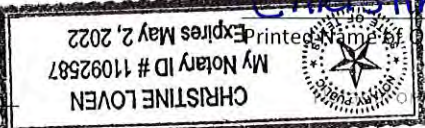


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
 FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

CSO

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

<b>APPLICATION FOR A PLACE ON THE <u>Colleyville</u> GENERAL ELECTION BALLOT</b>					
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>MAYOR of Colleyville</u>				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Bobby Wayne Lindamood Jr</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Bobby Lindamood</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>5508 Janet Ln</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>5508 Janet Ln</u>		
CITY <u>Colleyville</u>	STATE <u>Tx</u>	ZIP <u>76034</u>	CITY <u>Colleyville</u>	STATE <u>Tx</u>	ZIP <u>76034</u>
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) <u>Bobby.lindamood@yahoo.com</u>		OCCUPATION (Do not leave blank) <u>Self Employed</u>		DATE OF BIRTH	
TELEPHONE CONTACT INFORMATION (Optional) Home: <u>N/A</u> Office: <u>972-254-1212</u> Cell: <u>214-232-8147</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>50</u> year(s) <u>8</u> month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>11</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>Bobby Lindamood</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Bobby Lindamood</u> , of <u>TARRANT</u> County, Texas, being a candidate for the office of <u>MAYOR</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 <u>Bobby Lindamood</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>25th</u> day of <u>JANUARY</u> , <u>2022</u> , by <u>Bobby Lindamood</u> (day) (month) (year) (name of candidate)					
<u>Christine Loven</u> Signature of Officer Authorized to Administer Oath <sup>4</sup>			<u>Christine Loven</u> Signature of Officer Authorized to Administer Oath		
<u>NOTARY</u> 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 \$ <u>00</u> filing fee or a nominating petition of <u>1</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>1 / 25 / 2022</u> Date Received		<u>1 / 25 / 2022</u> Date Accepted		<u>Christine Loven</u> Signature of Filing Officer or Designee	

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

RECEIVED

JAN 25 2022

CSO

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE

POLITICAL COMMITTEE

*If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

*If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

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

FIRST

MI

Mr.

Bobby

Wayne

NICKNAME

LAST

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

Lindamood

Jr.

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

AREA CODE

PHONE NUMBER

EXTENSION

(214)

232-8147

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

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5508 Janet Ln Colleyville Tx 76034

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

Mayor of Colleyville

**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

Tami

M

NICKNAME

LAST

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

Lindamood

**GO TO PAGE 2**

## CODE OF FAIR CAMPAIGN PRACTICES

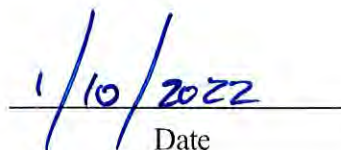
There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free 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

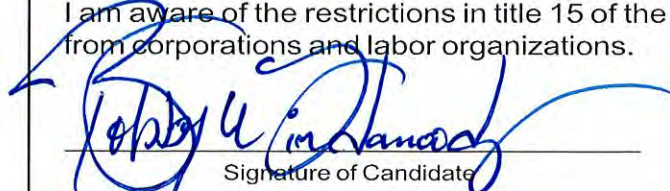
# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2

2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Filer ID #	Date Received	RECEIVED JAN 25 2022 CSO
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$	Date Processed
5 OFFICE HELD (if any)	Colleyville City Council Place 2					Date Imaged
6 OFFICE SOUGHT (if known)	Mayor of Colleyville					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
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>1/10/2022 Date Signed</p>					

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

**12 MODIFIED  
REPORTING  
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**\*\* This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. \*\***

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

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

I do not intend to accept more than \$930 in political contributions  
or make more than \$930 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

