| ALL INFORMATION IS REQUIRED TO BE PE | ROVIDED UNLE | SS INDICATED OP | TIONAL | | | | | |
|-------------------------------------------------------------------------------------|----------------|----------------------|-----------------------------|----------------------|-------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| APPLICATION FOR A PLACE | ON THE | horeacr | es,TY | | GENER | AL ELECTIOI | N BALLOT | |
| TO: City Secretary/Secretary of Board | | | | | | , | | |
| I request that my name be placed on the | e above-name | d official ballot as | a candidate | for the office indic | ated belo | w. | | |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) | | | | | | | | |
| 011 | ı | | | | | FULL | | |
| alderwoman al | o lara | e,Shor | cacre | 25.74 | | UNEXPIRED | | |
| FULL NAME (First, Middle, Last) | | , , | PRINT NA | ME AS YOU WANT | IT TO APP | PEAR ON THE B | ALLOT ¹ | |
| Manay Tanosky | 1 N. | Mancy J. Schnell | | | | | | |
| PERMANENT RESIDENCE ADDRESS (Do | not include a | P.O. Box or Rural | | AILING ADDRESS (C | | | s, if available.) | |
| Route. If you do not have a residence at which you receive personal mail and I | | | | | | | | |
| , | ocution of res | idence., | , ,,, | . | ١ | ci | | |
| 618 Baywood St. | | | | 618 Baywood St. | | | | |
| are cagaines | 5 0 . | | | 9 | | | | |
| - " " " " " " " " " " " " " " " " " " " | | | | | | | | |
| СІТУ | STATE | ZIP | CITY | | | STATE | ZIP | |
| Shoreacres PUBLIC EMAIL ADDRESS (If available) | 74 | 77571 | Shor | Rackes | | T4 : | 77571 | |
| PUBLIC EMAIL ADDRESS (If available) | | ATION (Do not le | ave blank) | DATE OF BIRTH | | | STRATION VUID | |
| nancy isch nell 740 yahoo 201 | n War | tician/T | | 08/27 | 1974 | NUMBER (O | otional) | |
| TELEPHONE CONTACT INFORMATION (| Ontional) | ····· | | NUOUS RESIDENCE | | | ****** | |
| Home: | Jpuonan | FEIAG | IN STAT | | | RRITORY FROM | | |
| | ē | | 110 | | OF | FICE SOUGHT I | S ELECTED ³ | |
| Work: | | ļ | 42 v | ear (s) | 1 1 K | 9 year (| s) | |
| cell: 713-842-089 | | <u></u> month(s) | | | 2 month(s) | | | |
| If using a nickname as part of your name | | | | | | | | |
| that my nickname does not constitute a commonly known by this nickname for a | | | | onomic, social, or | rengious i | new or anniau | on. I have been | |
| | | | 1 | T S | ch h | ه ۱۱ | | |
| Before me, the undersigned authority, o here and now duly sworn, upon oath say | n this day per | sonally appeared | (name) / | ancy 3, 3 | <u>uur</u> | <u> </u> | ho being by me | |
| | | 1.6 | 11. | - 10 is | | , | | |
| "I, (name) Aan cy J. scandidate for the office of | 2 Chhe | of Charles | Ha | ar that I will supp | ort and de | County, | Texas, being a | |
| of the United States and of the State of | | | | | | | | |
| this state. I have not been finally convict | | | | | | | | |
| official action. I have not been determine partially mentally incapacitated without | | | | | | | incapacitated or | |
| | _ | | | | | nene coue. | ļ | |
| I further swear that the foregoing statem | nents included | l in my application | n are in all- th | nings true and corre | ect." | | | |
| | | X | · Ma | No Coas A | Sol | hall |) / | |
| | | A 184 | | SIGNATURE O | F CANDID | ATE | | |
| Sworn to and subscribed before me at | 16.5 | , this the | 6 day | of FEBRUA | ARY, | 3017 | | |
| J JHOR | EACRE. | 5,7% | | | ŕ | NINE PA | EAL | |
| Lunde & Bass | J | | NOTAL | Y | | | KENNETH R. BAYS | |
| Signature of Officer Administering Oath | | | f Officer Adr | ninistering Oath | | F | Notary (D # 125021 <mark>233</mark> xpires August 13, 20 20 | |
| TO BE COMPLETED BY CITY SECRETARY C (See Section 1.007) | | OF BOARD: | | 1/2 | | "Onthing" | | |
| (See Section 2.007) | Date Re | reived | <u> </u> | Signature of Secret | ary | · · · · · · · · · · · · · · · · · · · | - turning the state of the stat | |
| Votor Pagistration Status Varified | | 4:3 | U/J | // | | | ì | |