

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL

**APPLICATION FOR A PLACE ON THE** CITY of SCHERTZ **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>COUNCILMEMBER PL. 5</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED
--	---

FULL NAME (First, Middle, Last) <u>DAVID L. SCAGLIOLA</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> <u>DAVID L. SCAGLIOLA</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>3418 FOXBRIAR LN</u>	PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) <u>3418 FOXBRIAR LN</u>
---	---

CITY <u>SCHERTZ</u>	STATE <u>Tx</u>	ZIP <u>78108</u>	CITY <u>SCHERTZ</u>	STATE <u>Tx</u>	ZIP <u>78108</u>
------------------------	--------------------	---------------------	------------------------	--------------------	---------------------

PUBLIC EMAIL ADDRESS (if available) <u>dscagliola@sattx.rr.com</u>	OCCUPATION (Do not leave blank) <u>RETIRED Adjunct Professor</u>	DATE OF BIRTH <u>8/26/1956</u>	VOTER REGISTRATION VOID NUMBER (Optional) <sup>2</sup>
---	---	-----------------------------------	--

TELEPHONE CONTACT INFORMATION (Optional) Home: <u>830 606-1130</u> Work: <u>830 606-1130</u> Cell: <u>210 518-9476</u>	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN	
	IN STATE <u>21</u> year (s) <u>1</u> month(s)	IN TERRITORY FROM WHICH THE OFFICE SOUGHT IS ELECTED <sup>3</sup> <u>18</u> year (s) <u>6</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) DAVID L. SCAGLIOLA who being by me here and now duly sworn, upon oath says:

"I, (name) DAVID L. SCAGLIOLA of GUADALUPE County, Texas, being a candidate for the office of COUNCILMEMBER PL. 5 City of Schertz 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** David L. Scagliola  
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me at Schertz, TX this the 21 day of July, 2020

Brenda Louise Dennis Signature of Officer Administering Oath  
City Secretary Title of Officer Administering Oath



TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  
 (See Section 1.007)  
7-21-2020 Date Received  
Brenda Louise Dennis 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: <u>2</u>
2 CANDIDATE NAME	MS / MRS / MR / DR. FIRST MI <u>DAVID L.</u>	OFFICE USE ONLY Filer ID # Date Received <u>7-21-20-20</u> Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX <u>SCAGLIOLA</u>	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>3418 FOXBRIAR LN SCHERTZ TX 78108</u>	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(830) 606-1130</u>	
5 OFFICE HELD (if any)	<u>COUNCILMEMBER P1.5</u>	
6 OFFICE SOUGHT (if known)	<u>COUNCILMEMBER P1.5</u>	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR/DR. FIRST MI NICKNAME LAST SUFFIX <u>DAVID L. SCAGLIOLA</u>	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3418 FOXBRIAR LN SCHERTZ TX 78108</u>	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(830) 606-1130</u>	
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><u>David L. Scagliola</u> Signature of Candidate</p> <p><u>July 21, 2020</u> Date Signed</p>	
<b>GO TO PAGE 2</b>		

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

11 CANDIDATE  
NAME

DAVID L. SCAGLIOLA

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. \*\***

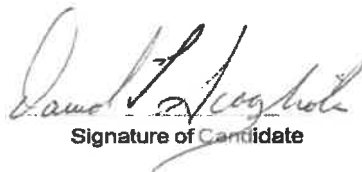
**\*\* The modified reporting option is valid for one election cycle only. \*\***  
*(An election cycle includes a primary election, a general election, and any related runoffs.)*

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

I do not intend to accept more than \$900 in political contributions or  
make more than \$900 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.

2020

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](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>

# 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

7-21-2020

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

NICKNAME

LAST

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

DAVID L. Scogliola

**4 TELEPHONE NUMBER OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(830) 606-1130

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3418 FOXBORO LN Schertz TX 78108

**6 OFFICE SOUGHT BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

COUNCILMEMBER PL. 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.)

DAVID L. SCAGGIOLA

**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

  
\_\_\_\_\_  
Date

Are you registered to vote.

will

 You are registered to vote.

**David Scagliola**

is registered to vote at

**3418 Foxbriar Ln, Schertz, TX 78108-2233.**

Continue

Overseas and military voters should visit [Overseas Vote Foundation](#)

+ Add this tool to your website

[Terms](#)

[Privacy](#)

[Contact](#)

[Security](#)

Powered by [Vote.org](#)

Data by [TargetSmart](#)