\_\_\_\_\_  
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>

<b>INFORMATION STATEMENT</b>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; border: 1px solid black; padding: 5px;">TOTAL NUMBER OF PAGES FILED: <div style="text-align: center; font-size: 24px; font-weight: bold;">7</div></td> </tr> <tr> <td colspan="2" style="text-align: center; border: 1px solid black; padding: 5px;"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td style="width: 60%; border: none;"></td> <td style="width: 40%; border: 1px solid black; padding: 5px;">Date Received  <div style="text-align: center; font-weight: bold; font-size: 18px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">JAN 25 2022</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">CSO</div></td> </tr> </table>			TOTAL NUMBER OF PAGES FILED: <div style="text-align: center; font-size: 24px; font-weight: bold;">7</div>	<b>OFFICE USE ONLY</b>			Date Received  <div style="text-align: center; font-weight: bold; font-size: 18px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">JAN 25 2022</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">CSO</div>		
	TOTAL NUMBER OF PAGES FILED: <div style="text-align: center; font-size: 24px; font-weight: bold;">7</div>								
<b>OFFICE USE ONLY</b>									
	Date Received  <div style="text-align: center; font-weight: bold; font-size: 18px;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">JAN 25 2022</div> <div style="text-align: center; font-weight: bold; font-size: 16px;">CSO</div>								
<b>1 NAME</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">First, MI</td> <td style="border: none;"><u>Bobby W</u></td> </tr> <tr> <td style="border: none;">Last, Suffix</td> <td style="border: none;"><u>Lindamood Jr</u></td> </tr> </table>	First, MI	<u>Bobby W</u>	Last, Suffix	<u>Lindamood Jr</u>				
First, MI	<u>Bobby W</u>								
Last, Suffix	<u>Lindamood Jr</u>								
<b>2 ADDRESS</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">Address/City/State/Zip</td> <td style="border: none;"><u>76034</u> <u>5508 Janet Ln, Colleyville, Tx</u></td> </tr> </table>	Address/City/State/Zip	<u>76034</u> <u>5508 Janet Ln, Colleyville, Tx</u>						
Address/City/State/Zip	<u>76034</u> <u>5508 Janet Ln, Colleyville, Tx</u>								
<b>3 TELEPHONE NUMBER</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">Area Code, Phone Number, Extension</td> <td style="border: none;"><u>214-232-8147</u></td> </tr> </table>	Area Code, Phone Number, Extension	<u>214-232-8147</u>						
Area Code, Phone Number, Extension	<u>214-232-8147</u>								
<b>4 REASON FOR FILING STATEMENT</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;"><input type="checkbox"/> EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF)</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> CANDIDATE <u>MAYOR</u> _____ (INDICATE OFFICE)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ELECTED OFFICIAL _____ (INDICATE OFFICE)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ZONING BOARD OF ADJUSTMENT (APPLICANT OR APPOINTEE) _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> PLANNING &amp; ZONING COMMISSION (APPLICANT OR APPOINTEE) _____</td> </tr> <tr> <td style="border: none;"><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.</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Supplemental disclosure filed annually and within five (5) business days of an occurrence in previously filed form.</td> </tr> </table>	<input type="checkbox"/> EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF)	<input checked="" type="checkbox"/> CANDIDATE <u>MAYOR</u> _____ (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.	
<input type="checkbox"/> EMPLOYEE _____ (CITY MANAGER OR *SENIOR STAFF)									
<input checked="" type="checkbox"/> CANDIDATE <u>MAYOR</u> _____ (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 SPOUSE NAME</b>	<u>Tami Lindamood</u>								
<b>DEPENDENT CHILD/CHILDREN NAME(S)</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">1.</td> <td style="border: none;"><u>Harper Lindamood</u></td> </tr> <tr> <td style="border: none;">2.</td> <td style="border: none;"><u>RENGAN Lindamood</u></td> </tr> <tr> <td style="border: none;">3.</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">4.</td> <td style="border: none;">_____</td> </tr> </table>	1.	<u>Harper Lindamood</u>	2.	<u>RENGAN Lindamood</u>	3.	_____	4.	_____
1.	<u>Harper Lindamood</u>								
2.	<u>RENGAN Lindamood</u>								
3.	_____								
4.	_____								

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INITIAL HERE: BW      DATE: 1/19/22

# 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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot <u>TR14</u> City <u>Grand Prairie</u> Block <u>S-1</u> County <u>Dallas</u> Subdivision _____ Ad Valorem Tax Account Number <u>65046862510140000</u> Acre(s) and Tract <u>7.7</u>
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>400 Oakdale Rd., Grand Prairie, TX. 7</u> <u>Dallas County, Texas</u>
<b>4 NAME</b>	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> BUSINESS <u>JR's Demolition + Excavating, Inc.</u> <u>1926 Parkside Ave</u> <u>Irving TX. 75061</u>
<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot <u>TR 7.7</u> City <u>Dallas</u> Block _____ County <u>Dallas</u> Subdivision _____ Ad Valorem Tax Account Number <u>65131609010070700</u> Acre(s) and Tract <u>7</u>
<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>1400 Vetch Rd., Dallas, TX.</u> <u>Dallas County Texas</u>
<b>4 NAME</b>	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> BUSINESS <u>JR'S Demolition + Excavating, Inc.</u> <u>1926 Parkside Ave., Irving TX 75061</u>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: By

