



CAMPAIGN FINANCE SECURITY FORM

This document is the undersigned's submission for the purpose of receiving access to file electronic campaign-related reports with Gaines County Elections Administration. This document is NOT for use by those required to file with the Texas Ethics Commission.

NAME: _____
First Nickname Middle Last Suffix

COMMITTEE NAME (if Committee): _____

CHAIRPERSON (if Committee): _____
First Nickname Middle Last Suffix

RESIDENCE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____

OFFICE HELD/SOUGHT: _____

I, the undersigned, swear or affirm, under penalty of perjury, that I am the person required by law under the Texas Ethics Commission jurisdiction to file Campaign Finance Reports with Gaines County Elections Administration.

SIGNATURE: _____ DATE: _____

Please return the completed hardcopy to:

Patricia Roberson
101 S. Main St., Rm 206
Seminole, TX 79360