| ALL INFORMATION IS <u>REQUIRED</u> TO BE PROVIDED UNLESS IN   | DICATED OP   | TIONAL   |  |               |                                      |               |  |
|---|--------------|--|--|---------------|--------------------------------------|---------------|--|
| APPLICATION FOR A PLACE ON THE 5 hove cres GENERAL ELECTION BALLOT  |              |  |  |               |                                      |               |  |
| TO: City Secretary/Secretary of Board   |              |  |  |               |                                      |               |  |
|   |              |  |  |               |                                      |               |  |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                  |              |  |  |               |                                      |               |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)  INDICATE TERM   |              |  |  |               |                                      |               |  |
|   |              |  |  |               |                                      |               |  |
| Alderman  |              | FULL   |  |               |                                      |               |  |
|   |              |  | UNEXPIRED  |               |                                      |               |  |
| FULL NAME (First, Middle, Last)   |              |  | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT <sup>1</sup> |               |                                      |               |  |
| David Paul Jennings   |              |  | Deal   |               |                                      |               |  |
|   | Va           | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) |  |               |                                      |               |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a 20.   | PUBLIC M     | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) |  |               |                                      |               |  |
| Route. If you do not have a residence address, describe the address   |              |  |  |               |                                      |               |  |
| at which you receive personal mail and location of residen  | ce.)         |  |  |               |                                      |               |  |
|   |              | SAME   |  |               |                                      |               |  |
| 1017 W Forest Ave   |              |  |  |               |                                      |               |  |
| 1011 a roles stoe   |              |  |  |               |                                      |               |  |
|   |              |  |  |               |                                      |               |  |
| CITY STATE ZII  | <b>D</b> .   | CITY   |  |               | STATE                                | ZIP           |  |
|   |              |  |  |               | SIAIL                                | ZIF           |  |
| Shoreacres TX 7   | 7571         |  |  |               |                                      |               |  |
| PUBLIC EMAIL ADDRESS (If available) OCCUPATION  | N (Do not le |  | DATE OF BIRTH  |               | VOTER REGIS                          | STRATION VUID |  |
|   | λ.           | •  | _  |               | NUMBER (O                            |               |  |
| apjennings @ gmail. Com K   | Letir.       | <del>-</del> c   | 812  | 159           |                                      |               |  |
|   |              |  |  | ` ` `         |                                      |               |  |
| TELEPHONE CONTACT INFORMATION (Optional)  LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN   |              |  |  |               |                                      |               |  |
| Home:   |              |  |  |               | TERRITORY FROM WHICH THE             |               |  |
| Work: 28/685.1384   |              |  |  | OF            | FFICE SOUGHT IS ELECTED <sup>3</sup> |               |  |
| 1 MOIN 00 1 CO 1 1 1 1  | _            |  | $\int$ year (s)  |               | <u>/</u> year (s)                    |               |  |
| Cell:   |              |  |  | $\rightarrow$ |                                      |               |  |
|   |              |  | month(s)   |               |                                      | month(s)      |  |
| If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear    |              |  |  |               |                                      |               |  |
| that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been     |              |  |  |               |                                      |               |  |
| commonly known by this nickname for at least three years prior to this election.  |              |  |  |               |                                      |               |  |
| Before me, the undersigned authority, on this day personally appeared (name) David Paul Tenning 5, who being by me                                  |              |  |  |               |                                      |               |  |
| here and now duly sworn, upon oath says:  |              |  |  |               |                                      |               |  |
|   |              |  |  |               |                                      |               |  |
| "I, (name) David (au) Jennings of Harris County, Texas, being a   |              |  |  |               |                                      |               |  |
| candidate for the office of Share and A Color of Swear that I will support and defend the Constitution and laws                                     |              |  |  |               |                                      |               |  |
| of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of |              |  |  |               |                                      |               |  |
| this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other |              |  |  |               |                                      |               |  |
| official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or  |              |  |  |               |                                      |               |  |
| partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.                           |              |  |  |               |                                      |               |  |
|   |              |  |  |               |                                      |               |  |
| I further swear that the foregoing statements included in my application are in all things true and correct."                                       |              |  |  |               |                                      |               |  |
| <b>T</b> .//) _ //  |              |  |  |               |                                      |               |  |
| $\Lambda \mathcal{N} \mathcal{O} \mathcal{I}$   |              |  |  |               |                                      |               |  |
| SIGNATURE OF CANDIDATE SEACO  |              |  |  |               |                                      |               |  |
| Sworn to and subscribed before me at 11: 42 An , this the 24 day of Jahrany , Zo 7  |              |  |  |               |                                      |               |  |
| Sworn to and subscribed before the at 11. 42 AT   | , uns ure _  | <u> </u>   | JAGONALY,  | 917           |                                      | CAL           |  |
|   |              |  | 1  | / ***         | 14 / 13                              | EAL           |  |
|   | 6.3          | V SECRE  | M.4  | 80de<br>9765  |                                      | ( : < =       |  |
| Signature of Officer Administering Oath <sup>4</sup> Title of Officer Administering Oath  |              |  |  |               |                                      |               |  |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  |              |  |  |               |                                      |               |  |
| (See Section 1.007)   |              |  |  |               |                                      |               |  |
| Date Received Signature of Secretary  |              |  |  |               |                                      |               |  |
| Voter Registration Status Verified 🗸  |              |  |  |               |                                      |               |  |
| <u> </u>  |              |  |  |               |                                      |               |  |