

## TRAVIS 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 Travis County. (This document is NOT for use by those required to file with the Texas Ethics Commission.)

**Name:**

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*Last Name*

*First Name*

*Middle Name*

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*Committee Name (If Committee) or Office Sought (If Seeking Office)*

**Mailing Address:**

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*Street*

*City*

*State*

*Zip*

**Contact Information:**

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*Phone Number (Including Area Code and/or Extension)*

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*Email Address*

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 Travis County.

**Signature and Affirmation:**

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*Signature*

**Return to the Travis County Elections Department:  
5501 Airport Blvd, Austin, TX 78751 or CampaignFinance@TravisCountyTx.gov**