



PRESS RELEASE

City of Port Aransas, Texas, 710 W. Avenue A, Port Aransas, TX 78373-4128 ~ 361-749-4111 ~ Fax 361-749-4101

For Immediate Release

Date: January 26, 2021
Contact: Francisca Nixon, City Secretary
Phone: 361-749-4111
Fax: 361-749-4101
Email: fnixon@cityofportaransas.org

City of Port Aransas – MAY 1, 2021 GENERAL ELECTION

Wednesday, January 13, 2021 was the first day to file as a Candidate in the May 1, 2021 General Election. The General Election is being held for the purpose of electing three council members to fill positions 1, 3, & 5. Applications have been received from the following Candidates:

Place 1: Chris Collins
540 Lighthouse Channel
Occupation: Director of Operations
Tortugas, Fins, MacDaddy's

Position Currently held by:
Mayor Pro Tempore Wendy Moore
(term limited and cannot run for re-election)

Place 3: Robert J. Tipps Jr.
532 Rockport Channel
Occupation: GM – Island Mooring Marina

Position Currently held by: Beth Owens
(term limited and cannot run for re-election)

John A. Sopuch III
118 Bent Grass Drive
Occupation: Lawyer

Place 5: Charles W. Crawford Jr. (*incumbent*)
540 Aransas Channel
Occupation: Business Owner

Important Dates:

- Friday, February 12, 2021 @ 5pm - last day to file for a place on the ballot.
- Thursday, April 1, 2021 – last day for submitting voter registration application in time to vote at the election or for requesting transfer of registration in time to vote in May Election.
- April 19 – April 27 – Early Voting

/s/ Francisca Nixon, City Secretary

###

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE May 1 2021 GENERAL ELECTION BALLOT

O: 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.) <u>City Council Place 1</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) <u>Christopher Mark Collins</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>Chris Collins</u>
--	--

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>540 Lighthouse Channel Port Aransas, TX 78373</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>540 Lighthouse Channel</u>
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CITY <u>Port Aransas</u>	STATE <u>TX</u>	ZIP <u>78373</u>	CITY <u>Port Aransas</u>	STATE <u>TX</u>	ZIP <u>78373</u>
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PUBLIC EMAIL ADDRESS (If available) <u>CHRIS.MYFUNPORTA@gmail.com</u>	OCCUPATION (Do not leave blank) <u>Director of Operations Toystyes, Fins, MacDaddys</u>	DATE OF BIRTH <u>02 / 20 / 1988</u>	VOTER REGISTRATION VUID NUMBER (Optional) ²
--	--	--	--

TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell: 361 <u>361 332 8247</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>8</u> year (s) <u>6</u> month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>6</u> year (s) <u>5</u> month(s)

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 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.

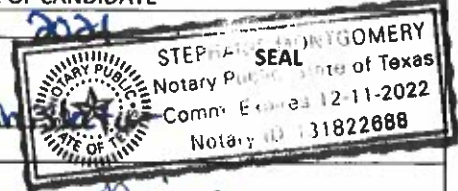
Before me, the undersigned authority, on this day personally appeared (name) Christopher Mark Collins, who being by me here and now duly sworn, upon oath says:

"I, (name) Christopher Mark Collins of Nueces County, Texas, being a candidate for the office of Place 1 Port Aransas City Council, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct.
X [Signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 2:46 pm this the 22 day of January 2021


[Signature] Signature of Officer Administering Oath
Executive Admin Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
(See Section 1.007)
Date Received January 22, 2021 @ 2:46 pm Signature of Secretary Chancieca Nixen

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
	NICKNAME	LAST	SUFFIX
		OFFICE USE ONLY	
		Filer ID #	
		Date Received	
		Date Hand-delivered or Postmarked	
		Receipt # Amount \$	
		Date Processed	
		Date Imaged	
3 CANDIDATE MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
		540 Lighthouse Channel Port Aransas, TX 78373	
4 CANDIDATE PHONE		AREA CODE PHONE NUMBER EXTENSION	
		(361) 332 8247	
5 OFFICE HELD (if any)			
6 OFFICE SOUGHT (if known)		City Council Dulce	
7 CAMPAIGN TREASURER NAME		MS/MRS/MR	FIRST MI NICKNAME LAST SUFFIX
		Mrs	Grace M Collins
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
		540 Lighthouse Channel Port Aransas TX 78373	
9 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION	
		(34) 332 6540	
10 CANDIDATE SIGNATURE		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">  _____ Signature of Candidate </p> <p style="text-align: right;"> _____ 1-22-2021 Date Signed </p>	
GO TO PAGE 2			

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME

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. ****

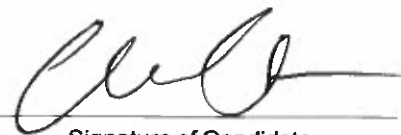
**** The modified reporting option is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

**** Candidates for the office of state chair of a political party may NOT choose modified reporting. ****

I do not intend to accept more than \$930 in political contributions or make more than \$930 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.

