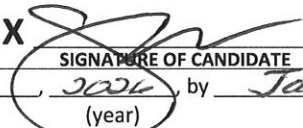
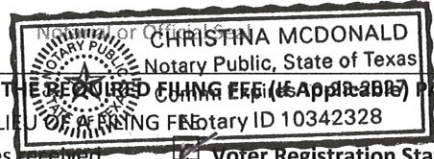


## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

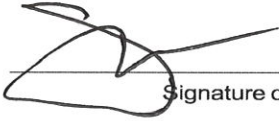
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL.<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE</b> <u>2026 Double Horn</u> <b>GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| TO: City Secretary/Secretary of Board (name of election)<br>I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)<br>City of Double Horn City Council                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | <b>INDICATE TERM</b><br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                                                              |                                                         |                                                                                                          |
| <b>FULL NAME</b> (First, Middle, Last)<br>James Harvey Kimber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b><br>James H. Kimber                                            |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br>601 Vista View Trl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.) |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>CITY</b><br>Spicewood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>STATE</b><br>TX                                                                                       | <b>ZIP</b><br>78669                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>CITY</b>                                                                                                             | <b>STATE</b>                                                                                        | <b>ZIP</b>                                                   |                                                         |                                                                                                          |
| <b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | <b>OCCUPATION (Do not leave blank)</b><br>Physician Assistant                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DATE OF BIRTH</b><br>09 / 01 / 1962                                                                                  |                                                                                                     | <b>VOTER REGISTRATION VUID NUMBER<sup>2</sup> (Optional)</b> |                                                         |                                                                                                          |
| <b>TELEPHONE CONTACT INFORMATION (Optional)</b><br>Home: Office: Cell: (858) 717-3181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>FELONY CONVICTION STATUS (You MUST check one)</b><br><input checked="" type="checkbox"/> I have not been finally convicted of a felony.<br><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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> <b>IN THE STATE OF TEXAS</b><br/>           5 year(s)<br/>           0 month(s)         </td> <td style="text-align: center;"> <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b><br/>           5 year(s)<br/>           0 month(s)         </td> </tr> </table> |                                                                                                                         |                                                                                                     |                                                              | <b>IN THE STATE OF TEXAS</b><br>5 year(s)<br>0 month(s) | <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b><br>5 year(s)<br>0 month(s) |
| <b>IN THE STATE OF TEXAS</b><br>5 year(s)<br>0 month(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b><br>5 year(s)<br>0 month(s) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</b><br><b>Check the Box Below:</b><br><input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <p>*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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>James H. Kimber</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>James H. Kimber</u> , of <u>Burnet</u> County, Texas, Being a candidate for the office of <u>City of Double Horn City Council</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| Sworn to and subscribed before me this the <u>10th</u> day of <u>August</u> , <u>2026</u> , by <u>James Kimber</u> .<br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <u>Christina McDonald</u><br>Signature of Officer Authorized to Administer Oath <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Christina McDonald</u><br>Printed Name of Officer Authorized to Administer Oath                                      |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <u>Notary</u><br>Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (See App 2B) PAID BY:</b><br><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 FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                     |                                                              |                                                         |                                                                                                          |
| <u>08 / 10 / 2026</u><br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | <u>08 / 10 / 2026</u><br>Date Accepted                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | <u>Christina McDonald</u><br>Signature of Filing Officer or Designee                                |                                                              |                                                         |                                                                                                          |

(See Section 1.007)

# 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        |
|                                                             | Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | James                | H         |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LAST                 | SUFFIX    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kimber               |           |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |           |
|                                                             | 601 Vista View Trl<br>Spicewood, TX 78669                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |           |
| 4 CANDIDATE PHONE                                           | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER         | EXTENSION |
|                                                             | ( 858 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 717 3181             |           |
| 5 OFFICE HELD (if any)                                      | City Council, City of Double Horn                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |           |
| 6 OFFICE SOUGHT (if known)                                  | City Council, City of Double Horn                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |           |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST                | MI        |
|                                                             | Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | James                | H         |
|                                                             | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LAST                 | SUFFIX    |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Kimber               |           |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |           |
|                                                             | 601 Vista View Trl<br>Spicewood, TX 78669                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |           |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER         | EXTENSION |
|                                                             | ( 858 )                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 717 3181             |           |
| 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> Signature of Candidate</p> <p><u>8/10/26</u> Date Signed</p> |                      |           |

GO TO PAGE 2

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

James H. Kimber

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. ••

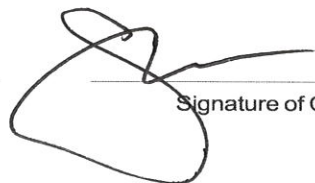
•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$1,140 in political  
contributions or make more than \$1,140 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.

2026

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>