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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.

APPLICATION FOR A PLACE ON THE <u>Colleyville</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>City Council Place 4</u>		INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Ben Shaw Graves III</u>		PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>BEN GRAVES</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>3304 ST ALBANS Cir</u>		PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)	
CITY <u>Colleyville</u>	STATE <u>TX</u>	ZIP <u>76034</u>	CITY STATE ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>BenforColleyville@gmail.com</u>		OCCUPATION (Do not leave blank) <u>Construction</u>	DATE OF BIRTH VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional)
TELEPHONE CONTACT INFORMATION (Optional)			
Home:		Office:	Cell: <u>817-727-9992</u>
FELONY CONVICTION STATUS (You MUST check one)		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN	
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <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>		IN THE STATE OF TEXAS <u>43</u> year(s) <u>6</u> month(s)	
		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>5</u> year(s) <u>9</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 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>BEN GRAVES</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>BEN GRAVES</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Colleyville City Council 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."			
<u>X</u> <u>CHRISTINE LOVEN</u> SIGNATURE OF CANDIDATE			
Sworn to and subscribed before me this the <u>18th</u> day of <u>JANUARY</u> , <u>2023</u> , by <u>BEN GRAVES</u> (day) (month) (year) (name of candidate)			
Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>Christine Loven</u> Notary		Name of Officer Authorized to Administer Oath <u>Christine Loven</u> Notary or Official Seal	
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: <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.			
This document and \$ filing fee or a nominating petition of pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified			
Date Received <u>1/18/2023</u>		(See Section 1.007) <u>Christine Loven</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

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

MR.

BEN

S

NICKNAME

LAST

SUFFIX

Graves

III

OFFICE USE ONLY

Filer ID #

Date Received

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3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

3304 ST Albans Cir  
Colleyville TX, 76034

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 727-9992

Receipt #

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

Colleyville City Council Place 4

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS. Deborah Valerie Graves

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS,

APT / SUITE #,

CITY,

STATE,

ZIP CODE

3304 ST Albans Cir  
Colleyville TX, 76034

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 821-1564

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

1/18/2023

Date Signed

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 \$1,010 in political contributions or  
make more than \$1,010 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.

\_\_\_\_\_  
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.*

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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

BEN

S

NICKNAME

LAST

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

GRAVES

III

4 TELEPHONE NUMBER  
OF CANDIDATE  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817) 727-9992

5 ADDRESS OF CANDIDATE  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3304 ST ALBANS Cir Colleyville TX 76034

6 OFFICE SOUGHT  
BY CANDIDATE  
(PLEASE TYPE OR PRINT)

Colleyville City Council 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

Deborah

V

NICKNAME

LAST

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

GRAVES

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



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**PERSONAL FINANCIAL STATEMENT****AFFIDAVIT**

Financial Disclosure and Business Conflict of Interest Forms shall be provided by candidates for Mayor and City Council and by applicants seeking appointments to the Planning and Zoning Commission or the Zoning Board of Adjustment, and shall file such forms within two (2) business days following the end of the candidate filing period, or if for appointment, within (2) business day following the end of the application period stated in the official City advertisement for application for the position.

The city manager and the city manager's senior staff members (including any staff member who is appointed with City Council approval) shall also file the same within thirty (30) days of hiring. All person(s), as outlined above, shall have a duty to file supplemental disclosures annually and within five (5) business days of an occurrence of any change in the information reflected in the forms previously filed by the individual.

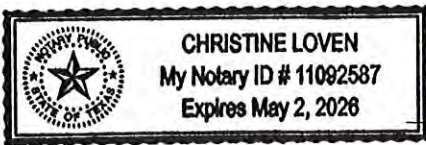
Before me, the undersigned authority, personally appeared:  
BEN GRAVES who, after being duly sworn upon their oath and deposed and stated as follows:

"My name is BEN GRAVES and I hereby submit for filing the attached Financial Disclosure and Business Conflict of Interest forms. I have personal knowledge of all information contained in said forms and all information contained in the forms is true and correct."

"Further, all information contained in the forms is complete. There is no information that has been withheld or not disclosed which is responsive to or required to be disclosed by the forms."

