

Cellular

E-Mail Address

1. Personal Information

LT. GOVERNOR DAN PATRICK

2. Photograph

State Senator

State Representative

OFFICE OF THE LIEUTENANT GOVERNOR APPOINTMENT APPLICATION

Full Legal Name			
Preferred Name			
Spouse's Name			
Physical Home Address			
City, State Zip			
Mailing Address			
City, State Zip			
County	Work Telephone	Home Telephone	

Work Fax

3. Employment Information

Home Fax

ojojo			
Employer	Employer's Address	Present Job Title	
		Profession	
Present Job Description			

4. Education/Training

Type of School	Name and Location of School	Year Graduated	Degree and Field of Study
High School			
Undergraduate			
Graduate			
Other			

Name							
5. Employmen	t History		:4:	D-4-		1 4!	
Employer		Po	osition	Date	S	Location	
	_						
6. Military Sei		har of the	Armand Farana of	مانصال مطا	d Ctotoo	DVaa DNa	
Are you or have you ever be Branch	been a mem		es of Service	the United States: Yes No Type of Discharge			
Dianch		Date	es of Service		Type of b	riscriarge	
				1			
7. Spouse Info	rmation	☐ Thie S	Section Not Ap	nlicablo			
Spouse's Employer	illiation		bection Not Ap	Joh Titl	le/Position		
opouse s Employer				300 110	ic/i osition		
Does your spouse conduct	t any busine	ss with or h	nefore the	If ves	olease list agen	cies:	
Texas Legislature or any o				, , y c c ,	oledde llot agern	5100.	
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O Duefeesiens	l Manahan	la ! .a.a					
8. Professiona		snips	Tie	le/Positi	ion	Current/Former	
Organization			110	ile/PUSILI	1011	Current/Former	
9. Volunteer P	articipatio	n					
Organiza			Title/Position			Current/Former	
						L	
40 - 6							
10. References		Javas	0''		T-11	Dalationalit	
Name	⊢Emp	loyer	City		Telephone	Relationship	
	 		+		_		

Name								
11. Miscellaneous Information (Continued)								
Are you o	r your spouse related	to a local, state,	or federal	public c	fficial?	?		☐ Yes ☐ No
		ne of Official and					Rela	tionship
								•
	rrently serve, or have					ederal go	vernment	☐ Yes ☐ No
						Comp	ensated	Reimbursed
	Entity	Positio	n	Date	S	-	Y/N)	(Y/N)
•	r your spouse an offit t of a trade association		oyee or p Yes 🗌		Self			
If yes, ple	ease list association a	and position:		Spouse				
	or your spouse ever someone before a lo				eived	compens	sation to	☐ Yes ☐ No
Self or	Entity Rep			Entity Lobbied				Dates
Spouse								
-								
	five years, have you			you have	e a ma	aterial inte	erest, been	☐ Yes ☐ No
licensed by a Texas state agency? If yes, give det Agency Type of Licensed by a Texas state agency?							se #	Expiration
	Agency Type of Lic							
T - 41 1	-		-4-41-		C			
, , , , , , , , , , , , , , , , , , ,					☐ Yes ☐ No			
agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest? If								
	against you, your sp details and dispositio					uchai IIIle	acol! II	
yes, give	Agency	Date	Details and Disposition					
	Agonoy	Date			Deta	ano ana L		

Name					
11. Miscellaneous Information (Continued)					
material interest been investiga	ted, reprimanded ? If yes, give de	spouse, or any company in which you have a d, fined or suspended from doing business etails and disposition (investigated,	☐ Yes ☐ No		
Agency					
		·			
Have you ever been convicted in a criminal proceeding (excluding traffic violations), placed on probation, required to perform community service, or had a criminal proceeding disposed of by pre-trial diversion, deferred prosecution, deferred adjudication, or some similar proceeding? If yes, list the charge, the date of the offense, the city and/or county and state in which it allegedly occurred, and the disposition thereof.					
12. State Board(s), Commission(s), or Task Force(s) of Interest to You:					

13. Certification

Full Legal Name					
Date of Birth	1	/ 19		Texas Driver License or DPS ID#	
Are you a U.S.	Citize	n?			☐ Yes ☐ No
Ethnicity: (Optional)					
Hispanic		Asian Am	ericar	Native American Other	

Notes:

Austin, Texas 78711

- Appointment to a Board or Commission may require the annual filing of a Personal Financial Statement (PFS) Form with the Texas Ethics Commission.
- A resume must be attached in order for this application to be considered complete.
- Any information provided on the application or attached may be subject to the Texas Public Information Act. This means that an individual requesting copies of the information in your file may be provided access to that information.

CERTIFICATION OF APPLICANT

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give the Office of the Lieutenant Governor full authority to conduct background investigations pertinent to this application. I specifically authorize the Texas Department of Public Safety to conduct a background investigation and to disclose the results of that investigation to the Lieutenant Governor or his authorized representative.

	Applicant's Signature	
Submit to:	Date	
Office of the Lieutenant Governor PO Box 12068	(512) 463-0001 (512) 463-8668 fax	