SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

Section 571.122 of the Government Code requires that a sworn complaint be filed on a form prescribed by the Texas Ethics Commission and include specific information.

- · You must complete a separate sworn complaint form for each respondent.
- You must allege a violation of a law that is within the Texas Ethics Commission's jurisdiction, listed on p. 2. More information and instructions for this form can be found at https://www.ethics.state.tx.us/tec/sworn.html.
- A person filing a frivolous or bad faith complaint may be subject to a civil penalty.

Please completely fill out this form.

Failure to complete this form properly will cause your complaint to be noncompliant and returned.

OFFICE USE ONLY
Docket Number
Date Hand-delivered or Date Postmarked

		<u> </u>		pnan	diria i		*		
			I. IDENT	ITY O	F COM	PLAINA	NT		
1	COMPLAINANT NAME	MS / MRS / MF	2		FIRST			MI	
	(REQUIRED)	NICKNAME			LAST			SUFFIX	
2	COMPLAINANT PHYSICAL ADDRESS	ADDRESS		A	PT / SUITE #	CITY		STATE	ZIP CODE
	(REQUIRED)		(Full ho	ome or busine	ess address, inclu	uding street, city,	state, and zip code)	
3	COMPLAINANT MAILING ADDRESS	ADDRESS		А	PT / SUITE #	CITY		STATE	ZIP CODE
	(check if same as above) (REQUIRED)		(I	Full street or	mailing address,	including city, st	ate, and zip code)		
4	COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT	5 COMPL E-MAIL ADDRE (REQUIRE	-			
	(REQUIRED)	<u> </u>				-			
			II. IDE	NTITY	OF RES	PONDE	NT		
6	RESPONDENT NAME	MS/MRS/MR			FIRST			MI	
	(REQUIRED)	NICKNAME			LAST			SUFFIX	
7	RESPONDENT POSITION OR TITLE (REQUIRED)								
8	RESPONDENT PHYSICAL ADDRESS	ADDRESS		А	.PT / SUITE #	CITY		STATE	ZIP CODE
	(REQUIRED)		(Full h	ome or busine	ess address, inclu	ding street, city, s	tate, and zip code)		
9	RESPONDENT MAILING ADDRESS	ADDRESS		AF	PT/SUITE#	CITY		STATE	ZIP CODE
	(check if same as above)		(Full	street or ma	iling address, inc	luding city, state	, and zip code)		
10	RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT		ONDENT ADDRESS (IF KNOWN)			
	(REQUIRED)				'	lease state that)			
				GO T	O PAGE	2			

III. NATURE OF ALLEGED VIOLATION

Page 2

Include the specific law(s) or rule(s) alleged to have been violated. YOU MUST ALLEGE A VIOLATION OF A LAW THAT IS WITHIN THE COMMISSION'S JURISDICTION. The Texas Ethics Commission has jurisdiction to enforce only the following laws: (1) Title 15 of the Election Code; (2) Chapters 302, 303, 305, 572 and 2004 of the Gov't Code; (3) § 334.025 and § 335.055 of the Local Gov't Code; (4) Chapter 159 of the Local Gov't Code, in connection with a county judicial officer who elects to file a financial statement with the commission; and (5) § 2152.064 and § 2155.003 of the Gov't Code.

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be nocompliant and returned.
ATTACH ADDITIONAL PAGES AS NEEDED

IV. STATEMENT OF FACTS

Page 3

You must state the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to you, but alleged on information and belief. Use simple, concise, and direct statements. You must state facts that, if true, would constitute a violation of a law within the Commission's jurisdiction and allege facts to sufficiently indicate the manner and means by which each alleged violation occurred.

means by which each alleged violation occurred.
Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and returned.
ATTACH ADDITIONAL PAGES AS NEEDED

V. LISTING OF DOCUMENTS AND OTHER MATERIALS

Page 4

You must list all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known. Relevant documents that are available to you or in your possession must be included.

