



Gaines County Elections– CAMPAIGN FINANCE SECURITY FORM

This document is the undersigned’s submission for the purpose of receiving access to file electronic campaign related reports with the Gaines County Elections Office. (This document is NOT for use by those required to file with the Texas Ethics Commission.)

Name:			
	Last	First	Middle

Committee Name: (if Committee)	
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Mailing Address:				
	Street	City	State	ZIP

Contact Phone:			
	Area Code	Phone Number	Extension

Email Address:	
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Signature and Affirmation:	I swear, or affirm, under penalty of perjury, that I am the person required by law under the Texas Ethics Commission jurisdiction to file Campaign Finance reports with The Gaines County Elections Office.
	_____ Signature