM X FULL PLACE 6 BOARD OF TRUSTEES, UNEXPIRED PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* FULL NAME (First, Middle, Last) MATTHEW MATTHEW SLATON SHATON FLEMING PUBLIC MAILING ADDRESS (Optional) (Address for which you receive PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If campaign related correspondence, if available.) you do not have a residence address, describe location of residence.) HILL WINTHROP STATE ZIP CITY STATE ZIP 76226 TXARGYLE OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID PUBLIC EMAIL ADDRESS (Optional) (Address for NUMBER² (Optional) which you receive campaign related emails, if available.) BUSINESS 07,19,1976 OWNER TELEPHONE CONTACT INFORMATION (Optional) Office: LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN FELONY CONVICTION STATUS (You MUST check one) IN TERRITORY/DISTRICT/PRECINCT FROM IN THE STATE OF TEXAS I have not been finally convicted of a felony. WHICH THE OFFICE SOUGHT IS ELECTED I have been finally convicted of a felony, but I have been 27 year(s) (year(s) pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided 8_ month(s) // month(s) proof of this fact with the submission of this application.3 *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 or contain a title, 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. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot. Before me, the undersigned authority, on this day personally appeared (name of candidate) MATT being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>MATT</u> <u>SLATON</u> of <u>DENTON</u> County, Texas, being a candidate for the office of <u>SHOVL</u> <u>BOARD</u> TRUSTEE <u>PLACE</u> 6, 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 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 am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct." SIGNATURE OF CANDIDATE Sworn to and subscribed before me this the 15H day of Ganuary ,2025, by Matt 5LA ton (day) (month) (year) (name of candidate) Printed Name of Officer Authorized to Administer Oath Signature of Officer Authorized to Administer Oath4 Title of Officer Authorized to Administer Oath

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE RECURRENCE FILING FEE HIS APPLICATION IN LIEU OF A FILING FEE HOST TO BE COMPANIED BY THE RECURRENCE FILING FEE HIS APPLICATION IN LIEU OF A FILING FEE HIS APPLICATION STATUS VERIFIED BY THE REGISTRATION STATUS VERIFIED BY THE REGISTRATION STATUS VERIFIED BY THE RECURRENCE FILING FEE HIS APPLICATION IN LIEU OF A FILING FEE HIS APPLICATION STATUS VERIFIED BY THE RECURRENCE FILING FEE HIS APPLICATION OF THE RECURRENCE __/___ (See Section 1.007) Signature of Filing Officer or Designee Date Accepted

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS/MRS/MR · FIRST MI	OFFICE USE ONLY
NAME	MR MATTHEW F	Filer ID #
	NICKNAME LAST SUFFIX	Date Received
	MATT SLATON	1-15-2025 ym
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
MAILING ADDRESS	2001 WINTHROP HILL RD, ARGYLE, TX 76226	
		Date Hand-delivered or Postmarked
4 CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$
PHONE	(214) 492-3741	Date Processed
5 OFFICE		Date Imaged
HELD (if any)	ARBYLE ISD TRUSTEE PLACE 6	
6 OFFICE SOUGHT (if known)	ARGYLE ISD TRUSTEE PLACE 6	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME MR MATTHEW F MATT	SLATON
	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER		,
STREET ADDRESS	2001 WINTHROP HILL RD, ARGYLE, TX	76226
(residence or business)		
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(214) 492-3741	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.
	I am aware of my responsibility to file timely reports a the Election Code.	s required by title 15 of
	I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	Code on contributions
	1 11 00	1/10/00
	Signature of Candidate	/ / / / / / / Date Signed
	Signature or Cartuidate	, but digited
GO TO PAGE 2		

MATT SLATON		
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 \$1,110 in political contributions or make more than \$1,110 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.		
		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