2021

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>

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

Christopher

M

NICKNAME

LAST

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

Chris

Collins

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(361) 332

8247

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

540 Lighthouse Channel Port Aransas TX 78373

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Place 1 Port Aransas City Council

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

Grace

M

NICKNAME

LAST

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

Collins

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

1-22-21

Date

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE MAY 1, 2021 GENERAL ELECTION BALLOT

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.) <u>CITY COUNCIL PLACE 3</u>	INDICATE TERM
	<input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED

FULL NAME (First, Middle, Last) <u>ROBERT JOSEPH TIPPS JR</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ <u>ROBERT TIPPS</u>
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PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) <u>532 ROCKPORT CHANNEL</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)
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CITY <u>PORT ARANSAS</u>	STATE <u>TX</u>	ZIP <u>78373</u>	CITY	STATE	ZIP
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PUBLIC EMAIL ADDRESS (if available) <u>ROBERT@THE SALT WATERLINE.COM</u>	OCCUPATION (Do not leave blank) <u>GM - ISLAND MOORINGS MARINA</u>	DATE OF BIRTH <u>02 / 22 / 71</u>	VOTER REGISTRATION VOID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: <u>361-749-4100</u> Cell: <u>979-966-3986</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>49</u> year (s) <u>11</u> month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ <u>10</u> year (s) <u>8</u> month(s)

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 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.

Before me, the undersigned authority, on this day personally appeared (name) Robert Tipps, who being by me here and now duly sworn, upon oath says:

"I, (name) Robert Tipps of Nueces County, Texas, being a candidate for the office of Place 3, City of Port Aransas 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct."

X [Signature]
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at 4:27pm this the 14 day of January, 2021

Signature of Officer Administering Oath⁴ [Signature]
 Title of Officer Administering Oath Executive Administrator



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)
1-14-2021 @ 4:28pm
[Signature]
 Date Received Signature of Secretary

Voter Registration Status Verified

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed Instructions.

1 Total pages filed:

1

2 CANDIDATE
NAME

MS / MRS / MR FIRST MI

MR ROBERT J

NICKNAME LAST SUFFIX

TIPPS JR

OFFICE USE ONLY

Filer ID #

Date Received

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

532 ROCKPORT CHANNEL
PORT ARANSAS, TEXAS 78373

Date Hand-delivered or Postmarked

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION

(979) 966-3986

Receipt #

Amount \$

Date Processed

5 OFFICE
HELD
(if any)

Date Imaged

6 OFFICE
SOUGHT
(if known)

CITY COUNCIL PLACE 3

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX

MS ANGIE A HUCKABAY

8 CAMPAIGN
TREASURER
STREET
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

532 ROCKPORT CHANNEL
PORT ARANSAS, TEXAS 78373

(residence or business)

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 500-7642

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

1/14/2021

Date Signed

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

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Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received
RECEIVED
 JAN 14 2021
 City Secretary
 Port Aransas, TX

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/> 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.) MR NICKNAME	FIRST ROBERT LAST TIPPS	MI J SUFFIX (SR., JR., III, etc.) JR
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE (979)	PHONE NUMBER 916	EXTENSION 3986
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 532 ROCKPORT CHANNEL PORT ARANSAS TX 78373		
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	CITY COUNCIL PLACE 3		
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)	(Empty)		
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) NICKNAME	FIRST LAST	MI SUFFIX (SR., JR., III, etc.)

GO TO PAGE 2

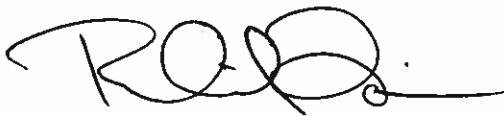
CODE OF FAIR CAMPAIGN PRACTICES

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 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

11/13/2021

Date

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE May 1, 2021 City of Port Aransas city election GENERAL ELECTION BALLOT

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.) Port Aransas City Council, Place 3	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
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FULL NAME (First, Middle, Last) John Augustine Sopuch III	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ John A. Sopuch III
---	---

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) 118 BENT GRASS DR. Port Aransas, Texas 78373	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) 4833 Saratoga Blvd. Corpus Christi, Texas 78413
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CITY Port Aransas	STATE TX	ZIP 78373	CITY Corpus Christi	STATE TX	ZIP 78413
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PUBLIC EMAIL ADDRESS (If available) jsopuch@collinslaw.com	OCCUPATION (Do not leave blank) Lawyer	DATE OF BIRTH 3 / 21 / 65	VOTER REGISTRATION VOID NUMBER (Optional) ²
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TELEPHONE CONTACT INFORMATION (Optional) Home: Work: Cell:	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE 10 year (s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ 7 year (s)
	6 month(s)	3 month(s)

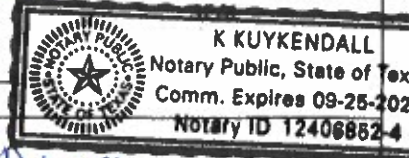
If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election.

