



TEXAS ETHICS COMMISSION

Participation Form - Holdovers

OFFICE USE ONLY
Date Received
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Date Processed
Date Imaged

Please fill out and return this form if you no longer intend to participate in the functions of the agency for which you are an appointed officer.

Name: _____

Filer ID #: _____

Agency / Board: _____

I am submitting/submitted my resignation on _____, 20____, and I will cease/ceased participating in the functions of the agency as of _____ 20____.

OR

My term of office expires/expired on _____, 20____, and I will cease/ceased participating in the functions of the agency as of _____, 20____.

I understand that unless I resigned **and** ceased participation in agency functions, or my term of office expired **and** I ceased participation in agency functions, prior to January 1 of this year, I will still owe the annual Personal Financial Statement this year.

I affirm, under penalty of perjury, that the information I have provided above is true and correct.

Signature of Filer

Date

Email completed form to affidavits@ethics.state.tx.us.