Affiant

Sworn to and subscribed before me, this the 18 day of January, 2023



Notary Public, State of Texas

INITIAL HERE: BG DATE: 1/18/2023

**INFORMATION STATEMENT**

		TOTAL NUMBER OF PAGES FILED: <b>4</b>
		<b>OFFICE USE ONLY</b>
<b>1 NAME</b>	First, MI <b>BEN S</b>	Date Received  <b>RECEIVED</b> <b>JAN - CML</b> <b>FEB 18 2023</b>  CSO <b>11:16 AM</b>
	Last, Suffix <b>GRAVES III</b>	
<b>2 ADDRESS</b>	Address/City/State/Zip <b>3304 ST Albans Cir</b> <b>Colleyville TX 76034</b>	
<b>3 TELEPHONE NUMBER</b>	Area Code, Phone Number, Extension <b>817-727-9992</b>	
<b>4 REASON FOR FILING STATEMENT</b>	<input type="checkbox"/> EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF) <input checked="" type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input type="checkbox"/> ELECTED OFFICIAL _____ (INDICATE OFFICE) <input type="checkbox"/> ZONING BOARD OF ADJUSTMENT (APPLICANT OR APPOINTEE) _____ <input type="checkbox"/> PLANNING & ZONING COMMISSION (APPLICANT OR APPOINTEE) _____  <input type="checkbox"/> Two (2) business days following the end of the candidate filing period or if appointment, following the end of the application period stated in the official city advertisement for the position.  <input type="checkbox"/> Supplemental disclosure filed annually and within five (5) business days of an occurrence in previously filed form.	
<p><b>*SENIOR STAFF</b> is defined as those employees who are classified as directors and above in the City's classification system and the City Manager and City Secretary.</p>		
<b>5</b>		
SPOUSE NAME	<b>Deborah Valerie Graves</b>	
DEPENDENT CHILD/CHILDREN NAME(S)	1. <b>Logan Graves</b> 2. <b>Luke Graves</b> 3. _____ 4. _____	
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>		

INITIAL HERE: **BS**DATE: **1/18/2023**

**INTERESTS IN REAL PROPERTY****Section 1**

Describe the location, size, and current use of all property owned within the included map, or held in trust by the filer, spouse, and any dependent minor children, or any business entity in which the person has a financial interest.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

<b>1 HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot <u>1</u> City <u>Colleyville</u> Block <u>3</u> County <u>Tarrant</u> Subdivision <u>Woodland Hills</u> Ad Valorem Tax Account Number <u>04961021</u> Acre(s) and Tract <u>.43</u>
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>3304 ST ALBANS Cir</u> <u>Colleyville TX, 76034</u> <u>Tarrant County</u>
<b>4 NAME</b>  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
<b>1 HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot _____ City _____ Block _____ County _____ Subdivision _____ Ad Valorem Tax Account Number _____ Acre(s) and Tract _____
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>4 NAME</b>  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

☐ NOT APPLICABLE

INITIAL HERE: BSG

DATE: 1/12/2023



**FEE, SALARY, OR GIFT****Section 2**

The name and address of any person or corporation which currently has or during the preceding twelve (12) months has had a direct or indirect contractual relationship with the City and from which the person(s), their spouse, or dependent minor children have received a fee, salary, or gift of value exceeding one hundred dollars (\$100.00).

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>	
<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>	
<b><sup>1</sup> RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> FEE, SALARY, GIFT</b>	NAME AND ADDRESS
<b><sup>3</sup> DESCRIPTION OF FEE, SALARY, GIFT</b>	
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>	

☒ NOT APPLICABLE

INITIAL HERE: BG.

DATE: 1/18/2023

**BUSINESS INTERESTS****Section 3**

The name and address of any corporation or business, which currently has or in the preceding twelve (12) months has had a direct or indirect contractual relationship with the City, of which person(s), their spouse, or any dependent minor children own more than two percent (2%) of the outstanding equity interest or more than two percent (2%) of the assets.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Information Statement.

<b><sup>1</sup> HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> DESCRIPTION</b>	NAME AND ADDRESS
<b><sup>3</sup> NATURE OF BUSINESS</b>	
<b><sup>1</sup> HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> DESCRIPTION</b>	NAME AND ADDRESS
<b><sup>3</sup> NATURE OF BUSINESS</b>	
<b><sup>1</sup> HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ____
<b><sup>2</sup> DESCRIPTION</b>	NAME AND ADDRESS
<b><sup>3</sup> NATURE OF BUSINESS</b>	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

☒ NOT APPLICABLE

 INITIAL HERE: 

 DATE: 1/18/2023