

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.¹ Failure to provide required information may result in rejection of application.

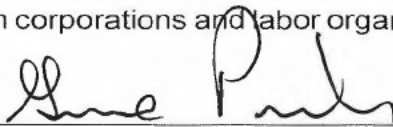
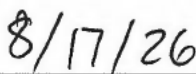
APPLICATION FOR A PLACE ON THE <u>Keller ISD</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election) I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Trustee Place 4</u>				INDICATE TERM ☒ FULL ☐ UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Geramie Lynn Parrish</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Geramie Parrish</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.) <u>119 Connal Dr</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>Fort Worth</u>	STATE <u>Tx</u>	ZIP <u>76244</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>Parrish4KISD@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Sales</u>	DATE OF BIRTH [REDACTED]		VOTER REGISTRATION VOID NUMBER² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: <u>817-382-7830</u> Office: Cell:					
FELONY CONVICTION STATUS (You MUST check one) ☒ I have not been finally convicted of a felony. ☐ 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. ³			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS <u>45</u> year(s) <u>8</u> month(s) IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>6</u> year(s) <u>0</u> month(s)		
This Box Must ONLY be Completed by Candidates for School District Board of Trustees Check the Box Below: ☒ 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>Geramie Parrish</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Geramie Parrish</u> , of <u>Tarrant</u> County, Texas, Being a candidate for the office of <u>Trustee Place 4</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.					
X <u>June Parrish</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>17th</u> day of <u>August</u> , <u>2024</u> , by <u>Geramie Parrish</u> . (day) (month) (year) (name of candidate)					
<u>Catherine White</u> Signature of Officer Authorized to Administer Oath ⁴			<u>Catherine White</u> Printed Name of Officer Authorized to Administer Oath My Notary ID # 6447598 Expires June 17, 2030		
<u>Notary</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: ☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE. This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>1</u> pages received. ☒ Voter Registration Status Verified					
<u>8, 17, 2024</u> Date Received		<u>8, 17, 2024</u> Date Accepted		<u>Catherine White</u> Signature of Filing Officer or Designee	

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	
	NICKNAME	LAST	SUFFIX		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Filer ID #	
	Date Received			Date Hand-delivered or Pctmarked	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$
	Date Processed			Date Imaged	
5 OFFICE HELD (if any)					
6 OFFICE SOUGHT (if known)	Kellen ISD Board of Trustees, Place 4				
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST SUFFIX
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		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate  Date Signed				

GO TO PAGE 2

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

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

MR

Geramie

L

NICKNAME

LAST

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

Parrish

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817) 382-7830

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

119 Connal Dr Ft Worth Tx 76244

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

Kellen ISD Trustee Place 4

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mrs

BREANNA

C

NICKNAME

LAST

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

Parrish

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

8/17/26

Date

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: 4										
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST Geramie MI L NICKNAME LAST SUFFIX Parish	OFFICE USE ONLY Date Received 10/05/24											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 119 Corral Dr Ft Worth TX 76244												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 382-7830												
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS FIRST Breanna MI C NICKNAME LAST SUFFIX Parish	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 10/05/24 Date Imaged 10/05/24											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 119 Corral Dr Ft Worth TX 76244												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 382-7830												
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)												
10 PERIOD COVERED	Month Day Year Month Day Year 8 / 17 / 2024 THROUGH 9 / 24 / 2024												
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 3 / 2024 ☒ General ☐ Special												
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustee Place 4											
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none; vertical-align: top;"> ☐ GENERAL ☐ SPECIFIC </td> <td style="border: none;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE TYPE</td><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td style="padding: 2px;"> </td></tr> </table> </td> </tr> </table>			☐ GENERAL ☐ SPECIFIC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE TYPE</td><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td style="padding: 2px;"> </td></tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Geranie L Parrish		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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 88.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is **Geranie Parrish**, and my date of birth is **[REDACTED]**
 My address is **119 Coral Dr**, **Ft Worth**, **TX**, **76244**, **USA**
 (street) (city) (state) (zip code) (country)
 Executed in **TARRANT** County, State of **Texas**, on the **4** day of **October**, 20 **20**
 (month) (year)
Geranie Parrish
 Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Geramie L Parrish	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/26	5 Payee name META PLATFORMS INC	
6 Amount (\$) 0.03 ☐ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description META Ad Spend
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 8/24/26	Payee name META PLATFORMS INC	
Amount (\$) 1.62 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description META Ad Spend
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 8/25/26	Payee name META PLATFORMS INC	
Amount (\$) 15.27 ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description META Ad Spend
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 PERSONAL FUNDS

SCHEDULE G

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Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Geramie L Parrish	
4 Date	5 Payee name	
8/25/26	META PLATFORMS INC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8.39		
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	(b) Description	
	Meta Ad Spend	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 Payee name		
8/26/26	META PLATFORMS INC	
Amount (\$)	Payee address; City; State; Zip Code	
8.69		
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	Description	
	Meta Ad Spend	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date Payee name		
9/9/26	DATA Ecology LLC DAN CAMPAIGN PARTIAL	
Amount (\$)	Payee address; City; State; Zip Code	
54.00		
☐ Reimbursement from political contributions intended	☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Advertising Expense	
	Description	
	Website + Domain Name	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		