Please completely fill out this form. Failure to complete this form properly will cause your complaint to be noncompliant and returned.
ATTACH ADDITIONAL PAGES AS NEEDED

VI. AFFIDAVIT BASED ON PERSONAL KNOWLEDGE

Page 5

(Execute this affidavit if the acts alleged are within your direct personal knowledge.)

Please completely fill out this form.

Failure to complete this form properly will cause your complaint to be noncompliant and returned.

	I,swear that I am a restacts alleged in this is true and correct a correct.	sident of the state complaint. I dec	e of Texas. I s lare under per	nalty of perjury th	knowledge of the nat the foregoing
	_	Sign	ature of Com	plainant (Declar	ant)
	e portion above, p on OR the Unswor		-		
	NOTARY	SECTION			
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by				, this the	day of
Signature of officer administering oath	Printed name of office		ath	Title of officer adr	ninistering oath
U	JNSWORN DECLA		CTION		
My name is		_, and my date	e of birth is _		
My address is(stree	,,	(city)	,, _ (state)	(zip code)	(country)
Executed in Cour	nty, State of	, on the	day of	, 20	
	Sig	nature of Comp	plainant (Dec	clarant)	

VII. AFFIDAVIT BASED ON INFORMATION AND BELIEF

Page 6

(Execute this affidavit if the acts alleged are not within your direct personal knowledge, but are based on reasonable belief.)

Please completely fill out this form.

Failure to complete this form properly will cause your complaint to be noncompliant and returned.

r unare to complete uns form prop	verry win cause your complaint to be noncompliant and returned.
tha do	, complainant, swear at I am a resident of the state of Texas. I swear that I have reason to believe and believe that the violation alleged in this complaint has occurred. The source of v information and belief is (state below):
	Signature of Complainant (Declarant)
	tion above, please also complete EITHER R the Unsworn Declaration section below.
	NOTARY SECTION
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	d, this the day of (Complainant) certify which, witness my hand and seal of office.
Signature of officer administering oath	Printed name of officer administering oath Title of officer administering oath
UNSW	OR /ORN DECLARATION SECTION
My name is	, and my date of birth is
My address is(street)	(city) (state) (zip code) (country)
Executed in County, Sta	ate of, on the day of, 20
	Signature of Complainant (Declarant)

F	Page 7
************************	*****
You must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. You are required to attach to the complaint a copy of one of the following documents:	
 complainant's driver's license or personal identification certificate issued under Chapter 521 of the Transportation Code, or commercial driver's license issued under Chapter 522 of the Transportation Code; or 	
 a utility bill, bank statement, government check, paycheck or other government document that shows the name and address of the complainant and is dated not more than 30 days before the date on which the complaint is filed. 	

A COMPLAINT WILL BE RETURNED IF A COPY OF ONE OF THE FOLLO DOCUMENTS IS NOT ATTACHED AS PROOF OF TEXAS RESIDENC	WING
Please check one of the boxes below to indicate the type of document you attached to the complaint:	ı have
Texas driver's license	
personal identification certificate (issued under Chapter 521 of the Transportation	Code)
commercial driver's license (issued under Chapter 522 of the Transportation Code)	
utility bill *	
bank statement *	
government check *	
paycheck *	
other government document *	
* with your name and address and dated not more than 30 days before the date on which the complaint is filed * ***********************************	
You may submit the completed form by: (1) mail to P.O. Box 12070, Austin, Texas 7871 (2) hand delivery to 201 E. 14th Street, Sam Houston Building, 10th Floor, Austin, Texas 787 (3) email to sworncomplaints@ethics.state.tx.us. Please submit only completed and final with all supporting documents and the affidavit notarized. Complaints received after 5:00 will be processed the next business day.	701, or forms

TEXAS ETHICS COMMISSION

Mailing Requirement

(Government Code § 571.032)

	(Email Address).		
 (Name)	(Date		