Before me, the undersigned authority, on this day personally appeared (name) John A. Sopuch III who being by me here and now duly sworn, upon oath says:

"I, (name) John A. Sopuch III of Nueces County, Texas, being a candidate for the office of Port Aransas City Council #3 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct."
X John A. Sopuch III
 SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Port Aransas, TX this the 30th day of January, 2021
K Kuykendall
 Signature of Officer Administering Oath⁴
Notary Public
 Title of Officer Administering Oath




TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)
1-20-2021 @ 4:30 pm Chamissa Nyeen
 Date Received Signature of Secretary

Voter Registration Status Verified

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			
		MR. John	A.	Filer ID #		
		Sopuch	III	Date Received		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	4833 Saratoga Blvd. Corpus Christi Tx. 78413					
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(808)	343 1158	N/A			
5 OFFICE HELD (if any)					Receipt #	Amount \$
6 OFFICE SOUGHT (if known)	City Council, Port Aransas, Place 3					Date Processed
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		MR	KELLY L.	Blanchette		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1637 Palisades Drive Port Aransas, Texas 78373					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(210)	912 8865	N/A			
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: center;">  Signature of Candidate </p> <p style="text-align: right;"> Jan. 14, 2021 Date Signed </p>					

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

**11 CANDIDATE
NAME**

John A. Sopuch III

**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 \$930 in political contributions
or make more than \$930 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.

2021

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

John A. Sopuch III

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/QuickFileARreport.php>

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

APPLICATION FOR A PLACE ON THE PLACE 5 GENERAL ELECTION BALLOT

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.) PLACE 5	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
---	---

FULL NAME (First, Middle, Last) Charles W Crawford Jr	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹ Charles W Crawford Jr
--	---

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.) 540 Aransas Channel	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) 200 S. Alister Suite C
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CITY Port Aransas	STATE TX	ZIP 78373	CITY Port Aransas	STATE TX	ZIP 78373
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PUBLIC EMAIL ADDRESS (if available) chuck@ccmsresorts.com	OCCUPATION (Do not leave blank) Business Owner	DATE OF BIRTH 7 / 22 / 70	VOTER REGISTRATION VOID NUMBER (Optional) ² 1038069327
--	---	------------------------------	--

TELEPHONE CONTACT INFORMATION (Optional) Home: Work: 361-749-4141 Cell: 361-813-7274	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE 50 year (s) 6 month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED ³ 27 year (s) 6 month(s)

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 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.

Before me, the undersigned authority, on this day personally appeared (name) Charles W Crawford Jr., who being by me here and now duly sworn, upon oath says:

"I, (name) Charles W Crawford Jr. of Nueces County, Texas, being a candidate for the office of PLACE 5, 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 finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. 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 further swear that the foregoing statements included in my application are in all things true and correct."

X

[Handwritten Signature]

SIGNATURE OF CANDIDATE

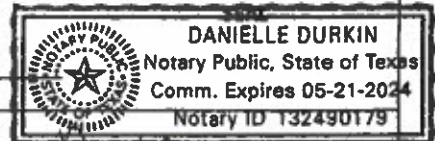
Sworn to and subscribed before me at 200 S. Alister, this the 13th day of January, 2021.

[Handwritten Signature]

Signature of Officer Administering Oath⁴

Notary Public

Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:
 (See Section 1.007)

Date Received

January 13, 2021 @ 1:47 pm

Signature of Secretary

[Handwritten Signature]

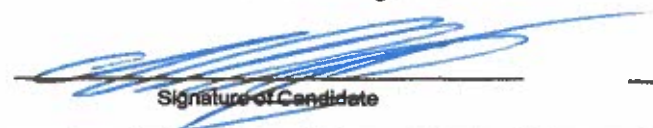
Voter Registration Status Verified

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	MR	OFFICE USE ONLY		
	MR.	CHARLES	W	Filer ID #		
	NICKNAME	LAST	SUFFIX	Date Received		
	CHUCK	CRAWFORD	JR			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	200 S. ALISTER SUITE C PORT ARANSAS TX 78373					
						Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	
	(361)	813-7274				
						Date Processed
5 OFFICE HELD (if any)	PLACE 5					Date Imaged
6 OFFICE SOUGHT (if known)	PLACE 5					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
	MR	CHARLES	W	CHUCK	CRAWFORD	JR
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	200 S. ALISTER	SUITE C	PORT ARANSAS	TX	78737	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(361)	813-7274				
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>					
					1-13-2021	
	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

RECEIVED

JAN 13 2021

City Secretary
Port Aransas, TX

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)

Charles W. Crawford Jr.

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

Mr.

FIRST

Charles

MI

W

NICKNAME

Chuck

LAST

Crawford

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

Jr.

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

(361)

PHONE NUMBER

813 - 7274

EXTENSION

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX:

540

APT / SUITE #:

Aransas Channel

CITY:

Port Aransas

STATE:

TX

ZIP CODE

78373

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

PLACE 5

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

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

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., 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 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

1-13-2021

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

N/A

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Charles W Crawford Jr.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

1-13-2021
Date