REPORT OF FOREIGN ADVERSARY CONTACT

FORM RFAC

INSTRUCTIONS: Per Tex. Gov't Code § 572.070, an employee or volunteer of a state agency or a political subdivision of this state shall report to the Texas Ethics Commission each interaction, communication, or meeting the employee or volunteer has with a person acting on behalf of a foreign adversary not later than the 30th day after the date of the interaction, communication, or meeting. A foreign adversary means a country: (1) identified by the United States Director of National Intelligence as a country that poses a risk to the national security of the United States in at least one of the three most recent Annual Threat Assessments of the U.S. Intelligence Community issued pursuant to Section 108B, National Security Act of 1947 (50 U.S.C. § 3043b); or (2) designated by the governor after consultation with the public safety director of the Department of Public Safety. As of August 2025, foreign adversaries include the People's Republic of China (PRC), the Islamic Republic of Iran (Iran), the Russian Federation (Russia), and the Democratic People's Republic of North Korea (North Korea).

Please fill out this form with as much detail as possible. Although you may not know all the information requested on the foreign adversary in question, please complete the fields to the best of your ability.

LAST NAME:	FIRST NAME:	MI	
	ORGANIZATION:		
	PHON		
DUTIES INVOLVE OFFICIAL CO	ONTACT WITH FOREIGN ADVERSARI	ES:	
FOREIGN ADVERSARY CO	NTACT INFORMATION		
NAME:	ALIAS:		
	DATE OF BIRTH:		
CITY AND COUNTRY OF ORIGI	N:		
	ENCE:		
COUNTRY OF CITIZENSHIP:			
DUAL CITIZENSHIP:	LEGAL PERMANENT RESIDENT:		
FOREIGN ADVERSARY CO	NTACT EMPLOYER INFORMAT	ION	
CURRENT EMPLOYER (COUNT	RY OR COMPANY):		
TYPE OF BUSINESS OR ORGAN	IZATION:		
JOB TITLE OR POSITION:	EMAIL ADDRES	EMAIL ADDRESS:	
EMPLOYER PHONE:	CONTACT NUMBE	CONTACT NUMBER:	
	SS (street, city, state, zip code, country):		

CONTACT DETAILS	
DATE OF CONTACT: TYPE OF RELATIONSHIP:	CLOSE/CONTINUING CONTACT: CONTACT KNOWN SINCE:
LOCATION OF CONTACT: CONTACT METHOD:	
PURPOSE OF CONTACT: DID THE FOREIGN CONTACT OFFER A GIF TRAVEL TO OR LOGDING IN A FOREIGN A	T OR ITEM OF VALUE, OR OFFER PAYMENT FOR
DO YOU ANTICIPATE FUTURE CONTACT: NARRATIVE:	IF YES, WHEN:

ATTACH ADDITIONAL PAGES AS NECESSARY

Send this form to the TEC electronically to affidavits@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

or hand deliver to
Texas Ethics Commission
201 E. 14th Street
10th Floor
Austin, TX 78701