APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

APPLICATION FOR A PLACE O	N THE	Ram	ey Spec	ial Utilit	o provide requir y District	and the second s		rejection of application	
TO: City Secretary/Secretary of Board				election)		021121	WI LLLCII	ON BALLO	
I request that my name be placed on the	above-nam	ed offic	ial ballot as	s a candida	te for the offic	e indicated be	elow.		
OFFICE SOUGHT (Include any place numb	er or other	distingu	ishing nun	nber, if any	.) INDICATE				
Director					FULL		UNEXPIRI	ED.	
FULL NAME (First, Middle, Last)					PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*				
The state of the s				THANK AS TOO WANT IT TO APPEAR ON THE BALLOT					
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If					PUBLIC MAILING ADDRESS (Optional) (Address for which you receive				
you do not have a residence address, describe loc	ation of resid	ence.)		campaign	related correspon	dence, if availal	ble.)		
CITY	STATE	TATE ZIP			CITY			STATE ZIP	
				Citi			SIAIE	ZIP	
							1		
PUBLIC EMAIL ADDRESS (Optional) (Address f	or OCCUP	PATION	Do not leav	ve blank) DATE OF BIRTH		TH	TH VOTER REGISTRATION VUID NUMBER ² (Optional)		
which you receive campaign related emails, if available.)									
TELEPHONE CONTACT WITH THE					1	1			
TELEPHONE CONTACT INFORMATION (Opti	onal)								
Home:	Of	fice:		+0		Cell:			
FELONY CONVICTION STATUS (You MUST ch	neck one)		LENGTH	OF CONTIN	UOUS RESIDENC		THIS APPLICAT	ION WAS SWORN	
I have not been finally convicted of a fe	lony.			HE STATE				PRECINCT FROM	
I have been finally convicted of a felony, but I have been				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			THE OFFICE SOUGHT IS ELECTED		
pardoned or otherwise released from the resulting				year(s)			vear(s)		
disabilities of that felony conviction and I have provided									
proof of this fact with the submission of this application. ³				month(s)			month(s)		
*If using a nickname as part of your name to	appear on the	he ballot	. vou are al	so signing a	nd swearing to	the following	statements. I		
my member does not constitute a slogall o	i contain a	title, nor	does it inc	icate a noli	tical acanamia	cocial annal		CC11	
this micking the lot	at least trire	e vears i	prior to this	election P	lease review se	ctions 52 031	52 032 and 51	0 022 of the Toye	
Election Code regarding the rules for how na	mes may be	listed or	n the officia	l ballot.		2.031,	, J2.032 and 32	.033 of the rexas	
Before me, the undersigned authority, on thi					LES				
being by me here and now duly sworn, upon	oath savs	ially app	eareu (nan	ie of candid	ate)			who	
I, (name of candidate)	oatii says.								
	Direct	or		, of			Count	, Texas,	
being a candidate for the office of	Direct				, swear that I	will support a	nd defend the	Constitution and	
aws of the United States and of the State of	Texas. I am	a citizer	of the lini	ted States	ligible to hold	ruch office	d = = 4L =		
and a second sec	illai lugeme	nt of a c	DUIT EYELL	sing probat	a juriculiation to	ha hahalle	- A - 11 - 1		
mentally incapacitated without the right to wany prior felony conviction, and if so convicte	d must prov	vare or t	ne nepotisi	n law, Chap	ter 573, Govern	nment Code.	I am aware th	at I must disclose	
ny such final felony conviction. I am aware	that knowin	aly prov	diding false	e been par	doned or other	wise released	from the result	ing disabilities of	
tatus constitutes a Class B misdemeanor. I fu	irther swear	that the	foregoing	statements	included in my	ition regarding	g my possible	felony conviction	
607 - 05 27 300000000000000000000000000000000000		tilde tile	-	3tatements	included in my	application ar	e in all things t	rue and correct."	
			Χ_						
SIGNATURE OF CANDIDATE									
worn to and subscribed before me this the		f			2024_, by_				
(4)	day)		(month)		(year)	(na	me of candidat	e)	
ignature of Officer Authorized to Administer	0.114	_							
ignature of Officer Authorized to Administer			Printed Name of Officer Authorized to Administer Oath						
				Notarial or Official Seal					
tle of Officer Authorized to Administer Oath									
O BE COMPLETED BY FILING OFFICER: THI CASH CHECK MONEY ORDER	S APPLICAT	TION IS	ACCOMPA	NIED BY TH	E REQUIRED F	ILING FEE (If	Applicable) P.	AID BY:	
his document and \$ filing fee or	a nominati	.HECK O	K □ PETI ion of	nages	U OF A FILING		egistration Sta	tue Verifie i	
, ,					Cociveu.	— voter ke	sisu ation Sta	rus vermed	
ate Received Date Accented	J	(See	Section 1					ni	
Date Received Date Accepted				Sig	nature of Filin	g Officer or D	esignee		