DATE: 1/19/22

# 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 checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot <u>1</u> City <u>Irving</u> Block <u>A</u> County <u>Dallas</u> Subdivision _____ Ad Valorum Tax Account Number <u>320707300ADD10000</u> Acre(s) and Tract <u>.419</u>

<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>2008 Parkside Dr., Irving, TX. 75061</u> <u>Dallas County Texas</u>
-------------------------	--

<b>4 NAME</b>	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> BUSINESS	<u>Billy Lindamood</u> <u>JR's Demolition + EXCV</u> <u>3508 Heather Ln.</u> <u>1926 Parkside Ave</u> <u>Southlake, Tx.</u> <u>Irving TX 75061</u>

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # _____
<b>2 DESCRIPTION</b>	Lot <u>2</u> City <u>Irving</u> Block <u>A</u> County <u>Dallas</u> Subdivision _____ Ad Valorum Tax Account Number <u>320707300A0020000</u> Acre(s) and Tract <u>.649</u>

<b>3 STREET ADDRESS</b>	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <u>1926 Parkside Dr., Irving, TX. 75061</u> <u>Dallas County, Texas</u>
-------------------------	---

<b>4 NAME</b>	LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> BUSINESS	<u>Billy Lindamood</u> <u>JR's Demolition + EXC.</u> <u>3508 Heather Ln.</u> <u>1926 Parkside Ave</u> <u>Southlake Tx</u> <u>Irving TX. 75061</u>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: BJ

DATE: 1/19/22



# 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.

**1 HELD OR ACQUIRED BY**  FILER  SPOUSE  DEPENDENT CHILD # \_\_\_\_\_

**2 DESCRIPTION**

Lot 8 City Colleyville

Block 2 County Tarrant

Subdivision Kingswood Estates Ad Valorum Tax Account Number 06628109

Acre(s) and Tract .5277

**3 STREET ADDRESS**

STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  
5508 Janet Ln. Colleyville Tx. 76034  
Tarrant County, Tx.

**4 NAME**

LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY Tami Lindamood

INDIVIDUAL  
 BUSINESS

**1 HELD OR ACQUIRED BY**  FILER  SPOUSE  DEPENDENT CHILD # \_\_\_\_\_

**2 DESCRIPTION**

Lot \_\_\_\_\_ City \_\_\_\_\_

Block \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Ad Valorum Tax Account Number \_\_\_\_\_

Acre(s) and Tract \_\_\_\_\_

**3 STREET ADDRESS**

STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE

**4 NAME**

LIST THE NAMES AND ADDRESSES OF OTHER PERSONS OR BUSINESS ENTITIES WHICH OWN AN INTEREST IN THE REAL PROPERTY

INDIVIDUAL  
 BUSINESS

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: RJ

DATE: 1/19/22

# 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>1 RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
<b>2 FEE, SALARY, GIFT</b>	NAME AND ADDRESS  N/A
<b>3 DESCRIPTION OF FEE, SALARY, GIFT</b>	  N/A
<b>1 RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
<b>2 FEE, SALARY, GIFT</b>	NAME AND ADDRESS  N/A
<b>3 DESCRIPTION OF FEE, SALARY, GIFT</b>	  N/A
<b>1 RECIPIENT</b>	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD # ___
<b>2 FEE, SALARY, GIFT</b>	NAME AND ADDRESS  N/A
<b>3 DESCRIPTION OF FEE, SALARY, GIFT</b>	  N/A

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: BJ

DATE: 1/19/22

# 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
	N/A

<b><sup>3</sup> NATURE OF BUSINESS</b>	
	N/A

<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
	N/A

<b><sup>3</sup> NATURE OF BUSINESS</b>	
	N/A

<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
	N/A

<b><sup>3</sup> NATURE OF BUSINESS</b>	
	N/A

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

NOT APPLICABLE

INITIAL HERE: BJ

DATE: 1/19/22

# 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.

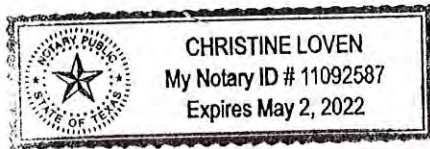
Before me, the undersigned authority, personally appeared: Bobby Lindamood who, after being duly sworn upon their oath and deposed and stated as follows:

"My name is Bobby Lindamood 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."

Bobby Lindamood  
Affiant

Sworn to and subscribed before me, this the 25<sup>th</sup> day of January, 2022



Christine Lovén  
Notary Public, State of Texas

INITIAL HERE: BL DATE: 1/25/2022