| ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED OPTIONAL | | | | | | | | |
|--|------------|--|------------|---------------|---|--|------------------------|--|
| APPLICATION FOR A PLACE ON THE Shoreaches Texas 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 | | | | | | | | |
| Alderwoman | | | | K FULL | | | | |
| Maeru | Jona | | | | | UNEXPIRED | | |
| FULL NAME (First, Middle, Last) | PRINT NAI | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT | | | | | | |
| Kimberly Dau | KI | Kimbery Sanford | | | | | | |
| PERMANENT RESIDENCE ADDRESS (Do no | PUBLIC MA | 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 loo | | | | | | | | |
| 211 Shoreacres BIW. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CITY | ATATE 71 | A : | 01377 | , | *************************************** | diamental and the second | I mass | |
| | STATE ZI | - | CITY | | | STATE | ZIP | |
| Shoreactes | IX | 77571 | | | | | | |
| PUBLIC EMAIL ADDRESS (If available) | OCCUPATION | DN (Do not lea | ave blank) | DATE OF BIRTH | *************************************** | VOTER REGI | STRATION VUID | |
| Ksanford Theorean | n lab. | 10.15 | - | | | NUMBER (O | ptional) ² | |
| mauricia race of | m / | layor | | 12/06 | 176 | 11134 | 71878 | |
| TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN | | | | | | | | |
| Home: | | | IN STATE | | IN TE | RRITORY FROM | N WHICH THE | |
| The second of th | | | | | OF | FICE SOUGHT I | S ELECTED ³ | |
| Work: | | | 16, | ear (s) | | year (| s) | |
| cell: 512 351 5324 | Ø month(s) | | | | D 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 (same) KINA INDIN A SAMELAL. | | | | | | | | |
| Before me, the undersigned authority, on this day personally appeared (name) (Name) (Name) (Name) (Name) (Name) | | | | | | | | |
| 1/ and half a Sound | | | | | | | | |
| "I, (name) KINUS County, Texas, being a | | | | | | | | |
| candidate for the office of Aldrum Man, 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." | | | | | | | | |
| | | | | | | | | |
| | | | | | | 1.50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 111, | |
| SIGNATURE OF CANDIDATE CONTROL | | | | | | | | |
| Sworn to and subscribed before me at 12 17 pm , this the 7 TH day of Swarny 2017 | | | | | | | | |
| SEAL . | | | | | | | | |
| <u> </u> | | l | LITY GEO | rem | 0.234 | | | |
| Signature of Officer Administering Oath ⁴ Title of Officer Administering Oath | | | | | | | | |
| TO BE COMPLETED BY CITY SECRETARY OR | | | | | | The state | A. M. Tark | |
| (See Section 1.007) OZ · 07 · 17 Date Received Signature of Section: | | | | | | | | |
| Date Received Signature of Secretary Voter Registration Status Verified | | | | | | | | |
| vuler registration status verified 🕰 | | | | | | | | |