

**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<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE</b> <u>School Board</u> <b>GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| TO: City Secretary/Secretary of Board (name of election)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| 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.)<br><u>Place 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                    | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED                                                                                                                                                              |                                                                                      |                                                        |
| FULL NAME (First, Middle, Last)<br><u>PAMELA ANN CLEGG</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                    | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br><u>PAMELA A. CLEGG</u>                                                                                                                                                                              |                                                                                      |                                                        |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br><u>708 S. DENTON ST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                    | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)                                                                                                                                          |                                                                                      |                                                        |
| CITY<br><u>GAINESVILLE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STATE<br><u>TX</u> | ZIP<br><u>76240</u>                                                | CITY                                                                                                                                                                                                                                                      | STATE                                                                                | ZIP                                                    |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | OCCUPATION (Do not leave blank)<br><u>HEAD OF GROWTH STRAT-EGY</u> | DATE OF BIRTH<br><u>[REDACTED]</u>                                                                                                                                                                                                                        |                                                                                      | VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional) |
| TELEPHONE CONTACT INFORMATION (Optional)<br>Home: <u>9407688799</u> Office: Cell:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| FELONY CONVICTION STATUS (You MUST check one)<br><input checked="" type="checkbox"/> I have not been finally convicted of a felony.<br><input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                    | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN<br>IN THE STATE OF TEXAS<br><u>9</u> year(s)<br><u>3</u> month(s)<br>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED<br><u>9</u> year(s)<br><u>3</u> month(s) |                                                                                      |                                                        |
| This Box Must ONLY be Completed by Candidates for School District Board of Trustees<br>Check the Box Below:<br><input checked="" type="checkbox"/> I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| *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) <u>Pamela Clegg</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Pamela Clegg</u> , of <u>Cooke</u> County, Texas, Being a candidate for the office of <u>School Board Place 1</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 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. |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| Sworn to and subscribed before me this <u>13<sup>th</sup></u> day of <u>February</u> , <u>2026</u> , by <u>Pamela Clegg</u><br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                    | X<br>SIGNATURE OF CANDIDATE<br><u>[Signature]</u>                                                                                                                                                                                                         |                                                                                      |                                                        |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>Edwina Barnes</u><br>Notary Public<br>Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                    | Printed Name of Officer Authorized to Administer Oath<br><u>Edwina Barnes</u><br>EDWINA BARNES<br>Notary Public, State of Texas<br>Comm. Expires 01-26-2028                                                                                               |                                                                                      |                                                        |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:<br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.<br>This document and \$ <u>0</u> filing fee or a nominating petition of <u>0</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                    |                                                                                                                                                                                                                                                           |                                                                                      |                                                        |
| Date Received<br><u>02/13/26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | Date Accepted<br><u>02/17/26</u>                                   |                                                                                                                                                                                                                                                           | (See Section 1.007)<br>Signature of Filing Officer or Designee<br><u>[Signature]</u> |                                                        |

# 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

RECEIVED  
E. Barnes  
2/13/25 2:43pm

Date Hand-delivered or Postmarked

Date Processed

2/17/24

Date Imaged

2/18/24

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)

Pamela  
Clegg

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

FIRST

MI

Ms.

Pamela

A

NICKNAME

LAST

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

Clegg

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(940)

768-8799

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

708 S. Denton St. Gainesville TX 76240

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

Gainesville ISD Board of Trustees  
Place 1

7 NAME OF COMMITTEE  
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN  
TREASURER  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mr.

Martin

NICKNAME

LAST

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

Phillips

GO TO PAGE 2

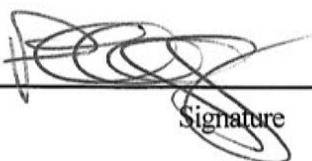
## CODE OF FAIR CAMPAIGN PRACTICES

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.

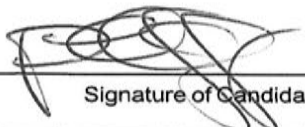
I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
\_\_\_\_\_  
Signature

2/13/2026  
Date

# 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                      |
|                                                             | MS. Pamela A<br>NICKNAME LAST SUFFIX<br>Clegg                                                                                                                                                                                                                                                                            |                      |                         |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX:                                                                                                                                                                                                                                                                                                        | APT / SUITE #:       | CITY: STATE: ZIP CODE   |
|                                                             | 708 S. Denton St.<br>Gainesville TX 76240                                                                                                                                                                                                                                                                                |                      |                         |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                | PHONE NUMBER         | EXTENSION               |
|                                                             | (940) 768-8799                                                                                                                                                                                                                                                                                                           |                      |                         |
| 5 OFFICE HELD (if any)                                      |                                                                                                                                                                                                                                                                                                                          |                      |                         |
|                                                             |                                                                                                                                                                                                                                                                                                                          |                      |                         |
| 6 OFFICE SOUGHT (if known)                                  | Gainesville ISD Board of Trustees Place I                                                                                                                                                                                                                                                                                |                      |                         |
|                                                             |                                                                                                                                                                                                                                                                                                                          |                      |                         |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR                                                                                                                                                                                                                                                                                                                | FIRST                | MI NICKNAME LAST SUFFIX |
|                                                             | Mr. Martin K. Phillips                                                                                                                                                                                                                                                                                                   |                      |                         |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS:                                                                                                                                                                                                                                                                                                          | APT / SUITE #:       | CITY: STATE: ZIP CODE   |
|                                                             | 715 S. Lindsay St. Gainesville TX 76240                                                                                                                                                                                                                                                                                  |                      |                         |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE                                                                                                                                                                                                                                                                                                                | PHONE NUMBER         | EXTENSION               |
|                                                             | (571) 345-8377                                                                                                                                                                                                                                                                                                           |                      |                         |
| 10 CANDIDATE SIGNATURE                                      | I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.<br><br>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.<br><br>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. |                      |                         |
|                                                             | <div style="display: flex; justify-content: space-between;"> <div> <br/>           Signature of Candidate         </div> <div>           2/13/2026<br/>           Date Signed         </div> </div>                                   |                      |                         |

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA**  
**PG 2**

**11 CANDIDATE  
NAME**

*Pamela A. Clegg*

**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 \$1,110 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.

*2026*

Year of election(s) or election cycle to  
which declaration applies

*[Signature]*

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](mailto: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>